

Gan Israel Day Camp of Merrick 2019 Registration Form

| CAMPER INFORMATION | | | | | |
|---|------------|-----------------|------------------------------|-------------------------------------|------------------|
| Last Name | First Name | Hebrew Name | Gender | Age | DOB |
| Home Address | | New/Ret. Camper | School Attending, Sept. 2019 | | Grade in 2019-20 |
| City/State/Zip | | | E-Mail Address: | | |
| Father's Name: | | Mother's Name: | | Home Phone: | |
| Business Phone: | | Business Phone: | | Emergency Contact 1 - Name & Phone: | |
| Mobile Phone: | | Mobile Phone: | | Emergency Contact 2 - Name & Phone: | |
| Any special concerns/requests regarding camper: | | | | Referred By: | |
| Camper's Nickname: | | | | | |

| SESSIONS and FEE SCHEDULE (Please see camp times on reverse) | | Camp Fee: |
|--|---|-----------|
| Weeks attending Camp: Please Check Weeks your child is attending camp, as well as which days. | <input type="checkbox"/> 8 weeks <input type="checkbox"/> Specified weeks, please select from below <i>Week 1: __ June 27—July 3 Week 5: __ July 25—31</i> <i>Week 2: __ July 5—10 Week 6: __ Aug 1—Aug 7</i> <i>Week 3: __ July 11—17 Week 7: __ Aug 8—14</i> <i>Week 4: __ July 18—24 Week 8: __ Aug 15—21</i> <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day (<i>mini gan only</i>) <input type="checkbox"/> 5 days per week <input type="checkbox"/> 3 Day per week (please specify days) | \$ |
| Before Care: (\$35/hour/week) | YES/NO If yes, times: _____ | \$ |
| After Care: (\$35/hour/week) | YES/NO If yes, times: _____ | \$ |
| Applicable discounts (circle): | Sibling/Referral/Early Bird/Other | \$ |
| Registration Fee: | Per Family | \$85.00 |
| Total: | | |

| | |
|----------------|---|
| PAYMENT | An \$85 application fee* (per family) & \$150 deposit per child is required with signed enrollment agreement. Below are your payment options. <small>*Registration fee & deposit are refundable if enrollment is cancelled in writing prior to January 31st, 2019</small> |
| | Payment by Check <input type="checkbox"/> Enclosed is the full payment of \$ _____ <input type="checkbox"/> I am enclosing the \$85 registration fee and \$150 deposit per child & 2 postdated checks for the balance – 1 st check dated March 8th 2019 & 2 nd check dated May 8th 2019 in the amount of \$ _____ each. |
| | Payment by Credit Card (2.5% charge added) <input type="checkbox"/> MC <input type="checkbox"/> Visa <input type="checkbox"/> Amex <input type="checkbox"/> Charge my card for the full amount. <input type="checkbox"/> Charge my card the \$85 registration fee plus a \$150 deposit per child & charge the balance in 2 parts (on March 8th & May 8th, 2019). Card No. _____ Expiration: _____ CVV _____ Total Amount: \$ _____ Signature: _____ Billing address if diff. from above: _____ |

Gan Israel is a project of Maimonides Educational Center and is licensed by the Nassau County Department of Health. We are inspected by their department at least twice yearly and inspection reports are filed at 200 County Seat Drive, Mineola, NY 11501.

Please read and sign "TERMS AND CONDITIONS" On Back—(Over)

Summer 2019 Sessions & Fees Schedule

Includes Trips, Hot Lunches, Snacks, Swimming/Water Play & all activities

PROGRAMS:

Mini Gan Division (up to 3 1/2yrs):

| | 8 Weeks | 4 Weeks | Individual Weeks |
|---------------|---------|---------|------------------|
| 5 Day Program | 2385 | 1275 | 335 |
| 3 Day Program | 1585 | 825 | 245 |
| 5 Half Days | 1585 | 825 | 245 |
| 3 Half Days | 1025 | 540 | 160 |

Junior Gan Division (4 - 10 yrs.):

| | | | |
|---------------|------|------|-----|
| 5 Day Program | 2475 | 1335 | 350 |
| 3 Day Program | 1625 | 885 | 245 |

Camperships & Discounts:

Siblings: a 10% deduction on camp tuition is available for each additional sibling.

Referral: Receive a \$200 credit for each new family you refer that signs up for camp! *New camper must indicate you on their registration form. Based on a 6 week program. May be prorated based on new camper's enrollment.

Scholarship Fund: Adjusted fees based on financial need are available by completing a separate campership application and receiving approval from the campership committee.

+Please note: some discounts and scholarships cannot be combined.
Please contact us for details.

Dates:

8 Week Program: June 27– Aug 21

Wednesday, July 4 – Camp closed

Camp Times:

Full Camp Day:

9:00 AM -3:00 PM

Mini Gan Half Day:

9:00 AM -12:00 PM

Before Care: 7:00 AM -9:00 AM

After Care: 3:00 PM -6:00 PM

Terms of Agreement

1. PARENTAL CONSENT: I hereby permit my child to participate in all activities of Camp Gan Israel – on and off site including trips.
2. PAYMENT AND CANCELLATION: An \$85 registration fee (per family) and a \$150 deposit (per child) is to accompany this signed enrollment agreement. Your registration fee and deposit are refundable if cancelled in writing prior to January 31st 2019. The final balance is due by May 8, 2019 in order to hold your spot and secure your rate. There are no refunds for absences, vacations, withdrawals, accidents, or illnesses once the camp season has begun. If your child is absent for more than 7 consecutive days for medical reasons, a tuition refund will be made for each day lost after the 7-day deductible period if you submit a doctor's note. No refunds will be given.
3. NO CHILD will be allowed to attend camp until a completed medical form and full payment have been received.
4. DISMISSAL OF CAMPER: Parent fully understands and agrees that the Camp reserves the right to dismiss, in its sole discretion including but not limited to any camper whose condition, conduct, influence or behavior is deemed unsatisfactory or detrimental to the best interests of the Camp or his/her fellow campers or who violates camp rules and regulations. In the event of dismissal, tuition will be refunded on a pro-rated weekly basis minus the \$150 deposit. For the benefit of your child, the Director should be made aware of any treatment for emotional, neurological, physical or psychiatric disorders. Gan Israel Day Camps reserves the right to cancel the program without prior notice & parents will be fully refunded for tuition already paid for the time period not serviced.
5. MEDICAL CARE: Should it be necessary for the well being of the camper to use outside medical or dental care, all expenses involved will be paid by the Parent. I understand that my child may be dismissed during a camp day, due to illness, at the discretion of the camp, and I agree to abide by the director's decision. I give permission to the 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.
6. IMAGES, ETC.: Permission is hereby given for Camp to use in promoting the Camp and in other ventures related to the Camp (i) digital, photographic, video, and audio images or likenesses of camper; and (ii) statements, articles, music, art, photographs, audio recordings, films and videos created by Camper or originating from Camp or from a Camp-related activity

I have read and agree to all of the terms and conditions on both sides of this Enrollment Application.

Parent (or Guardian) _____

Date _____