



# CGI BRENTWOOD SUMMER CAMP 5786

**B"H**

Monday, June 29/ 14 Tamuz –

Wednesday, July 29 2026/ 15 Menachem Av

## APPLICATION FOR ADMISSION

### CHILD INFORMATION

Last Name:

First Name:

Middle Name:

Hebrew Name:

Gender:  Male  Female

Birthday:

Time of birth:

Current School:

Grade Entering:

Address:

City:

State:

Zip code:

Living With:  Parents  Mother  Father  Other:

Synagogue Affiliation:

Previous Hebrew Education:

Does your child read Hebrew?  Yes  No If Yes:  Well  Fair  Poor

Does your child speak Hebrew?  Yes  No If Yes:  Well  Fair  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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## APPLICATION FOR ADMISSION

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

<b>Full Summer:</b> \$2050	<b>Weekly Rate:</b> \$475	<b>Daily Rate:</b> \$125 per day
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<b>Registration Fee:</b> \$50	<b>Group &amp; Family Special Rates Before May 10th</b>	
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## 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: