



B"H

# Gan Israel Winter Camp

Chabad of Brentwood  
310-826-4453

Website: [www.JewishBrentwood.com](http://www.JewishBrentwood.com)

## ENROLLMENT FORM

**CAMP GAN ISRAEL: WINTER CAMP 2009 ~ DEC. 22-26**

1<sup>st</sup> Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Hebrew Name \_\_\_\_\_

2<sup>nd</sup> Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Hebrew Name \_\_\_\_\_

3<sup>rd</sup> Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Hebrew Name \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Mother (or Guardian name) \_\_\_\_\_ Occupation \_\_\_\_\_

Bus. Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Father (or Guardian name) \_\_\_\_\_ Occupation \_\_\_\_\_

Bus. Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

### EMERGENCY CONTACTS:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

- I have enclosed payment of \$175 for the week
- I have enclosed payment of \$40 per day that my child will be attending
- Please charge \$175 to my credit card:  Visa  MC

Card Number: \_\_\_\_\_ Exp. \_\_\_\_ / \_\_\_\_

Date: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_

Return Registration and payment to: **Camp Gan Israel**, P.O. Box 492479, Los Angeles, CA 90049