



CAMP GAN

2017 Registration Form

Hours of operation 9:00 a.m. - 1:00 p.m. Monday—Friday

Early care 8:30 - 9:00 a.m. & Kef 1:00 - 3:00 p.m. (\$10.00 per hour)

A \$100 (per child) *non-refundable deposit* must accompany the registration form.

Childs name: _____ Sex: ___ M ___ F Birth date: ___/___/___

Parent 1 (please print clearly):

Parent 2 (please print clearly):

Name : _____

Name : _____

Telephone: _____

Telephone: _____

Email: _____

Email: _____

Address: _____

Address: _____

City/Zip: _____

City/Zip: _____

May Temple Sinai use your family member's name and photographs in brochures, *Tablet*, and ads? ___ Yes ___ No

Session 1 : June 5, 2017 - June 23, 2017 5 days only \$550 \$ _____

Session 2 : July 10, 2017 - July 28, 2017 5 days only \$550 +\$ _____

Non-refundable Deposit: (one for each child, must accompany this form) - \$ _100.00__

Remaining Balance Due (MUST BE PAID IN FULL BY APRIL 28, 2017) = \$

Parent Signature : _____

* Changes to this form can be made up to April 28th.

For office use only

Payment Method: Cash _____ Check # _____ CC# _____

Date Payment was received ___/___/_____