

# 2018 SJCC CAMP CHAVERIM CAMPER REGISTRATION FORM

(Use one form per child; Applications accepted beginning February 11, 2018)

For office use only: Med \_\_\_\_ Dep \_\_\_\_ P. Man \_\_\_\_ Group \_\_\_\_ Daxko \_\_\_\_

Child's Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ Home Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ 2018 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: \_\_\_\_\_

Email(s): \_\_\_\_\_

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

## 8 Week Full Summer (\$220 deposit)

June 25 - August 17 (closed July 4)

## 2 Week Sessions (\$70 deposit per session)

June 25 - July 6 (closed July 4)

July 9 - July 20

July 23 - August 3

August 6 - August 17

## Single Week Sessions (\$70 deposit per week)

Week 1 (June 25-June 29)

Week 5 (July 23-27)

Week 2 (July 2-July 6) (closed July 4)

Week 6 (July 30-August 3)

Week 3 (July 9-July 13)

Week 7 (August 6-August 10)

Week 4 (July 16-July 20)

Week 8 (August 13-August 17)

## Camp Units and Hours

Kitanim (3-4 yr olds) M-F M/W/F

Tu/Th

Half Day

Full Day

Bonim (entering Grades K-1)

Half Day

Full Day

Yeladim (entering grades 2-3)

Half Day

Full Day

Tzofim (entering grades 4, 5, and 6)

Half Day

Full Day

Extended Care for Camp Chaverim

A.M. (7:00-9:00 am) and/or  P.M. (4:00-6:00 pm)

Half Day is pickup  
by 12:30 pm & Full  
Day is pickup by  
4:15 pm

## Post Camps August 20-24 (\$70 deposit per camp)

JCC Sports and Fitness Camp (entering grades 1-6)

Drama Camp (entering grades 1-7)

Art Camp (entering grades 2-6)

Israel to the Max (entering grades 1-7)

Extended care for Post Camp

A.M. (7:00-9:00am)

P.M. (4:00-6:00pm)

## Specialty Camps (\$70 deposit per camp)

July 9-July 13: Physics of the Force from MiSci (entering grades 3-6)

August 6-August 10: Superhero Artists with KidzArt (entering grades 2-6)

August 13- August 17: Casper Wells Baseball Academy (entering grades 2-6)

## Optional Overnight Six Flags Trip (Tzofim Campers Only Grades 4<sup>th</sup>-6<sup>th</sup>) (\$70 deposit)

(July 26-July 27)

(Over →)

## Camper's Health and Emergency Information

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 topical medications applied.

### 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 your child 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 able to host 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 or deposit slip):

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 1<sup>st</sup> of each month***

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

Printed name: \_\_\_\_\_ Signature: \_\_\_\_\_





# Medical Statement of Child in Childcare

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

|                |                |                      |
|----------------|----------------|----------------------|
| Name of child: | Date of Birth: | Date of Examination: |
|----------------|----------------|----------------------|

## Immunizations

**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).  Yes  No

| DPT/DT                    | 1st Date | 2nd Date | 3rd Date | Booster Date | Booster Date |
|---------------------------|----------|----------|----------|--------------|--------------|
| Polio                     | 1st Date | 2nd Date | 3rd Date | Booster Date | Booster Date |
| Hib (conjugate preferred) | 1st Date | 2nd Date | 3rd Date | 4th Date     |              |
| Hepatitis B               | 1st Date | 2nd Date | 3rd Date |              |              |
| MMR                       | 1st Date | 2nd Date |          |              |              |
| Varicella/Chicken Pox     | 1st Date | 2nd Date |          |              |              |

## Other Immunizations

|                       |       |
|-----------------------|-------|
| 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.

If positive, or if x-ray ordered, attach physician's statement documenting treatment and follow-up.

Lead Screening Date: \_\_\_\_\_  
 Attach lead level statement

## 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 |  |

ADDITIONAL INFORMATION ON REVERSE SIDE

# Medical Statement of Child in Childcare (cont.)



## Summary of Physical Exam

Include special recommendation to Day Care Providers

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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 day care.

Yes  No

\_\_\_\_\_  
Signature of Examiner

\_\_\_\_\_  
Address

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Title

( )  
\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date

## Religious Exemptions

In accordance with Public Health Law, the sincere religious beliefs of the child's parents prohibit immunization. Do you wish to exercise these rights?

Yes  No

Any child not fully immunized for any reason must be excluded from care whenever there is an outbreak. The child may return only upon approval of the local county health department.

\_\_\_\_\_  
Signature of Parent or Person Legally Responsible

\_\_\_\_\_  
Date