



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 - 5779/2018-2019

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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CAMP INFORMATION

CAMP DATES: December 31, 2018 – January 4, 2018
CAMP HOURS: **Monday – Thursday:** 9:00 AM – 3:30 PM **Friday:** 9:00 AM – 3:00 PM
EXTENDED CARE: **AM:** 8:00-9:00, **PM (Monday to Thursday only):** 3:30-5:00
CAMP LOCATION: Chabad Calgary Campus: 134 Forge Road SE

FEES

GAN ISRAEL WINTER CAMP FEE STRUCTURE

INCLUDES ALL OUTINGS, FIELD TRIPS, LUNCHESES, AND SNACKS.

FULL DAY PROGRAM (AGES 4-12)		EXTENDED CARE	
All 5 Days	\$50 a day	AM or PM	\$8 a day
Individual Days	\$52 a day	AM & PM	\$12 a day

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

Full-Day Program:	Extended Care:	Full-Day Program:	Extended Care:
<input type="checkbox"/> Monday, Dec. 31	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Tuesday, Jan. 1	<input type="checkbox"/> AM <input type="checkbox"/> PM
<input type="checkbox"/> Wednesday, Jan. 2	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Thursday, Jan. 3	<input type="checkbox"/> AM <input type="checkbox"/> PM
<input type="checkbox"/> Friday, Jan. 4	<input type="checkbox"/> AM ONLY		

PAYMENT INFORMATION

FULL DAY PROGRAM:

INDIVIDUAL DAY REGISTRATION

TOTAL NUMBER OF DAYS ATTENDING: _____ X \$52/PER DAY = \$ _____

FULL WEEK REGISTRATION

NUMBER OF FULL WEEK (ALL 5 DAYS) REGISTRATIONS AT \$50/PER DAY = _____ X \$250/PER WEEK = \$ _____

EXTENDED CARE:

TOTAL NUMBER OF DAYS ATTENDING _____ X \$8/PER DAY AM OR PM \$12/PER DAY AM & PM = \$ _____

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: _____