



www.CampGanIsraelSouthampton.com

Southampton

2014 Enrollment Application

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**The 2014 Camp Season Runs from
Monday, June 30 – Friday, August 8
No Camp on Friday, July 4**

Child's Name _____
 Home Address _____
 Home Phone # _____
 Hampton's Phone # _____
 Hamptons Full Address & Zip _____
 (even if you do not receive mail there)
 Dad's Name _____
 Dad's Work # _____
 Dad's Cell # _____
 Dad's Email _____

Gender M F
 Date of Birth _____ Age _____
 Grade entering September 2014 _____
 School _____
 Mom's Name _____
 Mom's Work # _____
 Mom's Cell # _____
 Mom's Email _____

Does your child receive any special services?, (Speech/OT etc) _____
 Is there any information regarding your child that you feel our Camp should be aware of? _____

Choose your child's specialty camp: (for 6 - 11 year olds) 2 hours a day, 3 afternoons. (No extra cost applies.)
 Sports Camp Theatre Arts Camp Gan Izzy Electives

PLEASE ENROLL MY CHILD FOR THE 2014 SEASON IN THE PROGRAM SELECTED BELOW:
 \$800 registration fee and deposit due now on enrollment. Balance is due IN FULL by May 1, 2014.
 Camp Health Forms are due in by May 15, 2014. (No child will be admitted without a completed health form.)

PAY FOR CAMP IN FULL BY MARCH 12, 2014 AND RECEIVE \$100 OFF PER WEEK. (offer Not including CIT Division)

Partial Scholarships Available Upon Request and Need

Sibling Discount 5% off for Second Sibling

	Tuition Mini Gan & Older Gan	Tuition - CIT's Counselor in Training
<input type="checkbox"/> Full Summer Session 6 weeks	\$3,300	\$1,500
<input type="checkbox"/> One Session 3 weeks <input type="checkbox"/> 1 st Session 6/30-7/18 <input type="checkbox"/> 2 nd Session 7/21-8/8	\$1,650	\$750
<input type="checkbox"/> Weekly Circle Weeks: 1 2 3 4 5 6	\$650	(you can only enroll in our CIT program by the session.)

To Register your child for the Mini Gan Extended Day Please add on a \$100 fee per each week of enrollment (available for 3 & 4 Year olds only)

Extra fee applies for CIT overnight

PAYMENT METHOD (Tuition fully refundable until May 1, 2014)

Visa Mastercard AMEX Check Enclosed

Card Number _____
 Expiration Date _____
 Payment Amount _____

Cardholder's Name _____
 Billing Address _____
 City, State, Zip _____
 Cardholder's Signature _____

PLEASE SIGN ON REVERSE

If you are paying by check please make check payable to: Chabad Of Southampton Jewish Center

There are no refunds for absences, changes, withdrawal or terminations. Registration deposit is fully refundable until May 1, 2014, less a \$250 Administrative Fee.

Camp Gan Israel Southampton is a project of Chabad of Southampton Jewish Center
 The Siggie Wilzig Hamptons Jewish Children's Center

Register Online via our Camp Website: www.CampGanIsraelSouthampton.com

TRANSPORTATION (not included in tuition cost)

WE WILL BE PROVIDING 2 SEPARATE AIR-CONDITIONED BUSES FROM WESTHAMPTON AND EASTHAMPTON AREAS

- No, I will not be taking advantage of CGI's bus transportation - I will be dropping off and picking up my camper daily.
- Yes, my camper will be taking advantage of CGI's bus transportation.
Round trip door to door transportation \$150 per week ((or for 2 children a total of \$200)

Transportation Summer Address _____

TERMS OF AGREEMENT

1. Tuition includes all camp activities, trips, a t-shirt, daily lunch & a daily snack.
2. The required deposit shall be paid at time of registration and full balance shall be paid by May 1.
- 2A. Pay for camp in full by March 12, 2014 and receive \$100 off per week (offer Not including CIT Division)
3. Due to the seasonal nature of summer camping and the set limitation of spaces offered, no refund shall be provided for absences, changes, withdrawals, or dismissal for cause. The camp is not responsible for lost/damages clothing or belongings.
4. For the safety and general welfare of all campers, the Camp reserves the unrestricted right to dismiss a camper whose conduct or influence in the opinion of the director is detrimental to the best interests of the camp.
5. Permission is hereby granted for photographs to be taken of the camper and the Camp has the right to utilize these photographs in camp brochures and on our website.
6. Permission is hereby granted to the Camp to take the child on trips outside camp as part of the regular camp program.
7. This contract constitutes the full understanding of the parties hereto and no change, modification or waiver of any of the terms shall be effective unless in writing and signed by both parties.

MEDICAL PERMISSION STATEMENT

(must be completed before your child can be admitted to camp)

I hereby give Camp Gan Israel Southampton permission to take my child to any hospital facility or outside doctor when deemed necessary. Furthermore, I hereby give permission to such hospital or outside doctor to authorize x-rays and emergency treatment if deemed necessary. I understand that all medical bills for service rendered are my responsibility.

I have read the Terms Of Agreement and the Medical Permission Statement above and understand its terms and accept its conditions. In the event that this Agreement is executed by one parent, I acknowledge that I am also acting as the agent of the other parent with authority to so enroll my child at Camp Gan Israel Southampton and to execute this agreement on his or her behalf. I recognize that the Camp relies upon the representation herein made in accepting this enrollment.

I have read the Enrollment Agreement, and understand its terms and accept its conditions.

Parent's Signature _____ Date _____

Director's Signature _____ Date _____



To register, complete this entire registration form and send it in with payment to our
Camp Mailing Address: c/o Chabad of Southampton · 214 Hill Street · Southampton, NY 11968
p: 631-680-6140 · f: 631-287-9395 · ckonikov@gmail.com

Register online via our camp website: ww.campganisraelsouthampton.com