



B"H

Camp Gan Israel

A Division of Gan Chamesh and Chabad of the Five Towns

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ENROLLMENT FORM

CAMP GAN ISRAEL 2005

Child's First Name _____ Last Name _____

Hebrew Name _____ Nickname _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ E-mail _____

Mother (or Guardian name) _____ Hebrew Name _____ Occupation _____

Bus. Phone _____ Cell Phone _____ E-mail _____

Father (or Guardian name) _____ Hebrew Name _____ Occupation _____

Bus. Phone _____ Cell Phone _____ E-mail _____

Marital Status: Married Single Divorced – How Long? _____

Please use the space provided to describe your child's physical strengths and/or weaknesses (physical, emotional, intellectual):

EMERGENCY CONTACTS:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Enclosed is a \$300 non-refundable deposit Yes, my child is/will be toilet trained

Date: _____

Parents Signature: _____