

Parent Signature:

CAMP GANISRAEL

134 Forge Rd SE • Calgary, AB T2H 0S8 403-281-3770 • Fax: 403-281-0338



GanIsrael.ca • ChabadAlberta.org • youth@ChabadAlberta.org

ENROLLMENT APPLICATION			ON SUMMER CAMP - 2017					
	ARENT INFOR	RMATION						
Family Name:								
First Name (Father):		Hebre	w Name (Father):					
First Name (Mother):		Hebre	w Name (Mother):					
Home Address:				Posta	ıl Code:			
		Tather's Work: () Father's Cell: ()						
Mother's Work: ()_		Mo	other's Cell: ()					
Father's E-mail:		Mo	ther's E-mail:					
	C	CAMPER INFO	RMATION					
NAME (FIRST &	AME (FIRST & LAST)		DATE OF BIRTH		AGE	BOY/GIRL		
Child 1								
Child 2								
Child 3								
AB HEALTH CA	ARD NUMBER	SCHOOL A	ATTENDING		E FINISH *Mandato	HING in 2016*		
Child 1						J		
Child 2								
Child 3				ni G				
		ished grade four and abo	-		ıp.			
In the event I cannot be		ENCY CONTAC		IION				
	. •							
Name								
Phone ()								
Family Physician			Pr	none (_)			
CONSENT FOR EME	ERGENCY MEI	DICAL TREATM	ENT:					
I do hereby give permis	sion to the Camp	Gan Israel staff to	obtain necessary er	nergency	medical	treatment for m		

Date:

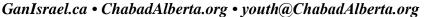
Print Name:

child with the understanding that the family will be notified as soon as possible.



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INFORMATION & FEES

CAMP DATES: July 3 - August 4, 2017

Week 1: July 3 – July 7; Week 2: July 10 – July 14; Week 3: July 17 – July 21;

Week 4: July 24 – July 28; **Week 5**: July 31 – August 4;

CAMP HOURS: Day Camp: (Ages 5-12) Monday – Friday 9:00 AM – 3:30 PM (Extended care available)

Kiddie Camp: • (Age 3) Half day: Monday – Friday 9:00 AM – 12:00 PM

• (Age 4) Half day: Monday – Friday 9:00 AM – 12:00 PM Full day: Monday – Friday 9:00 AM – 3:30 PM

DAILY LUNCH & SNACKS PROVIDED AT NO EXTRA COST!

FULL DAY PROGRAM (AGES 4-12)	½ DAY PROGRAM: (AGES 3-4)	EXTENDED CARE
Register before May 15th, 2016:	Register before May 15th, 2016:	AM : 8:00 am – 9:00 am
□ \$228 per week (Kindergarten to Grade 3)	□\$118 per week	\$18/Week/Per Child
□ \$246 per week (<i>Grade 4 and up</i>)		PM : 3:30 pm – 5:00 pm
		\$28/Week/Per Child
Register after May 15th, 2017, add \$15 per week	Register after May 15th, 2017, add \$15 per week	AM & PM:
5% off for each additional sibling	5% off for each additional sibling	\$39/Week/Per Child

Please check all sessions your child will attend:

(H=HALF DAY PROGRAM – Age 3-4 only; F=FULL DAY PROGRAM)

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KIDDIE CAMP/DAY CAMP		WEEK 1		WEEK 2		WEEK 3		WEEK 4		WEEK 5		
Child 1	□ DAY	☐ KIDDIE	□H □F		□н □г		□н □ г		□н □ г		□н □ Б	
Child 2	□ DAY	☐ KIDDIE	□н □ғ		□н	□F	□Н □F		ОН ОБ		□н □ғ	
Child 3	□ DAY	☐ KIDDIE	□н □ғ		□н	□F	□н □ғ		□н □ғ		□н □ ғ	
	EXTE	NDED CARE	□ AM	□ PM	☐ AM	□ PM	□ AM	□ PM	□ AM	□ PM	□ AM	□ PM
PLEASE TOTAL YOUR WEEKLY FEES \$			\$		\$		\$		\$			
FEES SUB-TOTAL							\$					
☐ 5% OFF WEEKLY FEES FOR EACH ADDITIONAL SIBLING DISCOUNT TOTAL								-\$				
☐ IF YOU DON'T HAVE A CAMP T-SHIRT PLEASE ADD \$13.00 T-SHIRT							\$					
PLEASE SELECT SIZE: S (6-8) M (10-12) L (14-16) XL Camp T-shirts must be worn on all trip days							<u> </u>					
GRAND TOTAL							\$					

PAYMENT INFORMATION						
□ VISA	□ MASTERCARD	□ AMEX	☐ CHECK (Payable to Chabad Lubavitch of Alberta)			
CARD NUMBER: _			EXP:/			
NAME ON CARD: _			SIGNATURE:			