

# Camp Gan Israel Day Camp

Monday-Thursday 9:00-3:30 Friday 9:00-2:30

## Registration Fee: \$100

### Registration Form Mailing Address:

117 Remsen Street Brooklyn, NY 11201 (718) 596-4840

#### Check off which session:

- o Session 1: July 9 July 20
- o Session 2: July 23 August 3rd
- o Session 3: August 6 August 17
- o All Sessions

School year of Entry: 20		
Child's Name:		
Child's Hebrew Name: _		
Birth Date:	Gender: M/F Age:	
Home Addres		
	Zip Code:_	
Telephone:	Cell Phone:	
Child lives with:		
Father's Name:	Hebrew Name:	
Religion:	E-mail:	
Home Address:		
Zip Code:	Cell Phone:	
Occupation:		
Business Address		
Mother's Name:	Hebrew Name	
E-mail:		
Home Addres		

### Photographs- Please check one of the following options:

(Signature)

To use photographs and/or videos taken during the summer of my child. I understand that these pictures/videos will be used for publicity, promotional and/or educational purposes.

(Relationship)

- Option #1 I Give Full Consent.
- o Option #2 I Do Not Give Consent

Initial	S

(Date)