



CAMP GAN ISRAEL

134 Forge Road SE • Calgary, AB T2H 0S8

403-281-3770 • Fax: 403-281-0338

www.GanIsrael.ca • www.ChabadAlberta.org



ENROLLMENT APPLICATION - WINTER CAMP - 5780/2019-2020

PARENT INFORMATION

Family Name _____ First Name (Father): _____

Hebrew Name (Father): _____ First Name (Mother's): _____ Hebrew Name (Mother's): _____

Home Address _____ Postal Code _____

Home Phone (____) _____ Father's Work (____) _____ Father's Cell (____) _____

Mother's Work (____) _____ Mother's Cell (____) _____

Father's E-mail _____ Mother's E-mail _____

CAMPER INFORMATION

| | NAME (First & Last) | HEBREW NAME | DATE OF BIRTH | AGE | BOY/GIRL |
|---------|---------------------|-------------|---------------|-----|----------|
| Child 1 | | | | | |
| Child 2 | | | | | |
| Child 3 | | | | | |

| | ALBERTA HEALTH CARD NUMBER | SCHOOL ATTENDING | GRADE |
|---------|----------------------------|------------------|-------|
| Child 1 | | | |
| Child 2 | | | |
| Child 3 | | | |

EMERGENCY CONTACT INFORMATION

In the event I cannot be reached, please contact: (other than above)

Name _____ Relationship _____

Phone (____) _____ Cell (____) _____

Family Physician _____ Phone (____) _____

CONSENT FOR EMERGENCY MEDICAL TREATMENT:

I do hereby give permission to the Camp Gan Israel staff to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible.

Parent Signature: _____

Print Name: _____

Date: _____



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DEC 24, 2019 TO JAN 3, 2020 | CHABAD CALGARY CAMPUS: 134 FORGE ROAD SE

GAN ISRAEL WINTER CAMP FEE STRUCTURE

INCLUDES ALL OUTINGS, FIELD TRIPS, LUNCHES AND SNACKS.

| FULL DAY PROGRAM (AGES 4-12) | | EXTENDED CARE* |
|------------------------------|------------|---|
| 6 Days or More | \$52 a day | AM 8:00AM - 9:00AM PM 3:30PM - 5:00PM |
| Individual Days | \$54 a day | \$9 per session *Pre-arranged only. |

Please check all days that your child/ren will attend:

| FULL DAY PROGRAM 9:00AM to 3:30 PM | | Extended Care: 8:00AM - 9:00AM 3:30PM - 5:00PM | FULL DAY PROGRAM 9:00AM to 3:30 PM | | Extended Care: 8:00AM - 9:00AM 3:30PM - 5:00PM |
|--|---|--|---|---|--|
| <input type="checkbox"/> Tuesday, Dec. 24 | <input type="checkbox"/> AM <input type="checkbox"/> PM | | <input type="checkbox"/> Monday, Dec. 30 | <input type="checkbox"/> AM <input type="checkbox"/> PM | |
| <input type="checkbox"/> Wednesday, Dec. 25 | <input type="checkbox"/> AM <input type="checkbox"/> PM | | <input type="checkbox"/> Tuesday, Dec. 31 | <input type="checkbox"/> AM <input type="checkbox"/> PM | |
| <input type="checkbox"/> Thursday, Dec. 26 | <input type="checkbox"/> AM <input type="checkbox"/> PM | | <input type="checkbox"/> Wednesday, Jan. 1 | <input type="checkbox"/> AM <input type="checkbox"/> PM | |
| <input type="checkbox"/> Friday, Dec. 27 <i>until 3:00pm</i> | <input type="checkbox"/> AM ONLY | | <input type="checkbox"/> Thursday, Jan. 2 | <input type="checkbox"/> AM <input type="checkbox"/> PM | |
| | | | <input type="checkbox"/> Friday, Jan. 3 <i>until 3:00pm</i> | <input type="checkbox"/> AM ONLY | |

PAYMENT INFORMATION

FULL DAY PROGRAM:

TOTAL NUMBER OF DAYS ATTENDING _____ X ☐ \$52/PER DAY (6 or more days) ☐ \$54/PER DAY (individual days) = \$_____

EXTENDED CARE * PRE-ARRANGED ONLY:

TOTAL NUMBER OF SESSIONS ATTENDING _____ X ☐ \$9/PER SESSION = \$_____

IF YOU DO NOT HAVE A CAMP T-SHIRT, PLEASE ADD \$13.00:

Size: ☐ Small ☐ Medium ☐ Large

\$_____

GRAND TOTAL: \$_____

☐ CHEQUE (MADE PAYABLE TO CHABAD LUBAVITCH OF ALBERTA) ☐ CASH ☐ VISA ☐ MASTERCARD ☐ AMEX

CARD NUMBER: _____

EXPIRATION DATE: _____ / _____

NAME OF CARDHOLDER: _____

SIGNATURE: _____