

HEALTH HISTORY AND SPECIAL INSTRUCTIONS

In the past six months, has your child had any serious illnesses? No Yes If so, please list: _____

Allergies: Please list any known allergies that your child has: _____

Does your child receive individualized assistance in school? No Yes If so, please explain: _____

Has your child been diagnosed with any of the following? If so, please list treatment, medications, etc:

Physical handicaps No Yes _____

Rheumatic Fever No Yes _____

Heart Problems No Yes _____

Seizures No Yes _____

Asthma No Yes _____

Diabetes No Yes _____

ADD/ADHD No Yes _____

Other No Yes _____

Please describe any medical conditions or behavioral issues that would be beneficial to know in caring for your child.

REGISTRATION POLICIES AND PARENTAL CONSENT

I hereby permit Camp Gan Israel to transport my child(ren) on camp provided transportation to obtain emergency medical care as the situation mandates. My child has permission to participate in any activity done with Camp Gan Israel. I hereby permit my child to participate in all activities of Camp Gan Israel - on site, off site and trips.

I allow Camp Gan Israel to use my child(ren)'s photograph for all promotional purposes.

I understand that my deposit is non-refundable, and that full payment is due on or before June 2, 2012.

The parent who signs this registration form represents that he/she has full authority to do so and will be responsible for payment of the camp fees.

PRINT NAME _____

SIGNATURE _____ **DATE** _____

Payment

I am enclosing the non-refundable reg. fee of \$50. I will send in the balance by June 2, 2012 (non-refundable).
 I am enclosing full payment.

Charge my card for the non-refundable fee of \$50 Charge my card for the balance on June 2, 2012 (non-refundable).
 Charge my card for the full amount. MC Visa

Card No. Expiration:

Amount:

Signature:

REGISTRATION FORM

Complete the registration form below, and mail it along with the additional forms and payment to:
Camp Gan Israel, 2122 Park Forest Dr., Chesterfield, MO 63017

For Office Use Only: Date of receipt: / /

CAMPER INFORMATION

1. Camper's Name	T-shirt Size	Birth Date	Age	Weeks: <input type="checkbox"/> week 1 <input type="checkbox"/> week 3 <input type="checkbox"/> week 2 <input type="checkbox"/> week 4 <input type="checkbox"/> week 5
School	Grade	Height / Weight	M/F	Extended Care: <input type="checkbox"/> morning <input type="checkbox"/> evening
2. Camper's Name	T-shirt Size	Birth Date	Age	Weeks: <input type="checkbox"/> week 1 <input type="checkbox"/> week 3 <input type="checkbox"/> week 2 <input type="checkbox"/> week 4 <input type="checkbox"/> week 5
School	Grade	Height / Weight	M/F	Extended Care: <input type="checkbox"/> morning <input type="checkbox"/> evening
3. Camper's Name	T-shirt Size	Birth Date	Age	Weeks: <input type="checkbox"/> week 1 <input type="checkbox"/> week 3 <input type="checkbox"/> week 2 <input type="checkbox"/> week 4 <input type="checkbox"/> week 5
School	Grade	Height / Weight	M/F	Extended Care: <input type="checkbox"/> morning <input type="checkbox"/> evening

TRANSPORTATION INFORMATION

I need transportation from U. City:

Please let us know who, other than yourself, has your permission to pick your child up from camp:

PARENT INFORMATION

Mother's Name	Home Phone	Work Phone
Address	Email	Mobile Phone
Father's Name	Home Phone	Work Phone
Address: (if different than above)	Email	Mobile Phone

EMERGENCY CONTACT INFORMATION

Emergency Contact Name (other than parents)	Relationship to Child	
Home Address	Home Phone	Work/Mobile Phone/Pager
Additional Persons Authorized to Care for Child(ren)	Relationship to Child	
Home Address	Home Phone	Work/Mobile Phone/Pager
Child's Physician or Medical Facility (name)	Phone	
Physician's address		