



**CONTRA COSTA
SUMMER 2012**

REGISTER TODAY!

CAMP GAN ISRAEL REGISTRATION FORM

Complete the registration form below, and mail it along with a \$100 deposit per camper to:

Camp Gan Israel

1671 Newell Ave., Walnut Creek, CA 94595

All camp fees must be paid in full by May 25, 2012. Payment in full due with registrations after May 25, 2012.

Camp fees are non-refundable after session begins.

Payment plans available for families needing financial assistance. For more information call 925-937-4101.

CAMPER REGISTRATION

1. Camper's Name		DOB	Age	Gender	Grade Entering Sept. 12
Address		City/State/Zip			
Session(s) <input type="checkbox"/> Both <input type="checkbox"/> 1 <input type="checkbox"/> 2		<input type="checkbox"/> Kiddy Camp M/W/F <input type="checkbox"/> Classic Gan Izzy M/W/F <input type="checkbox"/> Classic Gan Izzy M-F <input type="checkbox"/> CIT Program			
2. Camper's Name		DOB	Age	Gender	Grade Entering Sept. 12
Session(s) <input type="checkbox"/> Both <input type="checkbox"/> 1 <input type="checkbox"/> 2		<input type="checkbox"/> Kiddy Camp M/W/F <input type="checkbox"/> Classic Gan Izzy M/W/F <input type="checkbox"/> Classic Gan Izzy M-F <input type="checkbox"/> CIT Program			
3. Camper's Name		DOB	Age	Gender	Grade Entering Sept. 12
Session(s) <input type="checkbox"/> Both <input type="checkbox"/> 1 <input type="checkbox"/> 2		<input type="checkbox"/> Kiddy Camp M/W/F <input type="checkbox"/> Classic Gan Izzy M/W/F <input type="checkbox"/> Classic Gan Izzy M-F <input type="checkbox"/> CIT Program			

Does your child(ren) need transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, Red Line Stop # _____		Blue Line Stop # _____		(See bus schedule on back of form)
Number of T-Shirts	Youth T-Shirt Size : ___ S ___ M ___ L ___ XL		Adult T-Shirt Size: ___ S ___ M ___ L ___ XL			
Camp fees include one camp t-shirt, mandatory to be worn on all trip days. Additional shirts are available at \$10 ea.						
First time family? <input type="checkbox"/> Yes <input type="checkbox"/> No		Referred by: _____				

PARENT INFORMATION

Mother's Name	Home Phone
Address (If different than child)	Work Phone
Email address	Cell Phone
Father's Name	Home Phone
Address (If different than child)	Work Phone
Email address	Cell Phone

EMERGENCY CONTACT INFORMATION

Additional Emergency Contact Name		Home Phone	
Home Address		Work Phone	Cell Phone
List all persons authorized to pick-up camper from campus			
Name	Relationship	Home Phone	Cell Phone
Name	Relationship	Home Phone	Cell Phone
Name	Relationship	Home Phone	Cell Phone

HEALTH FORM

Please use one Health Form per camper only.

You may photocopy this form or visit our website www.JewishContraCosta.com for additional forms.

Camper's Name _____

Session(s) Both 1 2

Please check below if your child currently has or has suffered from the following:

- Serious Illness/Operation Ear Trouble Kidney Disease Glasses/Contact Lens Asthma Eye Trouble
 Rheumatic Fever Hearing Aid Seizures Heart Disease Tuberculosis ADD/ADHD

Please explain any items checked (attach an additional page if necessary) _____

Are your child's immunizations current for the State of California school requirements? Yes No

Does your child have any food, medication, insect bite or sting allergies that we should be aware of? Yes No

If yes, please explain. _____

Does your child have any behavior, emotional, physical, or mental health problems that we should be aware of? Yes No

If yes, please explain. _____

Has your child had a tetanus shot? Yes No Date of last tetanus shot? _____

Name of your child's physician _____ Phone _____

Address _____ City _____ Zip _____

Name of Insurance _____ Group or Medical # _____

Name of your child's dentist/orthodontist _____ Phone _____

Address _____ City _____ Zip _____

All prescription medications must have an accompanying written statement from the physician detailing the purpose and method of dispensing the medication (see below.) Prescription medications must be in the original, labeled container.

Nature of condition(s) requiring medication _____

Name of Prescribed Medication	Dosage	Time of Administration	Adverse Reactions?
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The camp requires every camper be provided with health insurance. If you currently do not have health insurance, contact Shternie to help make arrangements to get health insurance for the summer.

PARENTAL RELEASE AND CONSENT

In case of an accident or serious illness involving my child whenever the child is in attendance at Camp Gan Israel, I request The Camp to telephone me at the above listed telephone. If in the judgment of The Camp, delay entailed in telephoning me or other persons named above would not be in the best interest of my child, I hereby authorize The Camp before telephoning me to take my child to any physician or surgeon selected by The Camp and licensed under the provision of the California Medical Practice Act, to any physician or surgeon selected by the director for such action as such physician or surgeon deems necessary or advisable in the circumstances. I hereby consent to any and all diagnostic procedures, examinations, care and treatment (including without limitation, X-ray examination, anesthetic and emergency surgical intervention) as any such physician or surgeon may deem necessary or advisable, whether such diagnostic procedure, examination, care or treatment is rendered at the office of such physician, surgeon or dentist or at a hospital or clinic. I understand that this authorization is given in advance of any specific diagnosis, examination, care or treatment being rendered and is given to provide authority and power on the part of any such physician or surgeon to render any and all such diagnostic procedures, examinations, care or treatment that he or she may deem necessary or advisable.

I certify that no information concerning the health of this counselor/camper has been withheld or misrepresented. I authorize our physician to provide further medical history should it be deemed necessary.

This completed form may be photocopied for trips out of camp. I hereby give permission, for my child registered in any of the Monday – Friday programs of Camp Gan Israel, to be taken by school bus on all outings and trips. I give permission to Camp Gan Israel to use camp photos of my child/ren in any camp publicity. I understand that refund of payment is subject to Camp Gan Israel refund policies, as written in the parent handbook.

Signature of Parent or Guardian

MM/Day/Year

CALCULATE YOUR TOTAL HERE

Kiddy Camp & Classic Gan Izzy 3 Day: \$595 per session/\$1100 both sessions. Classic Gan Izzy 5 Day & CIT's: \$815 per session/\$1500.00 both sessions

Please circle which camp your child is enrolled in:

Camp Fees - Child 1	Kiddy Camp	or	Classic Gan Izzy 3 Day	or	5 Day	or	CIT Program	_____
Camp Fees - Child 2	Kiddy Camp	or	Classic Gan Izzy 3 Day	or	5 Day	or	CIT Program	_____
Camp Fees - Child 3	Kiddy Camp	or	Classic Gan Izzy 3 Day	or	5 Day	or	CIT Program	_____
Early Bird Discount (by March 30)	-\$25.00 per camper							_____
Sibling Discount	-\$30.00 per additional sibling per session							_____
Transportation	\$150.00 per session per camper							_____
Session I Overnight:	Fee included in registration							_____
Session II Tahoe Trip:	\$100.00 per camper (3rd-8th Grade)							_____
Additional Camp t-shirts	\$10.00 each							_____
								Total _____
Deposit Due with Registration \$100.00 per camper								Enclosed _____
Balance Due by May 25, 2012								

BUS SCHEDULE

Please photocopy this page for future reference, if you will be using bus transportation to and from the Athenian School.

Stop #	RED LINE	Pick Up	Drop Off
1.	Alcosta at Davona	8:25	4:40
2.	Alcosta at SR Senior Center	8:30	4:35
3.	Bollinger and Windmere Pkwy	8:35	4:20
4a.	Bollinger and Briar Oaks	8:40	
4b.	Bollinger and Stone Leaf Rd.		4:15
5.	Crow Canyon at Center Way	8:45	4:05
6.	Blackhawk at the Main Gate	8:47	4:00

Stop #	BLUE LINE	Pick Up	Drop Off
1.	Walnut Creek BART	8:05	4:40
2.	Lafayette BART **	8:15	4:50
3.	Danville Blvd. @ Rudgear	8:25	4:35
4.	Danville Blvd. @ Livorna	8:27	4:30
5.	Danville Blvd. @ Alamo Plaza	8:30	4:25
6.	SRV Blvd. @ Livery & Mercantile	8:40	4:12
7.	Vista Grande School	8:44	4:07
8.	Diablo @ Green Valley School	8:45	4:05

** Last stop in the PM Drop Off

RED LINE NOTES

ALCOSTA AT DAVONA

AM: Curbside on Alcosta at Bus stop
PM: at Bus Stop

ALCOSTA AT SENIOR CENTER

AM: Curbside on Alcosta- do not enter center
PM: Pass Olympia Fields Dr. at Bus Stop

BOLLINGER AND WINDMERE

AM & PM: At the bus pull out

BOLLINGER AND BRIAR OAKS

AM: at the Bus pull out

BOLLINGER AND STONELEAF RD.

PM: at the bus pull out

CROW CANYON AT CENTER WAY

Past the Chevron at the bus pull out

BLACKHAWK AT THE MAIN GATE

BLUE LINE NOTES

WALNUT CREEK BART STATION

8:05 AM In front of the phone booths at the bus stop #102
4:40 PM Same location as the AM pick up

LAFAYETTE BART STATION **

8:15 AM The Main Entrance to BART
4:50 PM Same location as the
**AM pick up-is the last stop of the day.

DANVILLE BLVD. AT RUDGEAR

8:25 AM At the trail head by the bus stop #121-101
4:35 PM Past the light at Rudgear before the on-ramp

DANVILLE BLVD. AT LIVORNA

8:27 AM North West - The green bench in front of the iron fence
4:30 PM South east Contra Costa green bench

DANVILLE AT ALAMO PLAZA

8:30 AM At the Contra Costa bus pull out – Safeway side
4:25 PM In front of the Stone Valley Center – Taco Bell

SAN RAMON VALLEY BLVD. AT THE LIVERY & MERCHANTILE

8:40 AM By the bear carving at the Contra Costa bus stop
4:12 PM Sycamore Square at the Contra Costa bus stop.

VISTA GRANDE ELEMENTARY SCHOOL

8:44 AM Contra Costa bus stop #221
4:07 PM The bus pulls into Vista Grande Elementary

DIABLO ROAD AT GREEN VALLEY ELEMENTARY SCHOOL

8:45 AM The stop in front of Green Valley Elementary
4:05 PM Bus stop #221 on the opposite side of Green Valley

FRIEND OF CAMP GAN ISRAEL PROGRAM

I would like to contribute
to Camp Gan Israel's
scholarship fund.
Please accept my
contribution of

\$50 \$100 \$180

Other \$ _____

to help send a child to camp.

Thank you for your support!

**Please be at the bus stop 5 minutes early.
Bus stops and times are subject to change**