

B”H



Camp Gan Israel

404 Partridge Street
Albany, New York 12208

March 27, 2012

Dear Parents,

Enclosed you will find registration forms, as well as transportation, medical, and liability waivers. Please fax, e-mail, or bring them in on the first day of camp. In addition, please fill out the following form as it will help us with our planning.

WEEKS ATTENDING

*Please specify the days of the week that your child will be participating in camp (per week)

Child's Name				
Age				
July 2-6				
July 9-13				
July 16-20				
July 23-27				
July 30-Aug 3				
Aug 6-10				

- PLEASE NOTE:
- Please be prompt in dropping off and picking up your child/ren.
- Label all your children's clothing, towels, sunscreen, lunches and car seats.
- Pack each sibling's gear in separate bags, as they will be in separate bunks.
- Apply sunscreen on your child before he/she leaves home and send some so we can reapply it before swimming.
- Lunches should not require refrigeration.

For any questions please feel free to contact Clara at:

Phone: 518-439-8280

Cell: 518-364-8280

FAX: 815-377-3829

E-MAIL: director@ganisraelalbany.com