



**CGI 2022 - JOHNS CREEK/ALPHARETTA, GEORGIA**  
Registration form



Camper information									
Last Name			First			Hebrew			
D.O.B. ____/____/____		M/F <input type="checkbox"/> M <input type="checkbox"/> F	Age	Grade (completed)	T-Shirt size	Bunkmate requests 1. _____ 2. _____			
<b>Week 1:</b> June 27 – July 1 <input type="checkbox"/> Kiddie camp \$220 <input type="checkbox"/> Regular camp \$220		<b>Week 2:</b> July 4 – July 8 <input type="checkbox"/> Kiddie camp \$220 <input type="checkbox"/> Regular camp \$220		<b>Week 3:</b> July 11 – July 15 <input type="checkbox"/> Kiddie camp \$220 <input type="checkbox"/> Regular camp \$220		<b>Week 4:</b> July 18 – July 22 <input type="checkbox"/> Kiddie camp \$220 <input type="checkbox"/> Regular camp \$220		<b>Week 5:</b> July 25 - July 29 <input type="checkbox"/> Kiddie camp \$220 <input type="checkbox"/> Regular camp \$220	

Camper # 2									
Last Name			First			Hebrew			
D.O.B. ____/____/____		M/F <input type="checkbox"/> M <input type="checkbox"/> F	Age	Grade (completed)	T-Shirt size	Bunkmate requests 1. _____ 2. _____			
<b>Week 1:</b> June 27 – July 1 <input type="checkbox"/> Kiddie camp \$220 <input type="checkbox"/> Regular camp \$220		<b>Week 2:</b> July 4 – July 8 <input type="checkbox"/> Kiddie camp \$220 <input type="checkbox"/> Regular camp \$220		<b>Week 3:</b> July 11 – July 15 <input type="checkbox"/> Kiddie camp \$220 <input type="checkbox"/> Regular camp \$220		<b>Week 4:</b> July 18 – July 22 <input type="checkbox"/> Kiddie camp \$220 <input type="checkbox"/> Regular camp \$220		<b>Week 5:</b> July 25 - July 29 <input type="checkbox"/> Kiddie camp \$220 <input type="checkbox"/> Regular camp \$220	

Family Information					
Home address		City/State/Zip		Home Phone	Subdivision
Father's name	Work	Cell		Email	
Mother's name	Work	Cell		Email	

Emergency Contact			
Name	Home phone	Cell Phone	Relationship

I have filled out the Medical Form and will include it with the application

I am aware that this camp is not licensed by the state. Georgia law exempts day camps from license.

Terms and conditions	
<p>1. Security Fee: Price above does not include a \$25 per week security fee</p> <p>2. Tuition fees &amp; Refund policy: Registration is per week, there is to be no prorating per day. The \$25 registration fee is due upon registration and is non refundable. The weekly tuition fees are due by 05/15/2022 and are fully refundable until 06/15/2022. After that date there will be no refunds at all.</p> <p>3. After 06/15/2021 there will be no refunds at all</p> <p>4. Emergency care: The application is only valid if accompanied by the medical form. In the event of an emergency, serious illness, or accident, I, _____ Camp Gan Israel has my permission to arrange for any necessary first-aid or care by a licensed physician for my child/ren while he/she is attending camp.</p> <p>5. Images: Chabad of North Fulton is hereby granted permission to use any individual or group camp photos and or videos showing our children involved in camp activities.</p>	<p>6. Damages: As parents or guardians, we agree to be responsible for any loss, damage or destruction by our child to any property of Camp Gan Israel/Chabad of North Fulton or to any property for which the camp is liable or chargeable.</p> <p>7. Children with special needs: If your child has special needs, behavioral issues, or health issues please discuss these with the camp director before you enroll you child in camp. We are not equipped to handle all needs and we reserve the right to determine if our camp is the best fit. Also, at the beginning of camp, please make sure to discuss the issues directly with your child's counselor and head counselor. If a shadow is needed it can be arranged for an extra fee.</p> <p>8. Covid: in order to complete your enrollment you will need to agree to and sign the Covid policies and waivers found on our website.</p>
<p><input type="checkbox"/> I am registering ____ child/ren for a total of ____ sessions</p> <p><input type="checkbox"/> Enclosed please find a _____ registration fee. <input type="checkbox"/> Additional payment included _____</p> <p>I have read and accept all of the terms and conditions set forth in this registration form.</p>	
_____	_____
Parent or Guardian	Date

For more information please call Kim Urbach at 770-410-9000 or email [admin@chabadnf.org](mailto:admin@chabadnf.org)

Please return the application, medical form, and \$25.00 registration fee per child to secure your child's place at camp  
Mail application and payment to: Chabad of North Fulton, 10180 Jones Bridge Road, Alpharetta, Georgia 30022

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