



CGI BRENTWOOD SUMMER CAMP 5784

B"H

Monday, July 1/ 25 Sivan – Friday, July 26 2024/ 25 Tammuz

APPLICATION FOR ADMISSION

CHILD INFORMATION

Last Name:		
First Name:	Middle Name:	
Hebrew Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Birthday:	Time of birth:	
Current School:	Grade Entering:	
Address:		
City:	State:	Zip code:
Living With: <input type="checkbox"/> Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other:		
Synagogue Affiliation:		
Previous Hebrew Education:		
Does your child read Hebrew? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: <input type="checkbox"/> Well <input type="checkbox"/> Fair <input type="checkbox"/> Poor		
Does your child speak Hebrew? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: <input type="checkbox"/> Well <input type="checkbox"/> Fair <input type="checkbox"/> Poor		
Does your child have any learning difficulties or other challenges? If yes, please specify:		
Were there any conversions and/or adoptions in the family? If yes, please explain:		

FATHER'S INFORMATION

Last Name:	Hebrew Name:
First Name:	Mothers' Hebrew Name:
Home Phone:	Work Phone:
Cell:	E-Mail:

MOTHER'S INFORMATION

Last Name:	Hebrew Name:
First Name:	Mothers' Hebrew Name:
Home Phone:	Work Phone:
Cell:	E-Mail:

EMERGENCY INFORMATION

Name/Relationship:	Phone Number:
Doctor's Name:	Phone Number:



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Monday – Friday 9:00- 3:00pm / Friday Pick Up: 2:00pm

Full Summer: \$1800	Weekly Rate: \$475	Daily Rate: \$125 per day
Registration Fee: \$50	Group & Family Special Rates Before May 10th	

ENROLLMENT CONTRACT

Name of person financially responsible: _____

Childs Name: _____

CGI Brentwood Summer Camp

Tuition \$ _____

I would like to purchase a letter in a Sefer Torah for my child. \$1

Letter in Torah \$ _____

I would like to contribute to the scholarship fund.

Scholarship Fund: \$180 \$360 Other _____
TOTAL: \$ _____

PAYMENT METHOD

Cash

Credit Card

Check (one payment only) Check #:

Visa Mastercard Amex
 Number: _____

Ex: ___ / ___ Security Code: _____

E-check Account #:

Routing #: _____

ALLERIES / MEDICAL CONDITIONS:

SIGNATURES

- I/We understand that Chabad of Brentwood reserves the right to refuse admission to any child at any time in the event that tuition is not paid as agreed. I/We give permission for my/our child's photo to be used for advertising purposes by Chabad of Brentwood and Chabad of California.
- I/we authorize any adult acting on behalf of the Chabad of Brentwood to hospitalize or secure treatment for my child. I further agree to pay for all charges for that care and/or treatment. It is understood that, if time and circumstances reasonably permit, Chabad of Brentwood will try to communicate with me prior to such treatment.

Parent Signature: _____

Date: _____

Administrators Signature: _____

Date: _____

