

B"H

CAMP GAN ISRAEL

BEVERLY HILLS



ג' תמוז - י"ט מנחם אב תשע"א

JULY 5, - AUGUST 19,

2011



Camp Gan Yisroel

Under the auspices of Chabad of Beverly Hills

We Take Pride In Jewish Pride!

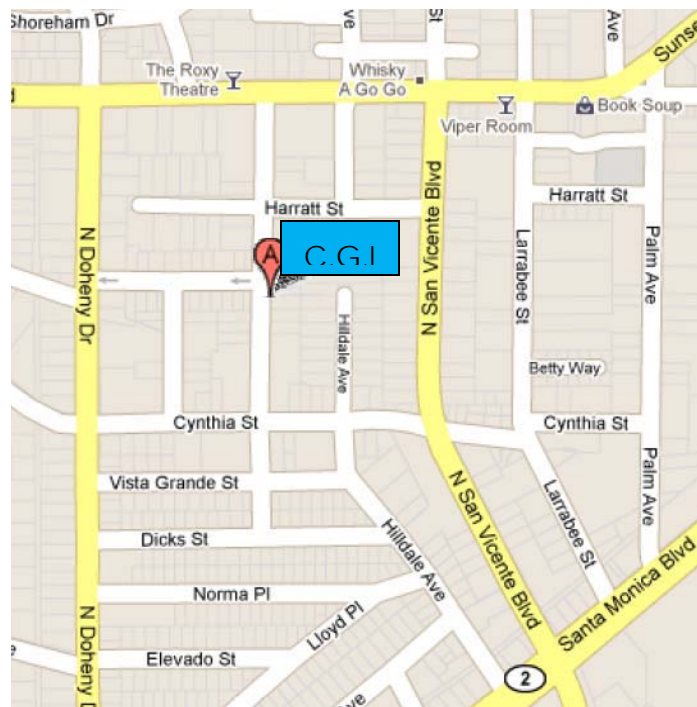


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IMPORTANT FACTS

Our office is at Chabad of Beverly Hills, 409 N. Foothill Rd. Beverly Hills, CA 90210.
310-859-3948. / Director@cgibh.com

CAMP GAN ISRAEL - BEVERLY HILLS, IS LOCATED AT WEST HOLLYWOOD ELEMENTARY SCHOOL.
970 Hammond Street, West Hollywood, CA 90069



Mobile phone number for camp 310-497-2643 or for Kiddie Camp 310-770-6367, could be reached at any time during camp. (Please note; this phone is not to be used to speak to children during camp and will NOT be passed on to children.)

Please note;

No Parent may come onto the camp premises unless authorized by the camp Directors.

Any issue regarding your child in camp must be dealt with by the Directors. Counselors will not discuss any issues with parents without explicit instruction from Directors.



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DAILY SCHEDULE

Camp Hours are from 9:30 am - 3:30 pm Monday through Friday.

Drop off will be at the Camp Campus (West Hollywood Elementary School, 970 Hammond Street, West Hollywood, CA 90069)

from 9:15 am to 9:30 am. Or at Chabad of Beverly Hills at 9:15 Sharp.

Pickup at 3:30 pm. Or at Chabad of Beverly Hills at 3:45 pm.

Bus Schedule

From La Brea at 9:00 Sharp

From Beverly Hills 9:15 Sharp.

To La Brea area at 4:00 pm

To Beverly Hills at 3:45 pm

Anyone who will miss the bus will be responsible to get a ride to the camp site.

Monday, Wednesday and Friday, Weekly, Will be swimming or water sports. Be sure to bring a bathing suit & Towel. (Change of Clothing optional)

All Clothing and personal belongings should be marked with your child's name.

Tuesday, Weekly, will be a Trip. Children will need to wear their Camp T-Shirts. No child will be allowed on a trip without a T-Shirt. (Cap - optional)

Thursday, Weekly, will be a Full day Trip. Children will need to wear their Camp T-Shirts. No child will be allowed on a trip without a T-Shirt. (Cap - optional)

In the event that our camp will be going on a longer day trip, we will notify you by email so that you may make the necessary arrangements.

If for any reason we will be running late, we will notify you by phone at the earliest possible time with an estimated arrival time.

Every Child must bring a Lunch and snacks from home each day. A water bottle and sun screen is needed for every day your child attends camp. They will be enjoying a lot of outdoor play on these beautiful spacious grounds.

Camp will provide cold water at all times and a cold snack to end the day.



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REGISTRATION AND PAYMENT

Please read the attached packet, **print and complete** the forms and return them (by mail or in person - an original hard copy is needed), along with Payment (see Payment options below), to Camp Gan Israel Beverly Hills. 409 N. Foothill Rd. Beverly Hills, CA 90210.

No Camper will be allowed to attend camp (or ride the Bus) until all forms have been completely filled out and signed and payment plan has been worked out and implemented.

Payment options

1. One Check in the amount of total sum for all sessions attended - Preferred.
2. Head Checks Dated the Tuesday before each session attended.
3. One Credit Card Charge in the amount of total sum for all sessions attended.
4. Credit Card Charge the 5th and 20th of the month prior to the sessions attended.

All checks should be made payable to "Chabad of Beverly Hills"

Please consider sponsoring a scholarship to enable us to take in children of families with financial hardship.

_____ Please find the enclosed check in the amount of \$ _____

_____ Please find the enclosed _____ Checks each in the amount of \$ _____

_____ Please Charge my Credit Card the amount of \$ _____

_____ Please Charge my Credit Card the amount of \$ _____ on the 5th and 20th of the month prior to the sessions attended.

Name on Card _____ Card Type _____

Number _____ - _____ - _____ - _____ Expiration ____/____ Code _____

Signature: _____



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ENROLLMENT FORM

_____		_____		M	F
Child's Name		Date of Birth		Gender	
_____		_____		_____	
Hebrew Name		Nickname		Jewish Birthday	
()	()				
_____		_____		_____	
Home Phone		Fax		E-mail	
_____		_____		_____	
Address		City, State		Zip	
_____		_____		_____	
Mother's Name		Father's Name			
_____		_____		_____	
Hebrew Name		Occupation		Hebrew Name	
_____		_____		Occupation	
_____		_____		_____	
Work Phone		Cell Phone		Work Phone	
_____		_____		Cell Phone	
_____		_____		_____	
E-mail		E-mail			

CAMPER INFORMATION

What school does your child attend? _____

Grade, School Year 2011- 2012: _____

Is the natural mother of the child Jewish? Yes No

Were there any conversions or adoptions in the family? Yes No

If Yes, please explain: _____

Additional Comments: _____

All payments must be made in full before we can ensure a spot for your Chid/ren.



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EMERGENCY FILE

Child's Name	Date of Birth		M F
		Gender	
Father's Name	Mother's Name		
()	()	()	()
Home Phone	Work Phone	Home Phone	Work Phone
Address	Address		
City, ST ZIP	City, ST ZIP		

ALTERNATIVE EMERGENCY CONTACTS

Primary Emergency Contact	Secondary Emergency Contact
()	()
Home Phone	Work Phone
Home Phone	Work Phone
Relationship	Relationship

MEDICAL INFORMATION

Physician's Name	Phone Number
Insurance Company	Policy Number

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the even that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature	Date
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I give permission for my child to go on field trips. I release Chabad Summer Program and individuals from liability in case of accident during activities related to Chabad Summer Program, as long as normal safety procedures have been taken.

Parent's/Guardian's Signature	Date
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BUS FORM

FAMILY NAME: _____ LOCATION (ADDRESS) _____

NUMBER OF SIBLINGS TO RIDE THE BUS _____ CONTACT NUMBER _____

LIST NAMES OF CHILDREN. 1. _____ AGE _____

2. _____ AGE _____

3. _____ AGE _____

4. _____ AGE _____

BUS FEE: \$10 PER CHILD PER WEEK (ONLY \$1 PER RIDE!)

TOTAL AMOUNT ENCLOSED \$ _____ (CAN BE ADDED TO PAYMENT SCHEDULE)

DAYS TO RIDE THE BUS:

_____ MONDAY - FRIDAY (PLEASE SPECIFY DATES) _____

_____ SPECIFIC DAYS. PLEASE SPECIFY _____

_____ PICKUP AND DROP OFF. _____ PICKUP ONLY. _____ DROP OFF ONLY

Bus Schedule

Pickup: From La Brea at 9:00am Sharp - From Beverly Hills 9:15am Sharp.

Drop off: To La Brea area at 4:00 pm - To Beverly Hills at 3:45 pm

Anyone who will miss the bus will be solely responsible to get a ride to the camp site. Children will be dropped off at the location above. It is the responsibility of the parents to arrange for someone to meet them when they arrive.

I give permission for my child to ride on the Bus to Camp Gan Israel of Beverly Hills. I release Camp Gan Israel, Chabad of North Beverly Hills and all individuals from liability in case of accident during activities related to Chabad Summer Program, as long as normal safety procedures have been taken.

Parent's/Guardian's Signature

Date



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T-SHIRT ORDER FORM

CAMPER'S NAME _____

SIZE: (CIRCLE ONE)

CHILD'S SIZES: XS S M L

ADULT SIZES: S M L XL

QUANTITY:

SHORT SLEEVE- \$10: _____

LONG SLEEVE- \$12: _____

TOTAL: _____ (CASH OR CHECK)

ALL T-SHIRTS WILL BE HANDED OUT ON THE FIRST DAY OF CAMP

PLEASE MAKE CHECKS PAYABLE TO "CHABAD OF BEVERLY HILLS"

NO ORDER WILL BE PROCESSED WITHOUT PAYMENT