



CAMP TUITION RATES SAME AS LAST YEAR

OUR 11TH SEASON

"7 Week Program"

www.CampGanIsraelSouthampton.com

Southampton

2017 Enrollment Application

B"H

The 2017 Camp Season Runs from
Monday, July 3 – Thursday, August 17
No Camp on Tuesday, 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 _____

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 ? _____

In one line how would you best describe your child? _____

Yes, I want my child enrolled in CGI Theater Camp. (7 - 14 year olds)
7/24 - 8/17 - (Theater Camp takes place 3 afternoons a week for 2 hours per day. No extra fee applies)

Gender M F

Date of Birth _____ Age _____

Grade entering September 2017 _____

School _____

Mom's Name _____

Mom's Work # _____

Mom's Cell # _____

Mom's Email _____

***PLEASE ENROLL MY CHILD FOR THE 2017 SEASON IN THE PROGRAM SELECTED BELOW:**
\$800 deposit due now on enrollment. Balance is due IN FULL by May 1, 2017.
Camp Health Forms are due in by May 1, 2017. (No child will be admitted without a completed health form.)
(available on our website)

Full Time Licensed Security
Guard- Retired Suffolk
County Police Officer

PAY FOR CAMP IN FULL BY MARCH 20, 2017 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

Register for 3 weeks or more
and pay the session price
(\$625 per week)
for all the weeks registered.
The weeks registered need
not be consecutive but you
must specify which weeks.

*In order to register for our 2 year old program,
Campers must be enrolled for a minimum of 3 weeks

Full Summer Session- 7 weeks
7/3 - 8/17

1st Session - 7/3 - 7/28 (4 weeks)

2nd Session - 7/31 - 8/17 (3 weeks)

Weekly

Circle Weeks: 1 2 3 4 5 6 7

	Tuition Mini Gan & Older Gan	Tuition - CIT's Counselor in Training
Full Summer Session- 7 weeks 7/3 - 8/17	\$4,375	\$2,100
<input type="checkbox"/> 1st Session - 7/3 - 7/28 (4 weeks)	\$2,500 - 1st Session (4 weeks)	\$1,200 - 1st Session (4 weeks)
<input type="checkbox"/> 2nd Session - 7/31 - 8/17 (3 weeks)	\$1,875 - 2nd Session (3 weeks)	\$900 - 2nd Session (3 weeks)
<input type="checkbox"/> Weekly	\$775*	\$450*

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

*please note that week of 7/3 and week of 8/14 weekly cost for Mini Gan and Older Gan is \$645 and for CIT's it is \$360

PAYMENT METHOD (Tuition fully refundable until May 15, 2017, less \$250 for administrative fee)

Visa Mastercard AMEX Check Enclosed

Card Number _____

Expiration Date _____

CVC (3 or 4 digit code) _____

Payment Amount _____

PLEASE SIGN HERE AND ON REVERSE SIDE

Cardholder's Name _____

Billing Address _____

City, State, Zip _____

Cardholder's Signature _____

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 15, 2017, less a \$250 Administrative Fee.

CAMP GAN ISRAEL SOUTHAMPTON IS A PROJECT OF
CHABAD OF SOUTHAMPTON JEWISH CENTER

Register Online via our Camp Website: CampGanIsraelSouthampton.com

- Turn Over Please -

*To Register for a full or half camp session. 2 Tickets are required to be purchased to our Annual Chabad Dinner - (that will take place in late August 2017) - (\$360 per Ticket for a Total of \$720) made out to Chabad of Southampton Jewish Center

DOOR TO DOOR BUS TRANSPORTATION (not included in tuition cost)

WE WILL BE PROVIDING 4 DIFFERENT BUS ROUTES FROM WESTHAMPTON, EASTHAMPTON, SOUTHAMPTON VILLAGE AND PARTS OF THE NORTH FORK DOOR TO DOOR CAMP BUS TRANSPORTATION IS ONLY AVAILABLE FOR CAMPER'S THAT ARE REGISTERED FOR AT LEAST 2 WEEKS OR MORE

- 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 \$195 per week (or for 2 children a total of \$275 per week)

*Please note: Camp Transportation on the way home leaves Camp at 3:30 pm on Monday thru Thursday and at 1:00 pm on Friday. Including For Mini Gan Campers.

Transportation Summer Address _____

TERMS OF AGREEMENT

1. Tuition includes all camp activities, trips, a t-shirt, daily lunch & a daily snack. (excludes Wednesdays - Sandwich Day)
 2. The required deposit shall be paid at time of registration and full camp tuition balance shall be paid by May 1. In addition donation payment of \$720 towards Annual Chabad Dinner 2017 must be paid prior to camp start date of July 3.
 - 2A. Pay for camp in full by March 20, 2017 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,
5. 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 _____



SOUTHAMPTON

The Only Jewish Day Camp In The Hamptons

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 · cgisouthampton@gmail.com

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