

CAMP GAN ISRAEL'S WINTER CAMP 2012

Our Activities Include: Daily field trips, arts & crafts,
kosher cooking, games and more!

COME TO CAMP FOR FREE!

WHO? Any kid who's never been to Gan Israel
Winter or Summer Camp.

WHEN? Choose any ONE day during
Winter Camp to come for FREE.

HOW? Write down the date you wish to come for FREE on your
registration. (If you are attending for more than one day, you
can still take advantage of one FREE day.)

GRADES: K - 8

DATES: December 24th - December 28th

TIME: 9 AM - 3:30 PM

PLACE: Camp Gan Israel • 3939 Prince William Dr., Fairfax, VA 22031

COST: \$53/day, \$230 for the week
cost includes all trips, activities

**INCLUDES
LUNCH**

Pre camp care: 8:00 AM - 9:00 AM

Cost: \$5 per child

After camp care: 3:30 PM - 5:30 PM

Cost: \$5 per child per hour (no after camp care - December 28th)



Monday, December 24th

**imagination
stage**
Featuring Seussical

Tuesday, December 25th

BowlAmerica

Wednesday, December 26th



Thursday, December 27th



Friday, December 28th

**SkateFun
One**
The Ultimate Fun Experience



REGISTRATION FORM

Please fill out and mail along with payment to

Gan Israel Winter Camp: 3939 Prince William Dr., Fairfax, VA 22031

Please fax to (703) 426-1970, or register on-line at www.cgihova.com

Last Name: _____

Mother's First Name: _____ Father's First Name: _____

Address: _____

Home Phone: _____ Work: (Mom) _____ (Dad) _____

Mobile Phone: _____ Email: _____

Days Attending: Dec 24 Dec 25 Dec 26 Dec 27 Dec 28

Extended Care: AM (8:00-9:00) PM1 (3:30-4:30) PM2 (4:30-5:30)

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

Credit Card No.: _____ Expiration Date: _____

Child's First Name _____ Grade _____

Child's First Name _____ Grade _____

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 Information (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 to my children in case of a medical emergency.

Signed _____ Date _____



Gan Israel Winter Camp
Chabad Lubavitch of
Northern Virginia
3939 Prince William Drive
Fairfax, VA 22031

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