



Summer Camp

Enrollment Date: _____ Summer Camp Year: _____

Childs Name: _____ DOB: _____

Address: _____

Home Phone: _____ Primary Cell Phone: _____

Has child received or is receiving any EI (early intervention) services? _____

If yes, please give details _____

Parents' Information

	MOTHER	FATHER
Full Name		
Cellular Phone		
E-MAIL		
Business Name		
Business Address		
Business Phone		

Emergency Contacts/Persons Authorized to Pick Up your Child

Contact Name	Contact Phone	Relationship to the Child
1.		
2.		
3.		
4.		

Doctor's Information

Physician's Name	
Phone Number	
Address	
ALLERGIES	

In case of a medical emergency, and in the event that I cannot be reached, I hereby authorize Gan Aliza. To secure immediate treatment for my child.

A non-refundable Deposit Fee of \$200 is due upon enrollment that will be applied towards summer camp tuition at Gan Aliza.

Parent's name (please print) _____ Date: _____

Parent's signature _____

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