



Dear Yeladim Families,

We are already counting down to the start of Camp Shalom! We are planning days, weeks and an entire summer of exciting and enriching experiences and programs.

Enclosed are enrollment forms and informational materials for your camper. Please complete and return the enrollment forms to the camp office no later than May 18th. The camp office is located at Midtown at the Gardens, 4803 PGA Boulevard, Palm Beach Gardens, FL 33418. You can mail them or drop them off.

- 1. Verification Form**
- 2. Health History & Authorization Form**
- 3. Single Parents Only Form**
- 4. Nutrition Agreement**
- 5. Discipline Policy**
- 6. Group Request Form**

In addition to the above forms, please provide us with original copies of the following:

- 1. Florida Certification of Immunization (680, Part A, known as the blue form)**
- 2. Student Examination Form (Form 3040, known as the yellow form)**

Both forms can be obtained from your child's pediatrician. Safety is our first priority therefore we won't be able to allow your child to start camp without all the completed forms.

Come join us for our open house on Sunday, June 10th from 4 - 6 pm at Duncan Middle School. If you have any questions feel free to call us or email us.

We look forward to a magical summer.

Shalom.

Veronica Maravankin
Yeladim Director
561-640-5603
veronicam@JCCOnline.com

Jeanne Moskowitz
Yeladim Administrator
561-640-5603
jeannem@JCCOnline.com



VERIFICATION FORM

Child's Name: _____

Please read and initial all items on this verification form.

_____ In the event of an emergency, I authorize the Jewish Community Center of the Greater Palm Beaches to act on my behalf.

_____ I give permission for my child to participate in all activities at the Camp Shalom housed at the Duncan Middle School and Duncan Middle School campus "field trips" (trips to the gym, racquet ball courts, tennis courts, cafeteria, home economics room, sports fields, etc...)

_____ I have read and understand the discipline policy.

_____ I have read and will abide by the health and medication policy.

_____ I agree to provide a complete, current physical and immunization record on a Florida HRS form prior to the start of camp.

_____ I have read and agree to abide by the arrival and departure procedures.

_____ I understand that no one can pick up my child without showing proper identification (driver's license) and knowing the pickup password.

_____ I agree to abide by the late policy. Camp closes at 6 p.m. If I have not picked up my child by 6:00 p.m., a late **fee of \$1.00** will be charged **for every minute** that the child remains in our care. I understand this will be automatically charged to my account or can be paid in cash to the camp counselor responsible at that time.

_____ I agree to send a nutritionally balanced lunch and one snack, including a drink, every day that my child is enrolled in camp.

_____ I understand that when it is my child's birthday, I can only send in store bought snacks.

A full signature required is required below

Parent/Guardian

Date



We apologize for the inconvenience. We are aware you completed most of this information on line at the time of registration however we need this format on file.

Health History and Pick Up Authorization

Child's Last Name	First Name	MI	Home Phone #
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Home Address	City	Zip Code
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Mother's Name	Work Phone	Cell Phone	Email Address
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Father's Name	Work Phone	Cell Phone	Email Address
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Please list two people to call (other than parent) in an emergency:

Name	Relationship to Child	Home #	Cell #
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Name	Relationship to Child	Home #	Cell #
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Important – Must be complete for attendance.

Parent/Guardian Authorizations: This health history is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted. I hereby give permission to the camp to provide routine health care, administer prescribed medications and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. I give permission to the camp to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization or the administration of any necessary emergency procedure or operation for the person named above as needed. The completed form may be photocopied for trips out of camp.

Signature of parent or guardian or adult camper/staffer _____

Printed name _____ Date _____

I also understand and agree to abide by any restrictions placed on me by my participation in camp activities.

Signature of minor or adult camper/staffer _____ Date _____

*If for religious reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.

Insurance Carrier: _____ Subscriber ID: _____

Policy Holder: _____ Relationship to minor: _____

ALLERGIES (list all known) Describe reactions and management of the reaction.

Medication allergies (list all)

_____	_____
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Food Allergies (list all)

_____	_____
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Other Allergies (list all) including insect stings, fever, asthma, animal dander, etc.

_____	_____
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MEDICATIONS BEING TAKEN

Please list ALL Medications (including over the counter or nonprescription drugs) taken routinely. Bring enough medications to last the entire time at camp. Keep it in the original packaging/bottle that identifies the

prescribing physician (if a prescription drug) the name of the medications, the dosage and the frequency of administration.

____ This person takes NO medications on a routine basis. OR ____ this person takes medications as follows:

Med #1 _____ Dosage _____ Specific time to be taken _____

Reason for taking _____

Med #2 _____ Dosage _____ Specific time to be taken _____

Reason for taking _____

Attach additional pages for more medications. Identify any medications taken during the school year that camper does not take during the summer: _____

RESTRICTIONS: (the following restrictions apply to this individual)

Does not eat: _____

List any restrictions to activities due to the above food allergies: _____

Use this space to provide any additional information about the participant's behavior and physical, Emotional or mental health about which the camp should be aware:

Name of family physician: _____ Phone: _____

Address: _____

Name of family dentist: _____ Phone: _____

Address: _____

THE FOLLOWING PEOPLE HAVE PERMISSION TO PICK UP MY CHILD.

Please print the names of everyone allowed to pick up your child, including parent's names.

	<u>Name</u>	<u>Home</u>	<u>Cell</u>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____
5)	_____	_____	_____

Signature of Parent

Relationship to Child

Date

Pickup Password: _____ (please print clearly)



Single Parents Only

I _____ agree to provide the Jewish Community Center of the Greater Palm Beaches with custody and/or any legal documents regarding my child/children. These papers will explain all visitation rights. This policy is for the safety of my child. I understand that the Director or other JCC staff member has no responsibility in this matter, unless such papers are on file. I understand that the Director and other JCC staff will act in good faith when any such matters are brought to their attention.

Signature of Parent/Guardian

Date



Nutrition Agreement

In accordance with the Palm Beach County Care Ordinance, parents and the childcare facility are urged to work cooperatively to assure that children are provided with nutritious snacks and meals where lunches are not provided by the facility.

Please read the following carefully, sign and return as soon as possible to Camp Shalom.

ARTICLE XII, B, PBC Rules require the parents and the center complete an ***Alternate Nutrition Plan Agreement*** if the meals or snacks are furnished by the child's parent, ***Alternate Nutrition Plan Agreement***:

Special Dietary Requirements: Nut free

I understand and approve the use of the Alternate ***Nutrition Plan***. I agree to provide meals and/or snacks to meet my child's nutritional and dietary needs:

P - parent provides **C** -center provides:

Breakfast	P
AM Snack	P
Noon Meal	P
PM Snack	C

I agree to provide the parent with a suggested food list and to discuss any problems which might develop in the use of the ***Alternate Nutrition Plan***.

Veronica Maravankin

Signature of Camp Director

Date

Signature of Parent/Guardian

Date



DISCIPLINE POLICY

Good discipline is based on respect, honesty, trust, caring and love. Discipline is what we do for and say to children to help them develop and internalize self-control, self-respect, self-esteem, self-awareness, and self-determination. The result of a "good discipline approach" is a child who learns to conduct him/her self in a socially acceptable way.

When your child experiences difficulty in the classroom, the staff will work with your child and **encourage the use of words and listening to the words of others**. Therefore, our first course of action is always **NEGOTIATION**.

The Camp Shalom staff works at positively reinforcing acceptable behavior. If possible and appropriate to the situation, our counselors will **redirect inappropriate behavior and/or activity**. Therefore, our second course of action will be **REDIRECTION**.

When negotiation and redirection have not been successful, we will remove the child from the situation for a short period of time to take a **"TIME AWAY"**. This is not "time-out". "Time away" has specific goals:

- It gives everyone a chance to regain control in a safe place so that when the child reenters the group he/she is capable of success;
- Teaches children to recognize when their emotions are building to a dangerous level and to recognize when they are ready to function again;
- And, allows the rest of the group to continue its activities.

Children are always encouraged to discuss their actions and are given the necessary guidance to resolve the issue.

If 2 or more children are involved in an incident, the staff will try through conversation to create a **win/win solution for the conflict**. In this matter, we are encouraging language development, problem solving skills, and means for future negotiations.

In extreme cases, a child may be asked to leave the program if he/she becomes a threat to the other children, to the counselor or to him/herself. In addition, if a child's behavior requires a one on one relationship with the counselor, he/she could be dismissed from the program. However, in some cases a child may be allowed to continue in camp if appropriate professional help (i.e. a "shadow") is received.

We encourage parents to discuss with the Director any questions or problems that are not clearly understood. **Communication and consistency** between home and camp are essential to managing children's behavior, and moreover, they are essential to the healthy development of your child.

I have read the above discipline policy _____
Parent/Guardian Signature Date

FLORIDA MINOR RELEASE AND WAIVER OF LEGAL LIABILITY

THIS IS YOUR RELEASE AND WAIVER OF LIABILITY (the "Release"). You individually and on behalf of your minor child, release the Jewish Community Center of the Greater Palm Beaches, Inc. "JCC", its officers, directors, board members, employees, volunteers, agents, independent contractors, other participants and/or others acting on its behalf (collectively, "JCC"). **You agree that this Release is effective immediately.**

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF THE JCC USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM THE JCC IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND THE JCC HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

MEDICAL RELEASE: I hereby give permission for emergency medical treatment be administered to my child as deemed appropriate.

INSURANCE: YOU ARE EXPECTED TO HAVE YOUR OWN HEALTH INSURANCE FOR YOU AND YOU MINOR CHILD. You should understand that the JCC does not carry health insurance to cover injuries and losses that may befall you.

PHOTOGRAPHIC RELEASE: I consent to be photographed and to allow JCC's use of any photos of myself or my minor child at its sole discretion.

ARBITRATION: You individually and/or on behalf of your minor child and we agree that any controversy, dispute, or claim ("Claim") by either you or us against the other, or against the employees, agents, or assigns of the other, whether based on contract, tort, or any other legal basis or theory, that arises from or relates to (a) this Agreement, (b) services rendered by us pursuant to this Agreement, or in connection with any JCC programs and/or activities you or your minor child participate, (c) the relationships that result from this Agreement, or (d) the validity, scope, enforceability, or applicability for this arbitration provision to a Claim shall be resolved by binding arbitration. You individually and on behalf of your minor child or we may choose either the American Arbitration Association ("AAA") or a local Florida Arbitration Forum to conduct any Arbitration proceeding. If either is unwilling or unable to conduct the arbitration proceeding, or if you or we are unable to agree on another arbitrator, we will substitute another national or regional arbitration organization.

Name of Participant Child

Date

BOTH PARENTS MUST SIGN

Individually and as Parent and/

Date

Legal Guardian

Individually and as Parent and/

Date

Legal Guardian



Camp Shalom

Group Request Form

Camper's Name: _____

Circle one

My child will be in the: 3's 4's in the Fall.

First Request: _____

Second Request: _____

Third Request: _____

Camp Shalom can only guarantee one request.

We will do our best to group campers with their friends.

Please remember part of camp is making new friends.

Group Request Forms must be returned by May 18. Requests can also be e-mailed to Veronica at VeronicaM@jcconline.com.



HEALTH AND MEDICATION POLICY

It is important that all children at camp are healthy and free from infection. The following is the Yeladim Health and Medication Policy:

1. Mild Illness: If your child shows the slightest suspicion that they are not well, you must keep your child home. This includes: fever, cold, coughing, green/runny nose, vomiting, diarrhea, fatigue, irritability, unusual skin rash, etc.... If your child shows any of these above signs or should develop any illness symptoms during his/her day at camp, the following steps will be taken:

- a. The counselor will assess if the child can reasonably participate in the activities. The following will be noted: *symptoms *how much / often *when it began
*how long it lasted *temperature *behavior change *any other information
- b. Parent/Guardian will be contacted immediately. Together they will determine if it is in the child's and the group's best interest to remain at camp.
- c. The Parent is then given up to one (1) hour to come pick up the child. If the Parent is unable to come for the child, the parent will need to arrange for the child to be picked up.

2. Potential Infections: We reserve the right to protect our camp environment from potential infections. Therefore, a Yeladim Director staff member determine if a child can attend camp. Even with a note from the physician, we still reserve the right to make the final decision if your child can remain in camp.

3. Contagious Illness: (conjunctivitis, chicken pox, etc.)

We will follow the same procedures as above. If your child contracts a contagious illness at home, you are required to report this information to our camp so we can notify the other families in that group/unit.

4. When Should My Child Stay Home? WHEN IN DOUBT, STAY OUT!

If your child is too sick to participate in ANY of our scheduled activities, or requires individualized or special attention due to their present health condition, the child should stay home until they are well enough to participate fully. Included in those parameters are conditions such as diarrhea, vomiting, fever, etc...

5. Re-entering the Program:

If a child is absent due to an illness, they are accepted back into the program after 24 hours on an antibiotic (if applicable); they must be symptom (fever, vomiting, diarrhea) free for 24 hours; and may be required to have a written note from the child's physician. A written note from the physician must be brought to camp if the child is absent for more than one week due to illness. Please note that the above requirements do not guarantee your child will feel up to participating in the camp activities.

6. Head Lice (Pediculosis):

If your child is found to have head lice, you will be called and asked to pick up your child. Your child will only be readmitted to camp after effective treatment and removal of all lice and nits. Upon reentering camp, your child must first report to the camp office for a lice check.

IF A CHILD IS SENT HOME IN THE MIDDLE OF THE DAY DUE TO ILLNESS, IN ORDER TO RE ENTER THE PROGRAM THAT DAY A NOTE FROM THE DOCTOR STATING THE CHILD IS NOT CONTAGIOUS OR FREE OF ILLNESS IS MANDATORY.

If you receive clearance from your doctor that states your child is healthy to return to school, please acquire a note indicating this.

***EVERY CASE IS DIFFERENT AND WILL BE DECIDED ON AN INDIVIDUAL BASIS, BY PARENTS AND STAFF TOGETHER, WITH THE WELL BEING OF THE CHILD AND THE WHOLE CAMP IN MIND. PLEASE COOPERATE WITH OUR EFFORTS TO SAFEGUARD EVERYONE'S HEALTH.

MEDICATION

If your child must receive medication while at camp (including nebulizers) the following steps must be met:

1. Written permission from both the Parent and Physician.
 - Parent permission is given using a "Medication Form" which you can obtain in the Camp Office.
 - Physician permission is given via the written prescription on the medication bottle or container. Medication must be in the original prescription bottle - no exceptions. The label must have the name of the child, name of the medicine, dosage, and the name of the doctor. It also must be dated.
2. Hand the medication and form to the Yeladim Director or Administrator, verbally noting any specific instructions that are on the form (i.e. times to administer, etc.).
3. Do **NOT** put medicine in your child's back pack. You must hand it to the Yeladim Director or Administrator at the camp office.
4. Medication will be kept refrigerated if necessary, or in the medication box in the camp office. Please specify when handing over medicine.
5. Inform your child's counselor if your child has been medicated at home, prior to coming to camp, as it may effect your child's day at camp.
6. It is your responsibility to ask the counselor or office for the medicine when you pick-up your child. Do not depend on them to remember to give it to you.
7. Do not send in Tylenol, aspirin, insect repellent or any other non-prescription medicine. This includes cough syrups and cough drops. **We will NOT administer non-prescription medicine.**
8. If your child has a prescription for an Epi-Pen, we recommend that you bring two of them; one to be kept in your child's classroom and the other to be kept in the medication box in the office. Be aware that if you provide the school with only one Epi-Pen, it will be kept in the office, and will have to be brought to your child's location in case of an emergency. This might delay the process of medication administration.



Camp Shalom is a Nut Free Zone

Safety is Camp Shalom's top priority! In order to keep all campers safe, **Camp Shalom is a Nut Free Zone**. Please do not send nut products of any kind to camp for lunch with your child. This includes peanut butter, almond butter, nutella, (and may include protein/granola bars).

We realize this may be a challenge at first, but thank you so much for helping to keep all campers safe at Camp Shalom. Please pack a lunch that best suits your child's needs without nut products.

If you have any questions regarding the **Nut Free Zone** please contact Jeanne Moskowitz at 561-281-5994 or at JeanneM@jcconline.com.

Camp Shalom Carpool Procedures

At the Camp Shalom Open House each family or carpool will be given a carpool number to be placed on the dashboard of each vehicle during drop off and pick up. If you are not able to attend the Open House you will be given a number during pick up on the first day your child starts camp. We will give each carpool 3 copies of your number. If you need more than 3 copies of your number please let the Camp Office know and we will be happy to provide you with additional copies.

Getting to the carpool lane:

Cars will enter the far east entrance into Duncan Middle School and will proceed to follow the traffic signs leading to the designated covered carpool lane. Please do not block the handicapped accessible parking.

Morning Carpool/Drop Off:

Morning carpool will begin at 8:45 a.m. and will remain open until 9:05 a.m. Camp Shalom staff members will meet each car in the carpool lane, greeting the campers and escorting them to their assigned camp bunks. **If your camper arrives to camp prior to 8:45 a.m. or after 9:05 a.m. please park in and walk your camper into camp.**

Yeladim campers must be signed in each morning. During carpool we will bring the sign in book to your car. If you arrive after 9:05 a.m. please park and walk your Yeladim camper to their camp group. Please don't leave without signing your child in each morning.

After Camp Carpool/Pick Up:

After camp carpool will begin at 3:55 p.m. and remain open until 4:15 p.m. Parents will drive to the carpool lane and wait for their camper to be walked out to their car by our Camp Shalom staff members. Please ensure to display your carpool number in a visible area on the dashboard of your vehicle. At 4:15 p.m. any campers not picked up will join our after care program and will be charged accordingly.

Yeladim campers must be signed out each afternoon. During car pool we will bring the sign out book to your car. If your child participates in the aftercare program, please pick your child up in their camp bunk. Please do not leave without signing you child out each afternoon.

Walking your child in:

In order to expedite the pick up and drop off process we encourage you to use the carpool line. However if you wish to walk your child in to camp please park in the middle row of the parking lot. This ensures that we keep the car pool lane open and traffic flowing in one direction.

Parents of Yeladim children must be sure to sign their child in the sign in/out book.

Picking your child up early:

To ensure that all campers are dismissed quickly and safely parents will not be allowed to walk up and pick to pick their camper during the dismissal time (3:40-4:15). All campers being picked up early must be picked up by 3:40 p.m. Parents will not be allowed inside the school after 3:40 each day.



Camp Lunch and Snack

Campers bring their own morning snack and lunch each day (unless your camper is participating in Camp Lunches on Wednesday, Thursday and Friday). All lunches and morning snacks must be brought to camp in an insulated lunch bag with an ice pack inside. Healthy snack ideas are fruit, yogurt, cheese sticks and veggies with dip. Camp will provide the afternoon snack.

Remember:

Please do not send nut products to camp





Camp Lunches

Chipotle Wednesdays

Bagel Thursdays

PIC (Pizza and Ice Cream Fridays)



On Wednesdays, Thursdays and Fridays take a break from packing your campers lunch!
Yeladim Campers Lunch orders must be placed by June 11th, the first day of camp.
Lunches include juice or water.

Please check the flavor bagel/spread for Thursdays Lunch order form is on the back.
All proceeds go to the Camp Shalom Special Events Fund.

\$6/lunch with sign up by June 11th— \$8/lunch with sign up after June 11th

Chipotle Wednesdays:

Lunch from Chipotle Includes:

- Cheese Quesadilla
- Rice
- Beans
- Chips

Bagel Thursdays:

Lunch from Brooklyn Water Bagel Includes:

Plain Bagel OR Cinnamon Raisin Bagel with cream cheese OR butter

- Veggie Straws
- Gogurt or fruit
- Muffin

P.I.C Fridays:

Cheese pizza from Papa Johns

- Ice Cream



Lunch order form is on the back.



Camp Lunches Order Form

Chipotle Wednesdays

Bagel Thursdays

PIC (Pizza and Ice Cream Fridays)

\$6/lunch with sign up by 6/11 and \$8/lunch with sign up after 6/11

Camper Name: _____

Camper Unit: Yeladim

Sign my campers up for the following Chipotle Wednesdays:

- ☐ Week 1 (6/13) ☐ Week 2 (6/20) ☐ Week 3 (6/27)
☐ Week 5 (7/11) ☐ Week 6 (7/18) ☐ Week 7 (7/25) ☐ Week 8 (8/1)

Sign my campers up for the following Bagel Thursdays:

Please check bagel & spread choice

_____ Plain Bagel OR _____ Cinnamon Raisin Bagel with
 cream cheese OR _____ butter

- ☐ Week 1 (6/14) ☐ Week 2 (6/21) ☐ Week 3 (6/28) ☐ Week 4 (7/5)
☐ Week 5 (7/12) ☐ Week 6 (7/19) ☐ Week 7 (7/26) ☐ Week 8 (8/2)

Sign my campers up for the following P.I.C. Fridays:

- ☐ Week 1 (6/15) ☐ Week 2 (6/22) ☐ Week 3 (6/29) ☐ Week 4 (7/6)
☐ Week 5 (7/13) ☐ Week 6 (7/20) ☐ Week 7 (7/27) ☐ Week 8 (8/3)

Payment:

- ☐ Cash enclosed ☐ Check # _____ enclosed ☐ Charge my cc below:

Credit Card #: _____ Exp. Date: _____ Sec. Code: _____

Name on Card: _____

Total: _____

Signature: _____

