

Date \_\_\_\_\_



# Camp BaShemesh 2010 Registration Form

**GENERAL INFORMATION**

Child's First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Nickname: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Family E-Mail Address: \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**FAMILY INFORMATION**

Mother's Name: \_\_\_\_\_ Occupation/Place of Business: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Father's Name: \_\_\_\_\_ Occupation/Place of Business: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Parents are: Married: \_\_\_\_ \*Separated: \_\_\_\_ \*Divorced: \_\_\_\_ Widowed: \_\_\_\_  
\*Custodial Parent is: Mother: \_\_\_\_ Father: \_\_\_\_ Grandparent(s): \_\_\_\_ Other: \_\_\_\_

**REGISTRATION INFORMATION**

JCC Member: \_\_\_\_ Expiration Date: \_\_\_\_\_ Non-Member: \_\_\_\_

	<b>34 Days*</b>	<b>19 Days*</b>	<b>5 weeks</b>	<b>6 Weeks</b>
	<b>Full Season 6/28 – 8/13</b>	<b>Session I 6/28 – 7/23</b>	<b>6/29 – 7/30</b>	<b>6/29 – 8/6</b>
<b>Member*</b>	\$4,300	\$2,700	\$3,400	\$4,000
<b>Non-Member</b>	\$4,500	\$2,900	\$3,600	\$4,300

\*Member fee requires active JCC Family Membership (\$399) or single Parent membership (\$215) to be in effect through 8/10.

**Camp BaShemesh will be closed Monday, July 5, 2010.**

Transportation: fee includes central drop off/pick up. If you interested in door-to-door transportation, please contact Mindy Cohen.

**I authorize Camp BaShemesh to take my child on outings and camp trips.** Parent/Guardian Signature: \_\_\_\_\_

**T-Shirt Size:** Youth Small (6-8) \_\_\_\_\_ Youth Medium (10-12) \_\_\_\_\_ Youth Large (14-16) \_\_\_\_\_  
Adult Small \_\_\_\_\_ Adult Medium \_\_\_\_\_ Adult Large \_\_\_\_\_ Adult XL \_\_\_\_\_

**EMERGENCY INFORMATION**

The following people are authorized to pick up my child when I send word or cannot be reached to collect my child myself.

1. Emergency Contact (other than parents): \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Work Phone please specify hours: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

2. Emergency Contact (other than parents) \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Work Phone please specify hours: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**PERTINENT INFORMATION**

**Please do not use abbreviations for the following.**

School your child attends: \_\_\_\_\_

Diagnosis/Classification: \_\_\_\_\_

Type of class (i.e. resource, self-contained, MIS, inclusion, regular): \_\_\_\_\_

Class Ratio (8:1:1, 12:1:1) \_\_\_\_\_

Does your child have a 1:1 aide? \_\_\_\_\_ Yes \_\_\_\_\_ No

Types of services you received in school (i.e. – OT, PT, speech social): \_\_\_\_\_

Out-of-school services and/or activities: \_\_\_\_\_

Physical limitations: activities in which he/she cannot participate: \_\_\_\_\_

Physician/Pediatrician (name, address, telephone #): \_\_\_\_\_

Medications taken on a regular basis: \_\_\_\_\_

Medications administered at camp: \_\_\_\_\_ Yes \_\_\_\_\_ No

Is your child toilet trained? \_\_\_\_\_ Yes \_\_\_\_\_ No Bathroom issues? \_\_\_\_\_

Can your child be maintained in a 3:1 (camper to staff) ratio? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please describe any history or pattern of physical and or aggressive behavior? \_\_\_\_\_

Please describe your child’s behavior when he/she is having difficulty, melt-down triggers, anxiety: \_\_\_\_\_

Please describe in detail your behavior management strategies: \_\_\_\_\_

## Terms of Enrollment

### Deadlines

Full payment is due by June 1, 2010. No child will be admitted to camp if fees remain outstanding. A non-refundable registration deposit of \$500 is required with this application. JCC Family Memberships must be current through August 2010 to receive membership rates.

### Medical Certificate

A medical (part of the Parent Handbook, which will be forwarded to you must be completed and filed by June 1, 2010. No child will be admitted to camp without a completed medical packet. Medical examinations must be current, and dated after September 1, 2009.

**Medical Release: Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I give authority to the Camp BaShemesh staff to obtain necessary medical treatment for my child with the understanding that the family be notified as soon as possible.

### Conditions and Policies

All first time campers must have a screening interview to ensure appropriateness for camp and for proper group placement. No child will be accepted without a completed application and interview. The JCC reserves the right to make program changes when necessary to ensure the efficiency and well-being of the camp and campers. In order to provide a safe and supportive environment where high-functioning special needs children can make friends and build their social skills, the following rules and policies apply:

Please Initial every line.

1. All children must be completely toilet trained. \_\_\_\_\_
2. All children attending must be able to maintain a 3:1 camper-to-staff ratio. \_\_\_\_\_
3. If during the camp season, any child's behavior requires more then 3:1 camper-to-staff ratio, Camp BaShemesh reserves the right to withdraw services for the remainder of the summer. If services are withdrawn, the fee for camp will be pro-rated. \_\_\_\_\_
4. If during the camp season, a child displays excessive and/or aggressive behavior, Camp BaShemesh reserves the right to withdraw services for the remainder of the summer in order to ensure the safety of the camper, his peers and the Camp BaShemesh staff. If services are withdrawn, the fee for camp will be pro-rated. \_\_\_\_\_
5. If a child's behavior on the bus threatens the safety of those on the bus, Camp BaShemesh and the busing agency reserves the right to remove busing services for the remainder of the summer. If the busing services are withdrawn, and the camper functions well in camp, the camper can become a self-transport, with parent/caregiver transporting camper to and from camp. \_\_\_\_\_
6. Whenever possible, our staff will attempt to meet with parents and resolve apparent problems in the early stages. \_\_\_\_\_
7. The JCC cannot and does not assume any responsibility for personal property of children. \_\_\_\_\_

### Scholarships and Payment Plans

Limited financial aid based upon need is available. Request for scholarship must be made by March 1, 2010. A personal interview may be required for all families requesting financial aid. Financial back-up must be presented, including most recent tax returns, with your scholarship application.

**Photo Releases: Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Camp registration implies unconditional permission to the JCC on the Hudson and to UJA-Federation of New York to photograph and interview me and/or my children and to use the photograph and quotes to publicize the JCC and its activities.

Sign here if you withhold permission: \_\_\_\_\_ Date: \_\_\_\_\_

### Release of Test Score Information Required by HVDDSO

In order to comply for essential funding provided by the Hudson Valley Development Disabilities Services Office and to ensure your child's/family member's eligibility for this funding, we are required to provide individual IQ scores, Vineland Adaptive Behavior Scale Scores or other recognized assessment instruments. Your cooperation and permission in releasing this information is appreciated. *(This provision is subject to the JCC receiving financial support from HVDDSO for this program.)*

**I have read the statements above and understand and agree to the rules and policies of Camp BaShemesh.**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_