



Camp Gan Israel by Chabad, Ventnor City NJ
 6605 Atlantic Ave, Ventnor City, NJ 08406
 609-822-8500 (x4) • Youth@Chabadac.com

CGI 2026 Registration Form

NAME OF CAMPER _____ BOY __ GIRL __

HEBREW NAME _____ DATE OF BIRTH _____ AGE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ HOME PHONE _____

MOTHERS NAME _____ OCCUPATION _____

ADDRESS _____ PHONE _____

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CELL PHONE _____ EMAIL ADDRESS _____

FATHERS NAME _____ OCCUPATION _____

ADDRESS _____ PHONE _____

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CELL PHONE _____ EMAIL ADDRESS _____

GRADE TO BE COMPLETED JUNE 2026 _____

JEWISH EDUCATION: LIST SCHOOL(S) ATTENDED (DAY, NURSERY, SUNDAY) YEARS ATTENDED: _____

CAMP DATES & RATES	
<p>Camp Gan Israel Dates: June 28 – August 13 Days: Monday - Friday • 9:30am 3:30pm (Ask about before/aftercare)</p> <p>Programs & Rates Mini Gan Izzy: Boys and Girls 3-4 \$415/week* Full Season \$3,150 (5% off)</p> <p>Gan Izzy: Boys and Girls 5-12 \$415/week* Full Season \$3,150 (5% off)</p> <p>T-shirts: One free T-shirt per camper. Extras available for \$15 each.</p> <p>_____</p> <p><small>*For single-week enrollment, the fee is \$100.</small></p>	<p>Select your Weeks</p> <ul style="list-style-type: none"> <input type="checkbox"/> Full Program: June 29 - August 21 <input type="checkbox"/> Adventure Week: June 29 – July 3 <input type="checkbox"/> Week 1: July 6 – July 10 <input type="checkbox"/> Week 2: July 13 – July 17 <input type="checkbox"/> Week 3: July 20 – July 24 <input type="checkbox"/> Week 4: July 27 – July 31 <input type="checkbox"/> Week 5: August 3 – August 7 <input type="checkbox"/> Week 6: August 10 – August 14 <input type="checkbox"/> Week 7: August 17 – August 21 <p style="text-align: right;">Registration fee \$50 TOTAL PAYMENT _____</p>

PAYMENT

<input type="checkbox"/> I am enclosing full payment.		
<input type="checkbox"/> I am enclosing half of the payment now, and the other half by June 5 th .		
<input type="checkbox"/> I am enclosing a check made out to CHABAD		
<input type="checkbox"/> Charge my card.	<input type="checkbox"/> MC	<input type="checkbox"/> Visa
Card No. _____	Expiration: _____	CVV# (final 3 numbers on back of card) _____
Billing address _____	City _____	
State _____	Zip _____	
Amount: _____	Signature: _____	

Camp Gan Izzy
MEDICAL INFORMATION

NAME OF CHILD'S PHYSICIAN _____ PHONE _____

LIST ANY ALLERGIES (FOOD/MEDICATION) _____

IS YOUR CHILD PRONE TO EAR/SINUS INFECTION? _____

DOES YOUR CHILD HAVE ANY MENTAL OR SOCIAL HANDICAPS OR ANY OTHER PROBLEM OF WHICH WE SHOULD BE AWARE? _____

DOES YOUR CHILD TAKE ANY MEDICATION REGULARLY? IF SO, WHAT KIND?

DOES HE/SHE SWIM? _____ DOES HE/SHE HAVE A FEAR OF WATER? _____

ANY INFORMATION OR COMMENTS ABOUT SPECIAL ABILITIES, HABITS, BEHAVIOR, OTHER: _____

IF NEITHER PARENT CAN BE REACHED / IN CASE OF AN EMERGENCY CALL:

CONTACT NAME #1 _____ PHONE _____

ADDRESS _____ RELATIONSHIP _____

CONTACT NAME #2 _____ PHONE _____

ADDRESS _____ RELATIONSHIP _____

CONSENT

I GIVE MY CONSENT FOR MY CHILD TO TAKE PART IN FIELD TRIPS OR EXCURSIONS UNDER PROPER SUPERVISION: YES _____

IN CASE OF EMERGENCY, CAMP GAN ISRAEL HAS MY PERMISSION TO RENDER ANY NECESSARY FIRST AID OR CARE BY PHYSICIAN TO MY CHILD WHILE ATTENDING CAMP: YES _____

I GRANT CAMP GAN ISRAEL/CHABAD THE RIGHT TO PHOTOGRAPH MY CHILD/CHILDREN AND USE HIS/HER/THEIR PICTURE, VIDEO OR ANY OTHER FORM LIKENESS FOR CAMP PROMOTION AND ADVERTISEMENTS: YES _____

PARENT'S SIGNATURE _____
DATE _____