בס"ד

2026– ENROLMENT APPLICATION
Mini Camp Gan Kayitz *of* Palos Verdes
Phone: (310) 544-5544 | email: rochiepv@gmail.com

Please fill out one application per child,

Last name: First: Hebrew:

Address: City: Zip:

Father's Name: Mother's Name:

FATHER: Work Phone: Cell: Email:

S
MOTHER Work Phone: Cell: Email:

Age: D/O/B: ❑Male ❑Female

School Attending: Grade Entering:

PREVIOUS CAMP EXPERIENCE:
Camp: Year(s):

Session July 27 – August 6 | 9:30am to 2:00pm **Per Session** ❒ 1 Child $390

Extended Care & Medical	Yes	No
1. Will you need Extended care for your child?		
2. Does your child have any allergies?	❒ Food ❒Other	❒ none

Skill Level	Advanced	Intermediate	Fair	None
Swimming	❒	❒	❒	❒
Sports	❒	❒	❒	❒
Music	❒	❒	❒	❒

	Yes	No
1. Does your child have asthma or any other medical condition??	❒	❒
2. Will your child need to take medication during camp?	❒	❒
3. Is your child extra sensitive to the sun?	❒	❒
4. Is your child required to use ear/nose plugs for swimming?	❒	❒

Parent Signature: Date: