

GAN ISRAEL DAY CAMP

BS"D



540 Elisabeth St
East Lansing, Mi 48823
(517) 214-0525

Date _____

Camper's Name _____

First

last

Hebrew

Date of birth ___/___/___

T-shirt size _____

Address _____ Phone _____ - _____

area code

City _____ State _____ Zip _____

Father's Name _____ Occupation _____

First

Hebrew

Business Address _____ Cell Phone _____

City _____ State _____ zip _____

Mother's Name _____ Occupation _____

First

Hebrew

Business Address _____ Cell Phone _____

City _____ State _____ Zip _____

Medical information

Physician _____ Phone _____ - _____

area code

Address _____

List any allergies your child has _____

Health Insurance Co. _____ Policy No. _____

In case of emergency contact:

Name _____ Cell Phone _____ - _____

area code

In an emergency I hereby give permission to Camp Gan Israel to get proper medical treatment for my child named on this form:

Parent's signature _____ Date ___/___/___