



Gan Israel Winter Camp



A project of the **Pamela Silver-Robins Chabad Lubavitch Youth Centre** www.GanIsrael.ca | youth@ChabadAlberta.org 134 Forge Road SE. Calgary, AB T2H 058 | Phone: (403) 281-3770 | Fax: (403) 281-0338

> 12 Kislev 5780 December 10, 2018

Dear Parent(s):

Welcome to Gan Israel Winter Camp!

We are looking forward to a fun, exciting and meaningful experience in a safe and friendly environment.

Below is some useful Information, please call us with any questions or concerns.

- 1. The camp location is at the Chabad House. 134 Forge Road SE
- 2. Camp hours: Mon-Thurs 9:00 am 3:30 pm. Fri 9:00 am 3:00 pm
- **3.** Please ensure that your child(ren) come to camp on time, **between 8:45 9:00 am** and are picked up promptly at **3:30 pm and 3:00 pm on Fridays**. Please note that no child will be allowed to go home with anyone other than the parent, unless the camp has received **written authorization**.
- **4.** Lunch and snacks will be served daily. We will provide you with our lunch menu. Please send a labeled water bottle daily with your child.
- **5.** Boys should wear a Kippa or hat (baseball cap).
- 6. Please send your child(ren) dressed appropriately for the weather as we will be leaving the camp premises DAILY for outings etc. This includes boots, a warm winter coat, snow pants, hat and gloves. Please label all the clothing to avoid loss or confusion. For your child(ren)'s convenience please send along indoor shoes/sneakers, that can be left at the Chabad House throughout the week.
- 7. Health and Medication
 - A) Please make arrangements with us in case your child will need to take medication during camp hours.
 - B) Medical form: Please make sure it is filled in and sent to our office promptly
- **8.** If you need to contact us during camp hours please call Chabad House at 403-281-3770. If there is no answer, please leave a message. We will be taking messages on the hour.

For emergencies only please call 403-714-9024.

- **9.** A schedule of outings will be available before the start of camp.
- **10.** Every day pictures of the children will be taken during activities and trips, these pictures will be posted on our website at <u>www.GanIsrael.ca</u> for you to see and share with family and friends worldwide. The pictures will not be shared with any other people or organizations and will not be used for anything other than our website and possibly for future Chabad publications.
- **11.** Camp Gan Israel is known throughout the world for its exceptionally dedicated staff. Every camper receives care, attention and love. Always feel free to call us with any questions, concerns, comments, or words of encouragement, etc. Our camp staff are here to make this a most pleasurable, memorable and productive camp experience for your child.

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Mrs. Rochel Matusof Director, Camp Gan Israel

Mrs. Mushka Matusof Assitant Director, Camp Gan Israel



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Medical Record for Gan Israel Winter Camp 5780/2019-2020

| Name of Campe | r: First: | Last: |
|---------------------|---|------------------------|
| Alberta Health C | Card Number: | |
| List all allergies: | (Medication, food, othe | rs) |
| Information need | ded for our staff (Re. A | llergies): |
| List any medicati | on presently being take | n: |
| , , | to date with all vaccinat e tell us which ones you | |
| Are there any res | strictions in: | |
| Sports | \Box No \Box Yes - If | yes please explain: |
| Hiking | 🗆 No 🗆 Yes - If y | ves please explain: |
| Other | □ No □ Yes - If | yes please explain: |
| | Emergene | cy Contact Information |
| n the event I canno | ot be reached, please cos | ntact: |
| lame: | | |
| elationship: | | |
| | | Cell () |
| amily Physician: | | Phone () |



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Consent for Emergency Medical Treatment

I/we hereby give permission to the Gan Israel staff to obtain necessary emergency medical treatment for my child/ren with the understanding the family will be notified ASAP.

Signature _____ Date: _____ Date: _____

I/we hereby state that the information provided on this form is accurate and complete.

| Signature | Date: | mm /dd / yyyy |
|-----------|-------|---------------|
| | | |

Thank you for your assistance in completing this form.

Camp Gan Israel Staff