



# Camp Gan Israel's Winter Camp 2009-10

## Our Activities Include:

Daily field trips, arts & crafts,  
Kosher cooking, games and more!

**Thursday**  
December 24



**Monday**  
December 28



**Tuesday**  
December 29



**Wednesday**  
December 30



**Thursday**  
December 31



**Friday**  
December 25



**Friday**  
January 1



Transform your mid-winter break into a  
fun and exciting Jewish camp experience

**grades:** Pre K – 8

**dates:** Dec. 24<sup>th</sup> – Jan. 1<sup>st</sup> **time:** 9:00 – 3:30, Fridays until 2:00 pm

**place:** The Chabad Center, 1925 Kresson Rd., Cherry Hill, NJ 08003

**cost:** \$45 / day, \$235 / full program • cost includes all trips, activities and Kosher lunch

**daycare:** Before-care 8:00-9:00 am, \$6 per day • After-care 3:30-5:30 pm, \$8 per day

**phone: 856-874-1500**

**register online:**

**[www.GanIsraelSNJ.org/Winter](http://www.GanIsraelSNJ.org/Winter)**



# Registration Form

Please fill out and mail along with payment to  
**Gan Israel Winter Camp:** 1925 Kresson Rd., Cherry Hill, NJ 08003

Child's Full Name: \_\_\_\_\_ Grade \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_ Father's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: (Mom) \_\_\_\_\_ (Dad) \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Days Attending: December  24  25  28  29  30  31 • January  1

Extended Care:  AM (8:00-9:00)  PM (3:30 - 5:30)

Method of Payment:  Check  Visa/MC Amount Enclosed: \$ \_\_\_\_\_

Name on Card: \_\_\_\_\_

Credit Card No.: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CVV Code \_\_\_\_\_

**Emergency Information:** If your child is taking medication, has allergies or has another medical condition we should be aware of, please include it on a separate piece of paper.

Family Physician: Name \_\_\_\_\_ Phone \_\_\_\_\_

Insurance \_\_\_\_\_ Policy Number \_\_\_\_\_

Two people to call in case of emergency:

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

**Medical Release Form:** I give permission to the staff of Gan Israel Winter Camp to do whatever they deem necessary for my child/ren in case of a medical emergency.

Signed \_\_\_\_\_ Date \_\_\_\_\_



## Chabad Lubavitch of Camden County

1925 Kresson Rd  
Cherry Hill, NJ 08003

Non-Profit Org  
U.S. Postage  
Paid  
Cherry Hill  
2199