



REGISTRATION PACKET

TABLE OF CONTENTS

Welcome Letter	2
Camp Scholarship Cover Letter.....	3
Procedures	4
Registration Form.....	5
Pricing.....	6
Schedule.....	7
Camper Health Form.....	8-9
Medication Administration Form.....	10
Camp Pickup Form	11
Camp Quick Note	12
All About Me Form	13-14

**Jewish
Community
Center**
3600 Dutchmans Lane
Louisville, Kentucky 40205
Tel (502) 459-0660
Fax (502) 238-2759
www.jewishlouisville.org/camp

Betsy Schwartz
Camp Director

Angie Hiland
*Early Childhood
Camp & Yachad Director*

Mike Steklof
Assistant Camp Director

John R. Leffert
CenterStage Camp Director

Rachel Lipkin
Middle School Director

John Kimberlin
Aquatics Camp Director

Mary Dooley
*Camp Administrative
Assistant*

Camp Office
238-2718



Welcome to JCC Summer Camp!

Thank you for registering your child(ren) for Summer Camp. We are very excited that your child(ren) will be attending camp at the JCC! Included in this packet are important forms to be completed or they are not allowed to attend CAMP. Please mark your calendar for our **Camp Kick on Sunday, June 8 from 5:00 pm – 6:30 pm**. There will be fun activities for everyone and the campers will meet their counselors and other campers in their group. This is a great opportunity for you, and your child(ren) to meet the camp staff and ask questions.

Please return the completed forms to the Camp Office immediately:

- Camper Health Form
- Medication Forms *Only if applicable takes meds @Camp
- Camper Pickup Authorization & Carpool form must be completed every family no matter what camp/what age; choose a color if doing carpool (blue in back - yellow in front) Preschoolers must choose BLUE
- Quick Note for out of the ordinary things like child is sick & will not be coming to camp today; has a doctor/dentist appointment; going home w/some other than who is authorized on carpool form

The 2014 Health Form and a copy of your child(ren)'s current insurance card (f/b) must have been submitted or your child(ren) will not be allowed to attend camp.

If you have any questions, please contact us at 238-2718.

We are looking forward to another great summer!

Betsy, Angie, Mike, John, Rachel, Johnny & Mary



To: Summer Camp Parents
From: Betsy Schwartz, JCC Summer Camp Director
Re: Camp 2014 Scholarships

For the last couple of years, in an effort to improve our financial aid and scholarship process for summer camp, the JCC has engaged Jewish Family & Career Services (JFCS) to assist in the interview and evaluation process. We believe this provides a professional, fair and respectful environment in which you will be comfortable discussing your child's camp interests and your financial assistance needs. It is our hope to help many families so that as many children as possible can have an enjoyable camping experience. Please contact Betsy Schwartz, Camp Director, with any questions during the process at 238-2708.

Financial Aid Camp Stipulations

- 1) Only JCC members are eligible to apply for financial aid for camp. You can apply for financial aid for JCC membership and camp at the same time.
- 2) Financial aid is only available for the following camps: Camp J-Tots, Camp Keff, Trek 46, Middle School, Choose Your Own Adventure & Extended Care.
- 3) If you cancel or change camps and/or weeks your scholarship will be recalculated.

To apply for financial assistance for summer camp, please complete the following steps:

- 1) Complete the entire camp registration form using the regular camp fees. **(EARLY BIRD DISCOUNT DOES NOT APPLY)**
- 2) Complete all financial assistance forms and attach needed documentation. **(2013 Federal Tax Return, Form 1040 or Social Security Award Letter is Mandatory)**
- 3) Sign Confidentiality Release Form.
- 4) Return all original forms to Mary Dooley in the camp office at the JCC.
- 5) Incomplete forms and/or non-payment will negate your scholarship and camp registration(s)

You will receive a phone call from a staff member at Jewish Family & Career Services within 7-10 days of receiving your completed application with the amount of assistance you are able to receive and a payment schedule.

A limited number of scholarships are available. The deadline for submitting forms is Wednesday, May 7, 2014. Please keep in mind scholarships may run out prior to this date.



3600 Dutchmans Lane • Louisville, Kentucky, 40205 • www.jewishlouisville.org

t 502-459-0660 f 502-459-6885

(502) 459-0660 • www.jccloouisvillecamp.org

PROCEDURES

CANCELLATION POLICY

We reserve the right to cancel any program if minimum registration is not met. You will receive notice at least two weeks in advance and we will assist you in finding another program option if necessary.

FINANCIAL AID

Deadline: Wednesday, May 7

Only JCC members are eligible to apply for financial aid. Financial aid is only available for the following: Camp J-Tots, Camp Keff, Trek 46, Middle School & Choose Your Own Adventure. Requests for financial aid or extended payment plans must be submitted by Wednesday, May 8, and are available on a first come, first served basis. A limited number of scholarships are available. Contact the camp office at 238-2718 for a financial aid application or visit www.jccclouisvillecamp.org to download an application.

FRIEND GROUP REQUESTS

If you would like your child in the same group as another child, please note this on the registration form (or in writing three weeks before the session begins). Requests must be made on both campers' forms to be accepted. We cannot guarantee any requests, but we will try our best to meet as many as possible. J-Tots Children will be placed in group based on Kentucky State Childcare Licensing requirements and children in Camp Keff should be entering the same grade.

EARLY BIRD DISCOUNT

Receive a 5% discount for completed camp registrations with a 25% deposit paid by March 28 at 5 p.m. Camp fees may be paid in full at time of registration or in two installments with a credit card or bank draft (provided on the registration form) on April 16 and May 21. If the early bird balance is not paid by May 21 prices will revert back to the non-discounted fee.

DEPOSIT, FEES & REFUNDS

A 25% non-refundable deposit of total fees is required at the time of registration with a registration form. Registrations over the phone will not be accepted. Camp fees may be paid in full at the time of registration or in two installments with a credit card or bank draft (provided on the registration form) on April 16 and May 21. All camp fees must be paid in full if the registration is received on or after May 21. Campers will not be allowed to participate without full payment prior to camp session.

A change fee of \$15 will be assessed for any changes made once the registration has been received. All changes must be made in writing or via email. No phone changes will be accepted. No fee will be charged for adding a camp.

In case of a cancellation, 25% of the camp fee is non-refundable. Cancellations must be in writing three business days prior to the start of the camp week session. No refunds will be given without written or email notification. No refunds may be issued in part or in full due to camper illness once camp has started. Eligibility for camps is based on the child's grade in the Fall of 2014 or for Camp J-Tots June 1, 2014.

A Late Fee of \$15 will be assessed for children not picked up by 3:10. These children will be checked into Stay N Play. A \$15 fee will be assessed for any parent arriving after 6 p.m. At 6:30 p.m. children will be checked into J-Play and off site J-Play rates will apply.

CAMP CONDUCT POLICY

Every effort will be made by staff to ensure a positive camp experience for your children. In the event that there are behavioral difficulties which are deemed irreconcilable, children may be removed from any JCC summer program either in part or in full. Availability of refunds, partial or full, will be determined by JCC.

REGISTER YOUR WAY!

Online registration is available at www.jccclouisvillecamp.org. To register simply register online or download the PDF registration forms included in this packet, fill out each form, and mail to:

Attn: Mary Dooley, 3600 Dutchmans Lane, Louisville, KY 40205.

For camp payment and availability information contact Mary Dooley mdooley@jewishlouisville.org or 502-238-2718. For details regarding specific camps contact individual directors listed on page 4.

REGISTRATION FORM

TURN THIS FORM IN

Please complete one form for each camper.
Extra forms are available at the JCC or can be printed
from our website www.jccloouisvillecamp.org

Camper's Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Child's School (as of 8/13) _____

Father's Name _____ Work Phone _____ Cell Phone _____ Email _____

Mother's Name _____ Work Phone _____ Cell Phone _____ Email _____

Parents are: ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Single With whom does the child live? _____

(Optional) Do you identify as part of a Jewish household? ☐ Yes ☐ No

Emergency Contact Name (other than parent) _____ Phone _____

How did you hear about us? JCC Member ☐ Magazine Ad ☐ Other ☐

Birthdate _____ Age (as of 6/1/14) _____ Grade (as of 8/14) _____ Gender: ☐ Female ☐ Male

Camper's T-shirt Size: ☐ Child XS (4-6) ☐ Child S (6-8) ☐ Child M (10-12) ☐ Child L (14-16) or ☐ Adult S ☐ Adult M ☐ Adult L ☐ Adult XL

Friend Group Request (see page 16 for details) _____

My child is currently receiving special education services, therapies, has an IEP or attends an alternative school, or other support services, including a behavior plan ☐ Yes ☐ No

Explain _____

If yes, a JCC staff member will call you to help plan a successful camp experience for your child.

PRESCHOOL ONLY: Is child toilet trained? ☐ Yes ☐ No

Deposit Enclosed (amount from reverse): \$ _____ ☐ Cash ☐ Check ☐ Visa/Mastercard ☐ Checking Account

Balance Due (amount from reverse): \$ _____ Auto Draft April 16 & May 21 By: ☐ Visa/Mastercard ☐ Checking Account

All camp fees must be paid in full if registration is received on or after May 21.

☐ Visa/Mastercard (preferred method)

Account # _____ Exp Date _____ Security Code _____

Signature _____ Name On Account _____

☐ Checking Account

Financial Institution _____ Account # _____ Routing # _____

Signature _____ Name On Account _____

I hereby authorize the Jewish Community Center (JCC) to initiate electronic fund transfers (EFTs) from my above mentioned account. I also understand that I must maintain sufficient funds in my account to cover the debit. I will be responsible for the amount due plus a \$25 returned item fee assessed by the JCC as well as any fees or charges that my financial institution may assess for returned items.

Permission & Liability Waiver:

We understand that in case of emergency, and we are unable to be contacted, we give permission to the Jewish Community Center of Louisville to authorize any emergency action necessary to ensure the safety of our children. I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for and order injections, anesthesia or surgery for my child. This does not in any way hold the Center financially responsible for any medical or emergency care given. We permit our children to participate in all activities which may include day trips and overnights away from the campsite, unless otherwise notified in writing.

We understand that there is always an inherent risk of bodily injury and harm associated with camping, boating activities, swimming, and other camping activities. No warranties or representations of any kind have been made by The Jewish Community Center of Louisville, its employees, agents, officers, directors, trustees, successors, or assigns regarding the activities at the JCC of Louisville camps. Signature of the Waiver Release means that we and our child hereby personally assume all risks in connection with our child's participation in and attendance at the JCC of Louisville camps, or his or her participation in any related camp activities. We have read and agreed to all JCC of Louisville camp policies.

In consideration of being permitted to utilize the Jewish Community Center (JCC) for Summer Camps, including camping, boating activities, swimming, and other camping activities and for payment of the camp activities, the User for itself, User's family members, next of kin, employees, agents, representatives, heirs and assignees (referred to as User or User's) does hereby release, waive, and discharge the JCC, its directors, officers, employees and agents from all liability, including bodily injury, death, loss or damage, from any claim or demands whether caused by the negligence of the User's or otherwise while the User's are in, upon, away, or about the premises including use of any facilities or equipment therein. Further, the User's agree to indemnify, defend, save and hold harmless the JCC from any loss, liability, damage or cost they may incur at or away from the JCC, including but not limited to use of equipment or facilities, regardless of whether such harm is caused by the sole or partial fault of the User's.

PRESS/MEDIA RELEASE: We permit the free use of our name and family members' names and pictures listed on this application in broadcasts, telecasts, newspapers, brochures, and any other form of communication to which such use may be applied.

Signature of Parent or Guardian _____ Date _____

By signing above, I assume financial responsibility for all camp fees.

Return this form along with deposit to:

Jewish Community Center • Fax: (502) 238-2759 • Camp Office • 3600 Dutchmans Lane • Louisville, KY 40205

(502) 459-0660 • www.jccloouisvillecamp.org

PRICING

TURN THIS FORM IN

Please place a check in the box for each camp/session your child will attend.

M: JCC Member Fees • SM: Summer Member Fees • NM: Non-Member Fees

CAMP J-TOTS

MORE INFORMATION ON PAGES 6-7 CHOOSE THE NUMBER OF WEEKS YOUR CHILD WOULD LIKE TO ATTEND AND THE DATES OF THE WEEKS YOU WOULD LIKE THEM TO ATTEND.

<input type="checkbox"/> JUNE 9-13	<input type="checkbox"/> JUNE 16-20	<input type="checkbox"/> JUNE 23-27	<input type="checkbox"/> JUNE 30-JULY 3	<input type="checkbox"/> JULY 7-11
<input type="checkbox"/> JULY 14-18	<input type="checkbox"/> JULY 21-25	<input type="checkbox"/> JULY 28-AUG 1	<input type="checkbox"/> AUG 4-8	
# of Weeks of Camp	9 a.m.- 1 p.m.	9 a.m.- 3 p.m.	9 a.m.- 6 p.m.	
1-3*	<input type="checkbox"/> \$200 M <input type="checkbox"/> \$210 SM <input type="checkbox"/> \$220 NM	<input type="checkbox"/> \$225 M <input type="checkbox"/> \$235 SM <input type="checkbox"/> \$245 NM	<input type="checkbox"/> \$280 M <input type="checkbox"/> \$290 SM <input type="checkbox"/> \$300 NM	
4-7*	<input type="checkbox"/> \$190 M <input type="checkbox"/> \$200 SM <input type="checkbox"/> \$210 NM	<input type="checkbox"/> \$215 M <input type="checkbox"/> \$225 SM <input type="checkbox"/> \$235 NM	<input type="checkbox"/> \$270 M <input type="checkbox"/> \$280 SM <input type="checkbox"/> \$290 NM	
8-9*	<input type="checkbox"/> \$180 M <input type="checkbox"/> \$190 SM <input type="checkbox"/> \$200 NM	<input type="checkbox"/> \$205 M <input type="checkbox"/> \$215 SM <input type="checkbox"/> \$225 NM	<input type="checkbox"/> \$260 M <input type="checkbox"/> \$270 SM <input type="checkbox"/> \$280 NM	

REGISTER ONLINE
at www.jccclouisvillecamp.org

There will be no camp on July 4th.
TREK 46 MORE INFORMATION ON PAGE 10

TREK 46	JUN 9-AUG 1	<input type="checkbox"/> \$230 M <input type="checkbox"/> \$250 SM <input type="checkbox"/> \$285 NM
----------------	-------------	--

YOUNG LEADERS

MORE INFORMATION ON PAGE 11.

YOUNG LEADERS (YL)	JUL 21-AUG 8	<input type="checkbox"/> \$160 M <input type="checkbox"/> \$175 SM <input type="checkbox"/> \$190 NM
	All 3 weeks	<input type="checkbox"/> \$450 M <input type="checkbox"/> \$475 SM <input type="checkbox"/> \$500 NM

SPECIALTY

MORE INFORMATION ON PAGES 12-17.

4KICKS FOR KIDZ (1-5)	JUN 16-20	<input type="checkbox"/> \$205 M <input type="checkbox"/> \$230 SM <input type="checkbox"/> \$250 NM
ANGRY BIRDS/BAD PIGLETS (2-3)	JUL 21-25	<input type="checkbox"/> \$245 M <input type="checkbox"/> \$270 SM <input type="checkbox"/> \$295 NM
ANGRY BIRDS/BAD PIGLETS (4-6)	JUL 21-25	<input type="checkbox"/> \$245 M <input type="checkbox"/> \$270 SM <input type="checkbox"/> \$295 NM
ARTFUL CHILD (K-2)	JUL 14-18	<input type="checkbox"/> \$230 M <input type="checkbox"/> \$255 SM <input type="checkbox"/> \$280 NM
COLOR CAMP (K-2)	JUN 30-JUL 3	<input type="checkbox"/> \$185 M <input type="checkbox"/> \$205 SM <input type="checkbox"/> \$255 NM
COLOR CAMP (3-6)	JUN 23-27	<input type="checkbox"/> \$185 M <input type="checkbox"/> \$205 SM <input type="checkbox"/> \$255 NM
COMIC BOOK CREATOR (LEGO® BRICKS) (4-7)	JUL 7-11	<input type="checkbox"/> \$245 M <input type="checkbox"/> \$270 SM <input type="checkbox"/> \$295 NM
COOKING (1-3)	JUL 7-11	<input type="checkbox"/> \$225 M <input type="checkbox"/> \$250 SM <input type="checkbox"/> \$275 NM
COOKING (4-6)	JUL 14-18	<input type="checkbox"/> \$225 M <input type="checkbox"/> \$250 SM <input type="checkbox"/> \$275 NM
DANCE MIX (K-1)	JUL 28-AUG 1	<input type="checkbox"/> \$200 M <input type="checkbox"/> \$225 SM <input type="checkbox"/> \$245 NM
DANCE MIX (2-6)	JUN 16-20	<input type="checkbox"/> \$200 M <input type="checkbox"/> \$225 SM <input type="checkbox"/> \$245 NM
FOOTBALL FUTURES (1-5)	JUL 28-AUG 1	<input type="checkbox"/> \$205 M <input type="checkbox"/> \$230 SM <input type="checkbox"/> \$250 NM
HORSEBACK RIDING (2-6)	JUN 16-20	<input type="checkbox"/> \$390 M <input type="checkbox"/> \$440 SM <input type="checkbox"/> \$490 NM
JAWS (3-9)	AUG 4-8	<input type="checkbox"/> \$250 M <input type="checkbox"/> \$280 SM <input type="checkbox"/> \$310 NM
JCC TENNIS AT SPRINGHURST (4-6)	JUL 21-25	<input type="checkbox"/> \$250 M <input type="checkbox"/> \$275 SM <input type="checkbox"/> \$300 NM
JCC TENNIS AT SPRINGHURST (1-3)	JUL 28-AUG 1	<input type="checkbox"/> \$250 M <input type="checkbox"/> \$275 SM <input type="checkbox"/> \$300 NM
LACROSSE (1-5)	JUL 14-18	<input type="checkbox"/> \$200 M <input type="checkbox"/> \$225 SM <input type="checkbox"/> \$245 NM
MINECRAFT CAMP (LEGO) (4-6)	JUN 16-20	<input type="checkbox"/> \$245 M <input type="checkbox"/> \$270 SM <input type="checkbox"/> \$295 NM
MINECRAFT CAMP (LEGO) (2-3)	JUL 7-11	<input type="checkbox"/> \$245 M <input type="checkbox"/> \$270 SM <input type="checkbox"/> \$295 NM
MINECRAFT 2 CAMP (LEGO) (4-6)	JUN 23-27	<input type="checkbox"/> \$245 M <input type="checkbox"/> \$270 SM <input type="checkbox"/> \$295 NM
MINECRAFT 2 CAMP (LEGO) (2-3)	JUL 14-18	<input type="checkbox"/> \$245 M <input type="checkbox"/> \$270 SM <input type="checkbox"/> \$295 NM
MINECRAFT 2 CAMP (LEGO) (3-5)	JUL 28-AUG 1	<input type="checkbox"/> \$245 M <input type="checkbox"/> \$270 SM <input type="checkbox"/> \$295 NM
MOCKING BIRD SOCCER CAMP (1-5)	JUN 30-JUL 3	<input type="checkbox"/> \$175 M <input type="checkbox"/> \$200 SM <input type="checkbox"/> \$225 NM
MOVIE MAKING (LEGO® BRICKS) (4-7)	AUG 4-8	<input type="checkbox"/> \$245 M <input type="checkbox"/> \$270 SM <input type="checkbox"/> \$295 NM
MUD RUN/FITNESS CAMP (1-8)	AUG 4-8	<input type="checkbox"/> \$215 M <input type="checkbox"/> \$240 SM <input type="checkbox"/> \$265 NM
NUTTY PROFESSOR CAMP (PRE-K-K) (1-2)	JUL 21-25	<input type="checkbox"/> \$215 M <input type="checkbox"/> \$240 SM <input type="checkbox"/> \$265 NM
NUTTY PROFESSOR CAMP (1-2)	JUL 28-AUG 1	<input type="checkbox"/> \$215 M <input type="checkbox"/> \$240 SM <input type="checkbox"/> \$265 NM
ROBOTICS (LEGO® BRICKS) (4-7)	JUN 30-JUL 3	<input type="checkbox"/> \$245 M <input type="checkbox"/> \$270 SM <input type="checkbox"/> \$295 NM
SAILING BEGINNER (5-8)	JUL 7-11	<input type="checkbox"/> \$225 M <input type="checkbox"/> \$250 SM <input type="checkbox"/> \$275 NM
SAILING INTERMEDIATE (5-8)	JUL 14-18	<input type="checkbox"/> \$250 M <input type="checkbox"/> \$275 SM <input type="checkbox"/> \$300 NM
SAILING ADVANCED (5-8)	JUL 21-25	<input type="checkbox"/> \$250 M <input type="checkbox"/> \$275 SM <input type="checkbox"/> \$300 NM
SPOTLIGHT ON GLEE CAMP (5-7)	JUL 28-AUG 8	<input type="checkbox"/> \$350 M <input type="checkbox"/> \$375 SM <input type="checkbox"/> \$400 NM
SPOTLIGHT YOUTH MUSICAL THEATRE (K) (1-2)	JUN 16-27	<input type="checkbox"/> \$350 M <input type="checkbox"/> \$375 SM <input type="checkbox"/> \$400 NM
SPOTLIGHT YOUTH MUSICAL THEATRE (1-2)	JUL 14-JUL 25	<input type="checkbox"/> \$350 M <input type="checkbox"/> \$375 SM <input type="checkbox"/> \$400 NM
SPOTLIGHT YOUTH MUSICAL THEATRE (3-4)	JUN 30-JUL 11	<input type="checkbox"/> \$350 M <input type="checkbox"/> \$375 SM <input type="checkbox"/> \$400 NM
SUPERHERO CAMP (LEGO® BRICKS) (1-3)	JUN 23-27	<input type="checkbox"/> \$245 M <input type="checkbox"/> \$270 SM <input type="checkbox"/> \$295 NM
U OF L FINE ARTS CAMP (4-8)	JUL 28-AUG 1	<input type="checkbox"/> \$240 M <input type="checkbox"/> \$265 SM <input type="checkbox"/> \$290 NM
U OF L HISTORY CAMP (6-8)	JUL 28-AUG 1	<input type="checkbox"/> \$240 M <input type="checkbox"/> \$265 SM <input type="checkbox"/> \$290 NM
WILEY BROWN BASKETBALL (K-2)	JUL 14-18	<input type="checkbox"/> \$205 M <input type="checkbox"/> \$230 SM <input type="checkbox"/> \$250 NM
WILEY BROWN BASKETBALL (3-8)	JUL 7-11	<input type="checkbox"/> \$205 M <input type="checkbox"/> \$230 SM <input type="checkbox"/> \$250 NM

EXTENDED DAY

MORE INFORMATION ON PAGE 3.

	JUNE 9-13	JUNE 16-20	JUNE 23-27	JUNE 30-JULY 3	JULY 7-11	JULY 14-18	JULY 21-25	JULY 28-AUG 1	AUG 4-8
GET UP GANG	<input type="checkbox"/> \$20 M <input type="checkbox"/> \$20 SM <input type="checkbox"/> \$25 NM	<input type="checkbox"/> \$20 M <input type="checkbox"/> \$20 SM <input type="checkbox"/> \$25 NM	<input type="checkbox"/> \$20 M <input type="checkbox"/> \$20 SM <input type="checkbox"/> \$25 NM	<input type="checkbox"/> \$20 M <input type="checkbox"/> \$20 SM <input type="checkbox"/> \$25 NM	<input type="checkbox"/> \$20 M <input type="checkbox"/> \$20 SM <input type="checkbox"/> \$25 NM	<input type="checkbox"/> \$20 M <input type="checkbox"/> \$20 SM <input type="checkbox"/> \$25 NM	<input type="checkbox"/> \$20 M <input type="checkbox"/> \$20 SM <input type="checkbox"/> \$25 NM	<input type="checkbox"/> \$20 M <input type="checkbox"/> \$20 SM <input type="checkbox"/> \$25 NM	<input type="checkbox"/> \$20 M <input type="checkbox"/> \$20 SM <input type="checkbox"/> \$25 NM
STAY 'N PLAY	<input type="checkbox"/> \$55 M <input type="checkbox"/> \$55 SM <input type="checkbox"/> \$70 NM	<input type="checkbox"/> \$55 M <input type="checkbox"/> \$55 SM <input type="checkbox"/> \$70 NM	<input type="checkbox"/> \$55 M <input type="checkbox"/> \$55 SM <input type="checkbox"/> \$70 NM	<input type="checkbox"/> \$55 M <input type="checkbox"/> \$55 SM <input type="checkbox"/> \$70 NM	<input type="checkbox"/> \$55 M <input type="checkbox"/> \$55 SM <input type="checkbox"/> \$70 NM	<input type="checkbox"/> \$55 M <input type="checkbox"/> \$55 SM <input type="checkbox"/> \$70 NM	<input type="checkbox"/> \$55 M <input type="checkbox"/> \$55 SM <input type="checkbox"/> \$70 NM	<input type="checkbox"/> \$55 M <input type="checkbox"/> \$55 SM <input type="checkbox"/> \$70 NM	<input type="checkbox"/> \$55 M <input type="checkbox"/> \$55 SM <input type="checkbox"/> \$70 NM

CAMP KEEF

MORE INFORMATION ON PAGES 22-23 CHOOSE THE NUMBER OF WEEKS YOUR CHILD WOULD LIKE TO ATTEND AND THE DATES OF THE WEEKS YOU WOULD LIKE THEM TO ATTEND.

<input type="checkbox"/> JUNE 9-13	<input type="checkbox"/> JUNE 16-20	<input type="checkbox"/> JUNE 23-27	<input type="checkbox"/> JUNE 30-JULY 3	<input type="checkbox"/> JULY 7-11
<input type="checkbox"/> JULY 14-18	<input type="checkbox"/> JULY 21-25	<input type="checkbox"/> JULY 28-AUG 1	<input type="checkbox"/> AUG 4-8 CYOA**	
# of Weeks of Camp	9 a.m.- 3 p.m.			
1-3*	<input type="checkbox"/> \$215 M <input type="checkbox"/> \$250 SM <input type="checkbox"/> \$265 NM			
4-7*	<input type="checkbox"/> \$205 M <input type="checkbox"/> \$240 SM <input type="checkbox"/> \$255 NM			
8-9*	<input type="checkbox"/> \$195 M <input type="checkbox"/> \$230 SM <input type="checkbox"/> \$245 NM			

*Prices per week

**CYOA - Choose your own adventure - During this exciting week campers choose their own daily activities.

TOTALS

CAMPER'S NAME	
SUBTOTAL OF ALL CAMPS	
LESS 5% EARLY BIRD DISCOUNT (If registration is received by March 22 at 5 p.m.)	
LESS 25% DEPOSIT (Paid at time of registration)	
SUBTOTAL	
BALANCE DUE (See reverse for payment information)	

SCHEDULE WHITE BLOCKS INDICATE CAMP IS OFFERED DURING THAT WEEK/SESSION!

[illegible]



Jewish Community Center of Louisville
3600 Dutchmans Lane Louisville, KY 40205

Camper Health Form 2014

PLEASE NOTE: ONE FORM FRONT AND BACK PER CHILD MUST BE COMPLETED & RETURNED TO THE CAMP OFFICE ALONG WITH A PHOTOCOPY OF THE FRONT AND BACK OF THE CHILD'S INSURANCE CARD. NO CHILD WILL BE ALLOWED TO ATTEND CAMP WITHOUT THESE FORMS ON FILE! *VALID FROM MARCH 1, 2014 THROUGH FEBRUARY 28, 2015*

Child's Name _____ Birth Date _____ Age at Camp _____ Grade (8/2014) _____
Last First Middle

Address _____
Street Address City State Zip

Gender: ☐ Male ☐ Female School Attending in the Fall _____ IEP: ☐ Yes ☐ No

Custodial Parent/Guardian _____ Phone _____ Cell _____

Home Address _____
(if different) Street Address City State Zip

Business Address _____
Street Address City State Zip Phone _____ Cell _____

Second Parent or guardian or emergency contact _____

Address _____
Street Address City State Zip Phone _____ Cell _____

If not available in an emergency, notify _____

Relationship _____ Phone _____ Cell _____

Address _____
Street Address City State Zip

INSURANCE INFORMATION

Family Medical Insurance Carrier _____ Policy Holder's Name _____

Policy/Group # _____ ID # _____

DOCTOR INFORMATION

Name of family physician _____ Phone _____

Address _____

Name of family dentist/orthodontist _____ Phone _____

Address _____

ALLERGIES - YES ☐ NO ☐ If Yes, List all Known. Describe reaction and management of the reaction
Medication allergies – **IF NO, YOU MUST WRITE THE WORD NONE ON THE LINE.**

Food allergies

Other allergies (insect stings, hay fever, asthma, animals, etc.)

RESTRICTIONS

Dietary _____

Activity Restrictions & Limitations _____

MEDICATIONS TAKEN BY CAMPER

Please list *ALL* medications (including over-the-counter or prescription) taken routinely. **If the medication(s) need to be taken at camp,** please complete a Medication Administration Permission form (**Yellow**) and send it to the Camp Office along with enough medication for the length of the child's camp.

☐ This person **takes no medications** on a routine basis. **OR** ☐ This person **takes medication** as follows:

Med #1 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Med #2 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Identify any medications taken during the school year that participant does/may not take during the summer:

GENERAL QUESTIONS (Explain "yes" answers on a separate sheet of paper)

Has/does the participant:

	Yes	No		Yes	No
1. Had any recent injury or illness?	<input type="checkbox"/>	<input type="checkbox"/>	16. Ever had back problems?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have a chronic or recurring illness/condition?	<input type="checkbox"/>	<input type="checkbox"/>	17. Ever had problems with knees or ankles?	<input type="checkbox"/>	<input type="checkbox"/>
3. Ever been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>	18. Have an orthodontic appliance being brought to camp.	<input type="checkbox"/>	<input type="checkbox"/>
4. Ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	19. Have any skin problems? (itching, rash, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
5. Have frequent headaches?	<input type="checkbox"/>	<input type="checkbox"/>	20. Have diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
6. Ever had a head injury?	<input type="checkbox"/>	<input type="checkbox"/>	21. Have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
7. Wear glasses, contacts or protective eyewear?	<input type="checkbox"/>	<input type="checkbox"/>	22. Had mononucleosis in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
8. Ever been knocked unconscious?	<input type="checkbox"/>	<input type="checkbox"/>	23. Had problems with diarrhea/constipation?	<input type="checkbox"/>	<input type="checkbox"/>
9. Ever had frequent ear infections?	<input type="checkbox"/>	<input type="checkbox"/>	24. Have problems with sleepwalking?	<input type="checkbox"/>	<input type="checkbox"/>
10. Ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	25. If female, have an abnormal menstrual history?	<input type="checkbox"/>	<input type="checkbox"/>
11. Ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	26. Have a history of bed-wetting?	<input type="checkbox"/>	<input type="checkbox"/>
12. Ever had seizures?	<input type="checkbox"/>	<input type="checkbox"/>	27. Ever had an eating disorder?	<input type="checkbox"/>	<input type="checkbox"/>
13. Ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	28. Ever had emotional difficulties for which professional help was sought?	<input type="checkbox"/>	<input type="checkbox"/>
14. Ever had high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>			
15. Ever been diagnosed with a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>			

Camper has had the following diseases – Check all that apply:

☐ Measles ☐ Chicken Pox ☐ German Measles ☐ Mumps ☐ Hepatitis A ☐ Hepatitis B ☐ Hepatitis C

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.

→ **PLEASE ATTACH A PHOTOCOPY OF THE FRONT AND BACK OF THE CHILD'S INSURANCE CARD TO THIS FORM AND RETURN IT TO THE CAMP OFFICE.**

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 insurance purposes. I give permission to the camp to arrange necessary related transportations for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician/nurse selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Signature of parent or guardian _____ Date _____



2014
JEWISH COMMUNITY CENTER SUMMER CAMP
ADMINISTRATION FORM
FOR PRESCRIPTION MEDICATION

Child's Name _____ Date _____

Medication _____ Dosage/Route _____

Time to be given _____ Time last dose prior to arrival _____

Parent Signature _____

Purpose _____ Side Effects _____

Special Instructions _____

Doctor _____ Phone _____ Allergies _____

Staff signature _____ Time given _____



2014
JEWISH COMMUNITY CENTER SUMMER CAMP
ADMINISTRATION FORM
FOR NON-PRESCRIPTION MEDICATION

Child's Name _____ Date _____

Medication _____ Dosage/Route _____

Time to be given _____ Time last dose prior to arrival _____

Parent Signature _____

Purpose _____ Side Effects _____

Special Instructions _____

Allergies _____

Staff signature _____ Time given _____

All campers must have this form on file!



2014 SUMMER CAMP PICKUP

AUTHORIZATION & CARPOOL NUMBER FORM

The Jewish Community Center is very protective of campers. If someone other than any of the individuals listed below will be picking up your child(ren), if your child(ren) is going home with another camper or will be staying at the Center, **a written note must be submitted to the Camp Office.** Middle School students do not require a Number, but must still complete the form.

****Please indicate below where & when your child(ren) will be going each afternoon after camp.****

CHOICES: (Put corresponding number in boxes below)

1. 1 p.m. Carpool (only J-Tots) (MUST get a number from the Camp Office)
2. 3 p.m. Carpool (MUST get a number from the Camp Office)
3. Stay and Play from 3-6 p.m. (or J-Tots camp registered until 6 p.m.)
4. JCC Swim Team Practice – **Parent will pick up from practice** *There is no swim practice on Mondays*
5. JCC Swim Team Practice – **Camper will return to Stay and Play** *There is no swim practice on Mondays*
6. Walk-In to Camp Office for pick-up at 3 p.m.

Camper Name	Grade/Age	Monday	Tuesday	Wednesday	Thursday	Friday

-OR-

_____ My child(ren) is/are in Middle School (entering 6th grade or higher) and does not require a Carpool #
I understand that I need to make arrangements with my child(ren) for pick-up.

The following individuals are authorized to pick up the child(ren) listed above. (Please list those who are most likely to pick up your child(ren) **including parents/guardians and babysitters.**)

We may ask for a picture ID if we do not recognize you or your designated driver.

PARENT SIGNATURE _____ **DATE** _____

Your carpool number is good for all camps your child(ren) attend at the JCC.

*****If participating in carpool, we require the parents of **Camp JTots** (pre-school) campers and their siblings to choose blue (stone arches) carpool and recommend that parents who have **ONLY children entering Kindergarten and older choose yellow (front steps) carpool.** *****

Carpool Locations

Stone Arches (back) = Blue ☐

Front Steps (front) = Yellow ☐

You choose the location by placing an "X" in the Blue or Yellow Box:

The Camp Office will issue you the number.

You may pick up your carpool tag(s) at the camp office after May 7or at the Camp Kick-off on June 1.

For Office Use Only: Carpool # _____

Do Not Release _____

CAMP QUICK NOTE 2014

Please give to the Camp Office or a Camp Director

Today's Date: _____

Camper Name: _____ Camp: _____
First and Last

☐ I'm going home with: _____ Carpool # _____
Name

☐ I will be picked up in the camp office by: _____
Name Time

☐ I will not be at Camp on: _____
Day and Date



Signature of Parent / Guardian

CAMP QUICK NOTE 2014

Please give to the Camp Office or a Camp Director

Today's Date: _____

Camper Name: _____ Camp: _____
First and Last

☐ I'm going home with: _____ Carpool # _____
Name

☐ I will be picked up in the camp office by: _____
Name Time

☐ I will not be at Camp on: _____
Day and Date

Signature of Parent / Guardian





All About Me

With the camp season drawing near, it is important to learn as much as possible about all of our campers.

The All About Me form is a way to begin the communication between our families and the camp.

Please feel free to contact us with additional information.

(Required for any NEW camper or returning campers with any notable social changes.)

Child's Name _____ Grade (As of 8/14) _____

Age (As of 6/14) _____

JCC Camps Your Child is attending _____

I. ABOUT YOUR CHILD

a) Has your child ever attended a Louisville JCC Summer Camp in the past? _____

b) If not, has your child ever attended a camp previously? If so, what camp and how many years?

c) Please list your child's favorite activities or interests:

d) Please list any concerns for your child you wish the camp to be aware of:

e) What are some your child's expectations for the summer of 2014?

f) In terms of swimming, my child is a: ____ Beginner ____ Intermediate ____ Advanced

If your child currently participates in the Lenny Krayzelburg Program what level is your child? ____

g) What classes or activities does your child participate in during the school year?

h) Does your child currently have an IEP or attend an alternative school, therapies and/or other support services, including a behavior plan please describe.

(About me continued)

i) Does your child have any special dietary needs? If yes, please describe.

II. HABITS/SKILLS (Please explain to the right of each question if needed)

a) Does your child know how to read?

_____ Yes

_____ Not Yet

b) Does your child remain focused on an activity for more than a few minutes?

_____ Most of the Time

_____ Some of the Time

_____ Rarely

c) Does your child frustrate easily?

_____ Most of the Time

_____ Some of the Time

_____ Rarely

d) Is your child able to play with others?

_____ Most of the Time

_____ Some of the Time

_____ Rarely

e) Does your child have difficulty adapting to new settings/people?

_____ Most of the Time

_____ Some of the Time

_____ Rarely

Comments:

Thank you for taking the time to fill out this form.