



OUR 9TH SEASON

New for this year - "7 Week Program"

www.CampGanIsraelSouthampton.com

Southampton

2015 Enrollment Application

B"H

The 2015 Camp Season Runs from
Monday, June 29 – Friday, August 14

No Camp on Friday, July 3

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 2015 _____

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 2015 SEASON IN THE PROGRAM SELECTED BELOW:

\$800 registration fee and deposit due now on enrollment. Balance is due IN FULL by May 1, 2015.

Camp Health Forms are due in by May 1, 2015. (No child will be admitted without a completed health form.)

Full Time Licensed
Security Guard
- Retired Suffolk County
Police Officer

PAY FOR CAMP IN FULL BY MARCH 12, 2015 AND RECEIVE \$100 OFF PER WEEK. (offer Not including CIT Division)

Partial
Scholarships
Available Upon
Request and
Need

☐

Full Summer Session- 7 weeks

☐

☐ 1st Session 6/29-7/17 (3 weeks)
☐ 2nd Session 7/20-8/14 (4 weeks)

Sibling Discount
5% off for
Second Sibling

☐

Weekly

Circle Weeks: 1 2 3 4 5 6 7

Tuition Mini Gan & Older Gan	Tuition - CIT's Counselor in Training
\$4,200	\$1,750
\$1,800 - 1st Session (3 weeks)	\$750 - 1st Session (3 weeks)
\$2,400 - 2nd Session (4 weeks)	\$1,000 - 2nd Session (4 weeks)
\$650	Enrollment in our CIT program by session only

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, 2015)

☐ Visa ☐ Mastercard ☐ AMEX ☐ Check Enclosed

Card Number _____

Expiration Date _____

CVC (3 or 4 digit code) _____

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, 2015, less a \$250 Administrative Fee.

Camp Gan Israel Southampton is a project of Chabad of Southampton Jewish Center
The Siggi Wilzig Hamptons Jewish Children's Center
Register Online via our Camp Website: www.CampGanIsraelSouthampton.com

*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 2015) - (\$360 per Ticket for a Total of \$720)
made out to Chabad of Southampton Jewish Center

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 \$175 per week (or for 2 children a total of \$250)

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 balance shall be paid by May 1.
- 2A. Pay for camp in full by March 12, 2015 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 _____



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: www.campganisraelsouthampton.com