

2019 CAMP-A-TOGA REGISTRATION

Please use one form per camper

Child's Name: (Last) _____ (First) _____ Home Phone: _____

Age: _____ Sex: _____ 2019 Entering grade: _____ Date of birth: _____ JCC member: Y or N

Child's Address: _____ City: _____ State: _____ Zip: _____

Camper lives with: Both parents Mother Father Other: _____

Parents Name: _____ Home Phone: _____

Parents Business address: _____ Work Phone: _____

City: _____ State: _____ Zip: _____ Cell Phone: _____

Parents Name: _____ Home Phone: _____

Parents Business address: _____ Work Phone: _____

City: _____ State: _____ Zip: _____ Cell Phone: _____

Primary Email to be used for Camp Communication: _____

T-shirt size: Child XS(4-5) Child SM(6-8) Child M(10-12) Child LG(14-16) Adult Sm Adult Med Adult LG

All campers will receive two (2) t-shirts with registration. I would like to purchase an additional t-shirt for \$6.00 Y or N

Camp Chaverim 8 Weeks Full Summer (\$220 Deposit)	
<input type="checkbox"/> Full Summer (July 1 st -August 23 rd)	<input type="checkbox"/> Half Day or <input type="checkbox"/> Full Day
Camp Chaverim 2 Week Sessions (\$70 deposit per session)	
<input type="checkbox"/> Session 1 (July 1 st - July 12 th)	<input type="checkbox"/> Half Day or <input type="checkbox"/> Full Day
<input type="checkbox"/> Session 2 (July 15 th - July 26 th)	<input type="checkbox"/> Half Day or <input type="checkbox"/> Full Day
<input type="checkbox"/> Session 3 (July 29 th - August 9 th)	<input type="checkbox"/> Half Day or <input type="checkbox"/> Full Day
<input type="checkbox"/> Session 4 (August 12 th - July 23 rd)	<input type="checkbox"/> Half Day or <input type="checkbox"/> Full Day
Camp Chaverim Single Weeks (\$70 deposit per week)	
<input type="checkbox"/> Week 1 (July 1 st - July 5 th)	<input type="checkbox"/> Half Day or <input type="checkbox"/> Full Day
<input type="checkbox"/> Week 2 (July 8 th - July 12 th)	<input type="checkbox"/> Half Day or <input type="checkbox"/> Full Day
<input type="checkbox"/> Week 3 (July 15 th - July 19 th)	<input type="checkbox"/> Half Day or <input type="checkbox"/> Full Day
<input type="checkbox"/> Week 4 (July 22 nd - July 26 th)	<input type="checkbox"/> Half Day or <input type="checkbox"/> Full Day
<input type="checkbox"/> Week 5 (July 29 th - August 2 nd)	<input type="checkbox"/> Half Day or <input type="checkbox"/> Full Day
<input type="checkbox"/> Week 6 (August 5 th - August 9 th)	<input type="checkbox"/> Half Day or <input type="checkbox"/> Full Day
<input type="checkbox"/> Week 7 (August 12 th - August 16 th)	<input type="checkbox"/> Half Day or <input type="checkbox"/> Full Day
<input type="checkbox"/> Week 8 (August 19 th - August 23 rd)	<input type="checkbox"/> Half Day or <input type="checkbox"/> Full Day
Tween Camp Full Summer(\$220 deposit) and Single Weeks(\$70 deposit per)	
<input type="checkbox"/> Full Summer (July 1 st -August 23 rd)	
<input type="checkbox"/> Week 1 (July 1 st - July 5 th)	
<input type="checkbox"/> Week 2 (July 8 th - July 12 th)	
<input type="checkbox"/> Week 3 (July 15 th - July 19 th)	
<input type="checkbox"/> Week 4 (July 22 nd - July 26 th)	
<input type="checkbox"/> Week 5 (July 29 th - August 2 nd)	
<input type="checkbox"/> Week 6 (August 5 th - August 9 th)	
<input type="checkbox"/> Week 7 (August 12 th - August 16 th)	
<input type="checkbox"/> Week 8 (August 19 th - August 23 rd)	
LIT/CIT Program (July 1 st - 26 th) (\$100 deposit)	
<input type="checkbox"/> LIT (Entering 9 th Grade)	<input type="checkbox"/> CIT(Entering 10 th Grade)

Kitanim Families Only (3 and 4 Year Olds)
<input type="checkbox"/> 5 days a week M-F
<input type="checkbox"/> 3 days a week M,W,F
<input type="checkbox"/> 2 days a week Tu & Th

Pick Up/Drop Off Locations
<input type="checkbox"/> Saratoga Location
<input type="checkbox"/> Clifton Park Location

Office Use Only: _____ Daxko _____ Deposit _____ Camp Mail _____ Camp Group: _____

Camper's Health and Emergency Information

Attached Medical Form is not needed in order to register, but must be completed and submitted before the start of camp

Hospital preference: _____

Allergies to food or medication: _____

Medical issues/ medications taken during camp hours: _____

Insurance provider: _____

Policy Number _____

My Child: (does / does not) have permission to have Sunscreen applied by JCC Staff as needed.

Emergency contacts (other than parents)

Name: _____ Relationship to the child: _____ Phone: _____

Authorized to: Pick up / Drop off

Name: _____ Relationship to the child: _____ Phone: _____

Authorized to: Pick up / Drop off

Additional adults authorized to pick up/ drop off your child.

Name: _____ Relationship to the child: _____ Phone: _____

Name: _____ Relationship to the child: _____ Phone: _____

Getting to know your camper

Child's interests: _____

Child's concerns or fears: _____

Social Concerns (death, divorce, separation etc.) _____

Special Needs (IEP, Speech Therapy etc.) _____

Child's level of swimming if known (Red Cross swim levels 1-6): _____

List one child you would like to be grouped with and we will do our best to honor requests: _____

Additional information that will help us give your child the best camp experience: _____

If your child is new JCC Camps, what did your child do in previous summers: _____

What are the primary reasons you are sending your child to JCC camps: _____

Are you interested in learning about hosting a Shaliach (Emissary) from Israel in your home: **Y** or **N**

✓ The Non-refundable deposit, per camper, must be enclosed with each application. The **non-refundable** deposit is **not transferable** from one session to another; nor from one camper to another. **All money is due before the first day of camp; your child will not be allowed to attend camp if balance is not paid in full.** Exception: If you provide your credit card, checking or savings account information for auto draft, we will bill your account in equal payments over June, July and August.

✓ I give permission for the SJCC to use photographs/videos taken of my child while attending SJCC Programs.

✓ In case of emergency in which I cannot be reached, I request the SJCC obtain medical emergency treatment for my child.

✓ I have read and understand the policies of SJCC Camps and hereby wish to enroll my child.

Parent Signature: _____

Date: _____

Parent's Name Printed: _____



CAMP PAYMENT PREFERENCE FORM

(Form must be submitted with enrollment registration)

Camper Name: _____

Parent Name: _____

All money is due before the first day of camp. Your child will not be allowed to attend camp if their balance is not paid in full before their first day of camp. Exception: you provide your credit card, checking, or savings account information for auto draft and we will bill your account in equal payments over June, July and August.

____ Automatic Bank Draft from Checking Account** (equal payments in June, July & August)

____ Automatic Bank Draft from Savings Account** (equal payments in June, July & August)

____ Auto Draft from Credit Card (equal payments in June, July and August)

****If you select Automatic Bank Draft, you are saving the JCC credit card processing costs that can now be used to help fund programs for seniors and children who need assistance.**

PAYMENT AUTHORIZATION INFORMATION

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State _____ Zip _____

Contact number: _____

CHECKING OR SAVINGS ACCOUNT (Please attach cancelled check):

Routing Number _____ Account Number _____

CREDIT CARD INFORMATION

Credit Card Number: _____

Exp. Date: _____ Name on card: _____

Please circle one: Visa Mastercard Discover AMEX

Your account will be charged the 1st of each month

I authorize the SJCC to charge my account each month for camp fees:

Printed name: _____ Signature: _____

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NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
CHILD IN CARE MEDICAL STATEMENT

To Be Completed By Licensed Physician, Physician's Assistant or Nurse Practitioner

Name of Child:	Date of Birth:	Date of Examination:
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Immunizations required for entry into day care

Yes No

Medical Exemption The physical condition of the named child is such that one or more of the immunizations would endanger life or health. Attach certification specifying the exempt immunization(s).

Diphtheria, Tetanus and Pertussis (DPT) Diphtheria and Tetanus and acellular Pertussis (DTaP)	1 st Date	2 nd Date	3 rd Date	4 th Date	5 th Date
Polio (IPV or OPV)	1 st Date	2 nd Date	3 rd Date	4 th Date	
Haemophilus influenzae type B (Hib)	1 st Date	2 nd Date	3 rd Date	4 th Date OR 1 st Date (if given on or after 15 months of age)	
Pneumococcal Conjugate (PCV) for those born on or after 1/1/08)	1 st Date	2 nd Date	3 rd Date	4 th Date	
Hepatitis B	1 st Date	2 nd Date	3 rd Date		
Measles, Mumps and Rubella (MMR)	1 st Date	2 nd Date			
Varicella (also known as Chicken Pox)	1 st Date	2 nd Date			

Other Immunizations may include the recommended vaccines of Rotavirus, Influenza and Hepatitis A

Type of Immunization:	Date:	Type of Immunization:	Date:
Type of Immunization:	Date:	Type of Immunization:	Date:
Type of Immunization:	Date:	Type of Immunization:	Date:

Tests

Tuberculin Test Date: ___ / ___ / ___ Mantoux Results: Positive Negative _____ mm
 TB Tests are at the physician's discretion. Acceptable tests include Mantoux or other federally approved test.
 If positive, or if x-ray ordered, attach physician's statement documenting treatment and follow-up.

Lead Screening Date: ___ / ___ / ___
 Attach lead level statement
Lead Screening (Include All Dates and Results)

1 year ___ / ___ / ___ Result: _____ mcg/dL Venous Capillary
 2 years ___ / ___ / ___ Result: _____ mcg/dL Venous Capillary

Most recent date of lead screening (if different from above):
 ___ / ___ / ___ Result: _____ mcg/dL Venous Capillary

Per NYS law, a blood lead test is required at 1 and 2 years of age and whenever risk of lead poisoning is likely.
 If the child has not been tested for lead, the day care provider may not exclude the child from child day care, but must give the parent information on lead poisoning and prevention, and refer the parent to their health care provider or the county health department for a lead blood screening test.

(Continued on reverse side)

CHILD IN CARE MEDICAL STATEMENT *(continued)*

Health Specifics	Comments
Are there allergies? (Specify) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is medication regularly taken? (Specify drug and condition) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is a special diet required? (Specify diet and condition) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any hearing, visual or dental conditions requiring special attention? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any medical or developmental conditions requiring special attention? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Summary of Physical Exam

Include special recommendations to child day care providers

On the basis of my findings as indicated above and on my knowledge of the named child, I find that: he/she is free from contagious and communicable disease and is able to participate in child day care.

Yes No

_____ Signature of Examiner	_____ Address
_____ Please Print Name	_____ City, State, Zip
_____ Title	_____ Phone
	_____ Date

Religious Exemptions

Public Health law Section 2164 allows a child to be religiously exempted from immunization. A written and signed statement from a parent, parents or guardian of the child stating that they object of the immunization of their child due to their sincere and genuine religious beliefs should be submitted to the day care owner, operator or administrator who shall determine whether the statement of religious belief is acceptable.