



Camp JCC

Alison Lurie, Camp Director
Steve Wendell, President

Dear Parent,

Thank you for your interest in **Camp JCC 2012**. We have taken the liberty of enclosing a few forms to help speed the process of registering your child in Camp JCC, should you decide to join our “extended family” of Camp JCC families this summer.

Please note that we are offering a summer family membership option for \$199 that will allow you to take advantage of Camp JCC at the member rates, as well as take advantage of everything the JCC has to offer you and your family.

Below, we have summarized some main **Camp JCC 2012** items to keep in mind, as you register your child for Camp. If you have any questions, or would like to tour our facility, please call us at (203) 372-6567, Ext. 128. We look forward to meeting your child(ren), and providing your family with a high quality summer program.

Things We Need From You - By June 1, 2012

- 1.) Camp JCC 2012 Application Form - with **both sides complete and signed**
- 2.) A non-refundable deposit of at least \$300 - camper space will not be held without a deposit
- 3.) Camper Health Record - signed by your child’s physician (or similar pediatrician form)
- 4.) Sunscreen Permission Form (on reverse of Health Record) - so that our staff may help your camper re-apply sunscreen throughout the day

These items must be received by our office before your child will be allowed into camp. Please contact Joyce at (203) 372-6567, ext. 129 if any of the above items will be late.

Things You Need To Know

- 1.) Camper / Counselor / Parent Orientation - Thursday, June 21, 6:30 - 7:30pm. An informal opportunity for you and your child to meet his/her bunk’s campers, counselors and staff.
- 2.) There will be **NO CAMP** on Wednesday, July 4, 2012
- 3.) Payment – All fees for Camp must be **paid in full by June 1, 2012**.
- 4.) Before and After Care Sitter Service is available from 7:45 AM – 8:45 AM & 4 PM-6:00 PM for a separate fee of \$5.00 per hour, per child. Advance registration is required. Please call for a registration form.

ANY QUESTIONS? WE’D LOVE TO HELP! CALL US AT (203) 372-6567, Ext. 128.

REGISTRATION INFORMATION & POLICIES

PAYMENT OF FEES

All Camp JCC fees must be paid in full by June 1, 2012. Campers with outstanding fees due after June 1st may lose their space in camp. Camp fees include all camp costs, (trips, supplies, etc.) daily snacks, and one Camp JCC T-Shirt for each camper.

Fees do not include transportation between camp and home. Parents must provide transportation and a daily Kosher lunch (which we refrigerate). Fees do not include Camp pictures, which are taken on one day only (Picture Day), and are available for a separate fee.

Please note: Effective April 1, 2012, there will be an administrative fee of **\$100 per week for any reductions in registration**. This fee is in addition to the \$300 non-refundable deposit. **No refunds will be given for withdrawals or missed days during the camp season**. (No charge for adding weeks, if available).

DEPOSIT

The JCC reserves the right to require that all prior JCC balances are paid prior to accepting camp registration/ payments. Camp Registration will only be accepted, and a space held, if accompanied by a **Camp Deposit of at least \$300. This deposit is non-refundable and becomes non-transferable after April 1, 2012. No Exceptions.**

*** MEMBERSHIP REQUIREMENT**

Camp JCC is open to members of the JCC as well as Non Members. A \$75 per child per session non member fee is added to camp tuition. We encourage you to take advantage of our many membership options which include Summer Family Health Club membership for \$199 for the entire family, please call Janet Wainright at 203-372-6567 Ext. 125 to discuss the many membership benefits. The camp tuition balance must be paid in full by June 1, 2012 unless prior payment arrangements have been made with the main office. Please call Joyce at 203-372-6567 Ext. 129 for more information.

DISCOUNTS

- **Full registration** for all 8 weeks of Camp JCC has a built-in discount of 10%! (This discount is only applied if all 8 weeks are purchased **before** June 1st.)
- **Early Bird** discount entitles you to a **5% discount, only if all Camp fees are paid in full by April 1, 2012.** (This discount does **not** apply to sitter service or membership fees.) Any weeks added on after April 1, 2012 will be charged at listed rates, and must be paid in full by June 1, 2012.
- **Each additional child** registered for Camp JCC (immediate family) is eligible for a **10% discount** off Camp registration fees for that additional child. The discount applies only if both children are registered for Camp JCC. (Katan pre-school is **not** considered for this discount.)

FINANCIAL ASSISTANCE

For those families in need of assistance, alternate arrangements may be made with the Office of Finance and Administration to establish an approved payment plan beyond the deadline of June 1, 2011. Such arrangements must be secured by credit card number or post-dated checks. **Payment plans must be approved by May 15, 2012.** Limited Camp scholarship funds are available. Please contact 372-6567, ext. 129 for a confidential application.

MEDICAL FORMS

We are required by the State of CT to have a current medical form on file before allowing any child to begin camp. For the safety of our campers and staff, we must strictly enforce this policy. Please complete and submit the form by June 1, and call us if you need additional forms sent to you. For your convenience, your child's physician may fax completed forms directly to us at 203.374.0770.

SITTER SERVICE PROGRAM: 7:45-8:45AM and 4:00-6:00PM

Before and After Care Sitting Service is available at a fee of \$5.00 per hour, per child. 10% discount for second child as well as full summer registration. Before Care is available from 7:45 – 8:45 AM in the Bunk Room, with games and artwork. After Care is available from 4 - 6 PM also in the Bunk Room with games & artwork. Senior Camp JCC staff provides supervision, and Sitter Services is separate from Camp registration fees. Pre-registration is required; please call us at 372.6567, ext. 129 for a Sitter Service form and payment arrangement.

TRANSPORTATION

Parents are expected to drop off and pick up their children from Camp JCC. Drop off begins at 8:45 AM and pick up is at 4:00 PM. Specific areas for drop-off and pick-up will be designated by town, and will be announced in early June.

CAMP JCC EMERGENCY MEDICAL AUTHORIZATION & RELEASE

I give permission to the Jewish Community Center to take whatever emergency (e.g., first aid, disaster evacuation) measures as judged necessary for the care and protection of my child while under the supervision of Camp JCC. I permit the Camp JCC First Aid Provider and/or a qualified physician to administer emergency First Aid to my child in the event of a medical emergency. In case of a medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resource (Rescue Squad, Police) deems it necessary. It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, child's physician, and/or other adults acting on the parents' behalf.

I permit the Camp JCC First Aid Provider or other trained, qualified staff to administer necessary medications to my child in a life-threatening emergency due to severe allergic reaction to an insect sting. I understand it is the responsibility of the parent to inform Camp personnel of this condition, and to provide the medication needed (Epi-pen). Connecticut state law and regulations require a physician's order for this or any other medication, and the medication must be supplied by parent or guardian and left in the nurse's office at all times your child is enrolled at camp. Medications must be in pharmacy prepared containers and labeled with child's name, name of drug, strength, dosage, frequency, physician's name and date of original prescription. In the event a severe allergic reaction to an insect sting occurs, and there is no order and medication (Epi-pen) available, 911 will be called immediately.

In consideration of services provided by the Jewish Community Center, I do hereby release the JCC of any damage, injuries or other claims, which may arise out of normal and properly supervised activities involved in the Camp JCC program. By signing below, I also give permission for the JCC to photograph, video, or record my child during camp activities, and to use such materials for future promotional and/or advertising purposes.

X _____
Signature of Parent or Guardian Date

Name of Child's Physician (Please Print) Physician's Phone #

Name of Emergency Contact Person #1 Phone #

Name of Emergency Contact Person #2 Phone #

Please note any swimming pool considerations, medical condition, dietary restrictions or medication needs below:



Please Note: 2 SIGNATURES ARE REQUIRED.
Please complete and mail with your Camp Deposit to:
CAMP JCC 2012
4200 PARK AVE. BRIDGEPORT, CT 06604

CAMP INFORMATION AND POLICIES

CAMP ATTIRE

Shorts or pants, shirt, **socks and sneakers** (sandals will not be comfortable for our athletic activities). Campers should come to camp with a layer of **sunscreen already applied**. Please bring a tube of sunscreen to apply during the day. Bring bathing suit, towel and a plastic bag for wet clothing. **Please label everything.**

FOOD

Each camper should bring a kosher lunch and drink to camp, preferably in a disposable paper bag *with his/her name on it*. (A kosher lunch is one that does not contain pork or shellfish products, and does not mix meat and dairy products together.) We collect lunches at the beginning of the day and refrigerate them until lunchtime. Water is available throughout the day and **we provide a simple snack** at the end of the day before pick-up.

CAMPER GROUPING/GROUPING

While we will attempt to grant requests for children who wish to Group together, Camp JCC reserves the right to make all final decisions about groups. **No refunds** will be made based on refused Grouping requests.

SENDING A CAMPER HOME

DUE TO ILLNESS:

If our Camp JCC First Aid Provider has determined that a camper appears ill enough to be sent home, we will contact parents and/or emergency contacts to arrange for the camper to be picked up from camp as soon as possible. Camp JCC is designed for campers with basic toilet-training skills. Parents with campers who are having difficulty in this regard may be asked to pick up camper from camp.

DUE TO UNACCEPTABLE BEHAVIOR:

If a camper demonstrates unacceptable behavior, (i.e., disregard for staff instructions, inappropriate speech, disturbance of group activities, presenting dangerous/harmful behavior towards other campers and/or staff) despite repeated verbal warnings, then Camp staff will contact parents and/or emergency contacts to arrange for the camper to be picked up from camp as soon as possible. Ongoing and repetitive disciplinary difficulties may result in the termination of a camper's enrollment at Camp JCC.

***There will be no refunds or credits given for missed days due to illness or unacceptable behavior.**

PARENT/CAMPER ORIENTATION

On Thursday, June 21, 2012, from 6:30 – 7:30 PM, we will provide an **informal** opportunity for you and your child to meet your camper's counselors and Group mates. Our staff will also be available to answer questions you may have and to learn more about the particular interests and needs of your child.

No Nintendo DS, iPod's, electronic games or other devices are allowed in camp. Camp JCC is not responsible for lost or stolen items brought to camp (this includes cell phones).

CAMP JCC 2012 OPEN HOUSE

SUNDAY, MARCH 11th, 12:30 - 1:45 PM

- ⇒ *Meet the Camp Director, Specialists and tour our facility!*
- ⇒ *Register your child for Camp and be eligible for the Raffle!*
- ⇒ *Enjoy a free, fun-filled afternoon of interactive activities!*
- ⇒ *See campers you haven't seen since last summer!*

**\$100 CAMP CREDIT* RAFFLE FOR ALL
REGISTERED CAMPER FAMILIES IN ATTENDANCE**

*** Registration must be on file and accompanied by a Camp Deposit.**



CAMP JCC - 2012

Alison Lurie, Camp Director
Steve Wendell, President

REGISTRATION FOR BEFORE AND AFTER CAMP SITTER SERVICE

Name of Camper: _____

Please fill out a new form for each Camper. Additional forms are available at Camp Office.

Code Key: Before Care **B** (7:45-8:45am: \$5.00) After Care **A5** (4-5pm: \$5.00)
After Care **A6** (4-6pm: \$10.00)

Indicate by code for each day you wish to use the Sitter Service. Payment of \$4.50 per hour is due on the first Monday of each session. A late charge of \$5.00 per each 5 minutes will be assessed when the child is not picked up at the time specified, and is payable at time of pick-up.

Example:

WEEK OF	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
6/25	B - A5	B	A6	B - A6	B - A6

WEEK OF	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
6/25					
7/2			NO CAMP		
7/9					
7/16					
7/23					
7/30					
8/6					
8/13					

Please make payment separately from Camp Registration Fees.

Total Fees: \$ _____

Signature of Parent or Guardian

Date

CAMP JCC 4200 Park Avenue Bridgeport, CT 06604 (203) 372-6567 Fax (203) 374-0770
Follow us on Twitter @BptJCC



Camp JCC
Alison Lurie, Camp Director
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Camp JCC 2012 Payment Agreement

This form must be returned before June 1, 2012.

We will accept only Visa, MasterCard or American Express. Camp Must be paid in full two weeks prior to your child's last day of camp. If you have any questions, please call Joyce at X 129. Thank you.

Name _____

Address: _____

Child's name: _____

Total Camp JCC fees: _____

Deposit Due upon signing up: \$ 300.00

Date Due: _____ Amount: _____

Date Due: _____ Amount: _____

Date Due: _____ Amount: _____

If you would like us to charge your credit card please complete the following:

Circle one- Visa MasterCard American Express

Card number _____ Ex date: _____

Signature: _____ Date: _____



ASSUMPTION OF RISK AND GENERAL RELEASE

I understand that riding horses can be a dangerous sport. I recognize the inherent risks of injury involved in riding programs, horse farm activities, horse shows, etc. I hereby assume all risks and dangers and further, I voluntarily release and will hold harmless, Lion Hill Farm, Sweetbrier Ltd., and its officers, agents, and employees from all actions, causes of action, suits, and any and all claims, demands and liabilities whatsoever, both in law and equity, which I may acquire against the Lion Hill Farm, Sweetbrier Ltd. and/or any of its officers, agents, and employees in connection with any activity, I agree to indemnify and hold harmless the Lion Hill Farm, Sweetbrier Ltd., and its officers, employees and agents on account of any such claim.

The terms hereof shall be binding on my executors, heirs, administrators, assigns, and shall serve as an assumption of risk and general release for all members of my family including any minor children and/or wards participation in any such activities.

Rider's Name (please print)

Rider's Signature (18 & over)

Parent/Guardian (please print)

Parent/Guardian Signature

Address

Date

City/Town State Zip

Phone Number

Billing Policy — Lessons are billed and payable in advance at the beginning of the month for regularly scheduled lessons. Accounts 30 days and over are subject to a finance charge, which is computed by a period rate of 1.5% per month. Which is an annual rate of 18%.

Cancellation Policy - Lessons missed are payable and can be made up by appointment if Lion Hill Farm was notified 8 hours in advance. You must make up the lesson within 2 months of the missed lesson. Lessons cancelled without 8 hours notice is payable and make-ups are forfeited. Please call in any event if you can not make your lesson so the instructor and horse are not waiting for you. Thank you.

**IMPORTANT - PLEASE READ CAREFULLY
DO NOT SIGN UNLESS YOU FULLY UNDERSTAND**

1020 SPORT HILL ROAD, EASTON, CONNECTICUT 06612
(203) 268-0089 (203) 220-9095 FAX lionhillfarm@gmail.com

**YOUTH CAMP HEALTH EXAM/RECORD
FOR CAMPERS AND STAFF**
Physical Exams Are Valid For 3 Years
From Date of Last Examination

- Camper
 Staff

Please Return Completed Form to the Camp

Name _____ Date of Birth _____ Phone _____
Guardian _____ Address _____
Emergency Contact _____ Telephone _____
Date of Arrival at Camp: _____ Departure Date: _____

TO BE COMPLETED BY THE SPECIFIED MEDICAL PRACTITIONER:

Date of Exam ____ / ____ / ____

_____ May participate in all camp activities
_____ May participate except for: _____

Medical information pertinent to routine care and emergencies: _____

Is this individual taking prescription or over the counter medication(s)? YES NO If yes, indicate names of medication(s): _____

Does the individual have allergies? YES NO Explain: _____

Is the individual on a special diet? YES NO Explain: _____

Does the individual have special needs? YES NO Explain: _____

This camper/staff is up-to-date on all the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices:

	Yes	No		Yes	No
Measles			Hepatitis B		
Mumps			Diphtheria		
Rubella			Pertussis		
Chickenpox			Polio		
Tetanus					

Comments: _____

Print name of medical care provider: _____

Medical care provider's address: _____

Medical care provider's: City/Town _____ ST _____ Zip Code _____

Signature of Physician, PA, APRN or RN

Date Form Signed

Telephone Number



CAMP JCC 2012

SUNSCREEN PERMISSION FORM

Parent/Guardian Authorization for the administration of non-prescription topical medicines by Day Camp personnel

To day camp nurse or director:

I hereby request the following non-prescription topical medication be administered to my child by a staff member of the camp facility. I understand that I must supply the camp with the non-prescription topical medication in the original container labeled with the child's name, name of the medication, and directions for the medication administration.

This authorization is limited to the following topical medications:

1. Non prescription insect repellants.
2. Non prescription screen protectants that are free of amino benzoic acid(PABA) or its derivatives.
3. Non prescription medicated powders.

Name of child _____ Date of birth _____

Address _____

Medication: Name, method of administration, area of application: _____

Schedule of administration: _____

Medication shall be administered from **JUNE 25, 2012 TO AUGUST 17, 2012**

Reason for which medication is being administered: _____

I have administered at least one dose of the above medication to my child without adverse side effects.

Name of parent/Guardian: _____ Date _____

Signature: _____ Relationship to Child _____

Address _____

Telephone number _____

For staff to complete:

Parent authorization form and received by _____
Signature of staff

Medication started _____ (date and time)

Medication ended _____ (date and time)



Health History

Child's Name: _____ Birthdate: _____

Address: _____ Home phone: _____

Mother's Name: _____ Father's Name: _____

Child lives with: _____

Mother's work number: _____ Father's work number: _____

Mother's Cell: _____ Father's Cell: _____

Emergency Telephone Numbers

Name	Relations	hip	Telephone	Number
1. _____				
2. _____				

Medical History

Child's Physician: _____

1. Child's Primary Diagnosis: _____

2. Does your child have allergies ? ___Yes___No- If yes please list: _____

3. Has your child been recently hospitalized?_____ If yes, please state reason _____

4. Does your child have seizures?___Yes___No If yes, type: _____

Date of last seizure: _____

5. Does your child take daily medication?___Yes No___ If yes, please list:

	<u>Medication</u>	<u>Dosage</u>	<u>Time Given</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

5. Please note here any other medical information which you feel the nurse should be aware of: _____

**The above information is needed to provide the very best health care to your child at Camp JCC.
Thank you in advance for your anticipated cooperation.**

Camp JCC 2012

Child's Name: _____

OTHER-THAN-PARENT AUTHORIZATION TO PICK-UP FORM

If you wish for anyone other than parents or legal guardians to pick up your camper from the JCC, a parent or guardian must complete the permission portion below.

PERMISSION FOR PERSON (other than parent/ guardian) TO REMOVE CHILD FROM JCC

Persons Authorized to Pick Up Child:

Name	Address	Home Phone #	Work Phone #
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Parents Signature _____ Date: _____

Under no circumstances will a child be released to anyone not listed on this form. Person whose name appears must be located within a 25 mile radius of the Center. Photo identification may be requested.

CHILD PROFILE / OTHER PROGRAM REGISTRATION

Please share with us some of the specific things about your child that you would like us to know.

If your child has specific activity need, dietary restrictions, or medical conditions, please describe them here: _____

Is there anything else you would like us to know? _____

Authorization for the Administration of Medication

In Connecticut, licensed Camps administering medications to children shall comply with all requirements regarding the Administration of Medications described in the CT State Statutes and Regulations. Parents/guardians requesting medication administration to their child while at camp shall provide the program with appropriate written authorization(s) and the medication before any medications are administered. Medications must be in the original container and labeled with child's name, name of medication, directions for medication's administration, and date of the prescription. All unused medication shall be destroyed if not picked up within one week following the camper's departure at the end of camp.

Authorized Prescriber's Order (Physician, Dentist, Physician Assistant, Advanced Practice Registered Nurse):

Name of Child _____ Date of Birth ____/____/____ Today's Date ____/____/____

Medication Name _____ Controlled Drug? YES NO

Dosage _____ Method _____ Time of Administration _____

Specific Instructions for Medication Administration _____

Medication Administration: Start Date ____/____/____ Stop Date ____/____/____

Is this medication to be self-administered by the child? Yes No

Relevant Side Effects of Medication _____

Plan of Management for Side Effects _____

Known Food or Drug Allergies? YES NO Reactions to? YES NO Interactions with? YES NO

If "yes" to any of the above, please explain _____

Prescriber's Name _____ Phone Number (____) _____

Prescriber's Address _____ Town _____

Prescriber's Signature _____

Parent/Guardian Authorization:

I request that medication be administered to my child as described and directed above.

Name of Camp _____ Today's Date ____/____/____

Child's Name _____ Address _____ Town _____

Name of Parent/Guardian Authorizing Administration of Medication as described and directed above:

First Name _____ Last Name _____

Relationship to Child: Mother Father Guardian/Other explain: _____

Address _____ Town _____ Phone Number (____) _____

Signature of Parent/Guardian Authorizing Administration of Medication _____

Name of Camp Personnel Receiving Written Authorization and Medication _____

Title/Position _____ **Signature (in ink)** _____

Medication Administration Record (MAR)

Name of Child _____ Date of Birth ____/____/____
 Pharmacy Name _____ Prescription Number _____
 Medication Order _____

Date	Time	Dosage	Remarks	Was This Medication Self Administered?	Signature of Person Observing or Administering Medication
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
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				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

*Medication authorization form must be used as either a two-sided document or attached first and second page.

- | | |
|--|--|
| <input type="checkbox"/> Authorization form is complete | <input type="checkbox"/> Medication is appropriately labeled |
| <input type="checkbox"/> Medication is in original container | <input type="checkbox"/> Date on label is current |

Person Accepting Medication (print name) _____ Date ____/____/____



2011-2012 PROGRAM REGISTRATION FORM

Name of Participant: _____ Age: _____ Grade: _____ Membership Type: _____

Address: _____ Town: _____ Zip _____

Parents' Names: Mother: _____ Father: _____

Home Phone _____ Cell _____ Email _____

Please Print

Emergency Contact Person: _____ Phone: _____

Allergies / Medical issues we should know about: _____

ALL CLASSES REQUIRE FULL PAYMENT AT TIME OF REGISTRATION.

FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE.

NO CREDITS WILL BE GIVEN FOR MISSED CLASSES, OR CHANGES OF CLASS.

Class Name	Day	Time	Session / Start Date	# of Weeks	Fee: Member/Non-Member

Payment received by [Staff Name]: _____ **TOTAL \$** _____

By signing below, I release and agree not to sue the JCC, employees, and affiliates from all present and future claims that may be made by the participant, me, my family, estate, heirs, or assigns for property damage, personal injury, or wrongful death arising from participation in JCC programs or activities. I certify that the participant is in good health and may participate in strenuous physical activity that may occur in some of our programs. I am the Participant, or Parent / Guardian (under 18 years of age) of the participant, and I have read this form and understand that by signing this form, I am giving up legal rights and remedies. I give permission to the JCC to photograph, video and/or record myself or my child to use for promotional and/or advertising purposes. I am also taking on full responsibility for all financial obligations associated with the programs listed above, and **agree that there will be no refunds, exchanges or transfers of funds for the programs listed above.**

Signature of Participant or Parent / Guardian of Child

Date