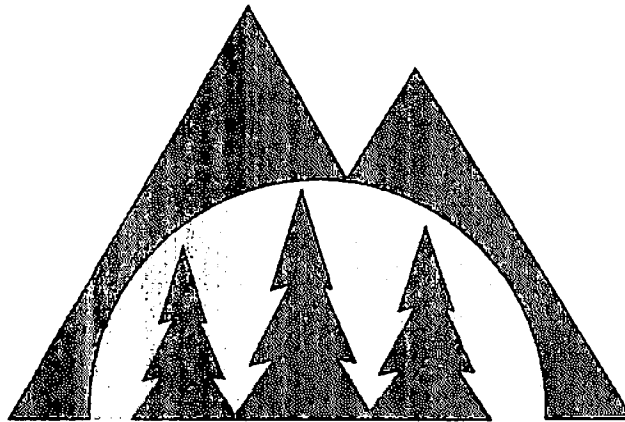




2010



CAMP OLAM

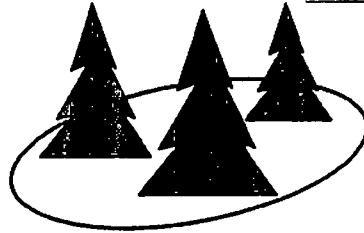
And Specialty Camps at Olam/JCC

Parent Handbook June 28 – September 3

**Contact: JCC Camp Office 518-438-6651 x 110
Camp Olam Site 518-279-3009 Camp Olam Cell 518-496-2224**

Sidney Albert Albany Jewish Community Center • 340 Whitehall Road • Albany, NY 12208
Fax: (518) 459-0924 Website: WWW.SAAJCC.ORG

**The Sidney Albert Albany JCC is a beneficiary agency of the
United Jewish Federation of Northeastern New York**



CENTER CAMPS

February 23, 2010

Dear Parents/Guardians:

Welcome, and thank you for registering your child for the Sidney Albert Albany JCC Center Camps 2010!

Enclosed please find the Parents Camp Handbook for your review. Please return the checklist with all of the forms on the list. All other pages not mentioned on the checklist are yours to keep. Feel free to look these over with your child as well. The checklist will be reviewed by either me or the Camp Administrative Assistant. Please ensure that all of the necessary paperwork is completed and returned to the **CAMP OFFICE** as soon as possible, but at the latest, by the third week of June.

If you have any questions, please do not hesitate to contact the camp office at 438-6651 ext. 110. You can also contact Andrew Katz directly at 438-6651, ext. 113 or via email at AndrewK@saajcc.org.

We look forward to a great summer with your child during the 2010 camp season!

Sincerely,

A handwritten signature in black ink that reads "Rose Golden".

Rose Golden
Center Camps Director

A handwritten signature in black ink that reads "Andrew Katz".

Andrew Katz
Director of Youth Services

SAAJCC CENTER CAMPS PHILOSOPHY

- AGE APPROPRIATE PROGRAMS
- OPPORTUNITIES TO FOSTER AND CREATE NEW FRIENDSHIPS
- EMPHASIS ON ENHANCING CAMPER'S SELF-ESTEEM
- PROMOTION OF JEWISH VALUES AND PROGRAMS
- WE PROVIDE A CARING, NURTURING AND SAFE ENVIRONMENT
- ENCOURAGEMENT OF CAMPERS TO EXPLORE NEW INTERESTS AND DEVELOP SOCIAL AND MOTOR SKILLS

Important Dates:

Tuesday, February 23, 2010
Wednesday, March 31, 2010
Friday, May 21, 2010
Friday, June 4, 2010

Camp Open House (Purim Carnival) 5:30-8:00pm
Early Bird Registration Deadline
Early Bird Final Payment Due
Final Payment Due for all camps

Camp Staff:

Camp Office Phone: 438-6651, ext. 110

Camp Olam Phone: 279-3009 or 496-2224 (JCC cell)

Rose Golden (x110) Center Camps Director, RoseG@saajcc.org

Andrew Katz (x113) Director of Youth Services, AndrewK@saajcc.org

Miriam Shor (x110) Camp Olam 1st-2nd Grade Unit Head/Medical Director/Judaic Director

Sharee Roth (x110) Camp Olam 3rd – 6th Grade Unit Head

Mark Nealon (x110) Camp Olam Specialty Camps and Sports Director

Camp Sessions:

Week 1: June 28 – July 2

Week 2: July 5 – July 9

Week 3: July 12 - July 16

Week 4: July 19 – July 23

Week 5: July 26 – July 30

Week 6: August 2-6

Week 7: August 9-13

Week 8: August 16-20

Week 9: August 23-27

Week 10: August 30- September 3

Payment/Registration Information:

- 1) In accepting registration, the camp reserves a place for the child. If, for any reason, the registration must be canceled or changed, the SAAJCC **must be advised in writing.**
- 2) There will be a \$20 administrative fee for each time a change needs to be made after the registration form has been submitted (this includes changing weeks). This fee will be waived only if you are adding additional weeks.
- 3) No refunds will be made after Friday, June 4, 2010. No refunds will be given if a camper is withdrawn while camp is in session.
- 4) The Site Directors reserve the right to deny, to cancel, to sever or to suspend a child's enrollment if deemed in the best interest of the camper or the camp. There will be no refunds.
- 5) Each camp group requires a minimum number of campers to operate.

Extended Hours:

We offer before and after care for parents in need of early drop-off or late pick-up. All participants must pre-register for this service. **An adult must accompany the campers to and from the extended hours program. No camper is allowed into and out of the building without being accompanied by an adult.**

Swim Lessons:

All SAAJCC swim programs follow the guidelines of the American Red Cross Learn-To-Swim Program. Instructors are certified through the American Red Cross. All campers must participate in instructional swim unless excused by parents written note. If a child is not participating in swim lessons they must stay by their swim class and sit on the side during lessons. If lessons are not taken by the camper s/he may not participate in free swim, boating, zipline, water trampoline, or any other water activity that same day. This is subject to change at the discretion of the aquatics director and/or site directors.

Drop-off and Pick-up:

Camp begins at the SAAJCC at 9 AM. Campers should be brought to their designated meeting area in the morning (Olam campers at the pavilion), beginning at 8:45 AM. Buses for Camp Olam leave the SAAJCC promptly at 9:10 AM.

Camp Olam buses return to the SAAJCC at 4:30 PM. Once the staff and children exit the bus, **Olam campers will be seated in their camper groups and dismissed once the camp staff have acknowledged the appropriate pick up person.** Olam campers are not brought to their cars in a pick-up line.

What to Bring/What Not to Bring to Camp:

All campers should wear appropriate clothing to camp. This includes comfortable **play clothes and sneakers (NO OPEN-TOED SHOES)**. Please also include **bathing suit, 2 towels, 2 water bottles, water shoes, and plastic bags for wet clothes.** You may also want to send **sunscreen and bug spray** to camp. Sunscreen must be brought from home and should be kept at camp. If a child does not have their own sunscreen they **MAY NOT SHARE** with another camper, as it is against health codes. **Please label all items that are sent in your child's bag.** Please leave all your valuables at home, including jewelry, toys, and electronic games and equipment. Staff is not responsible for any lost items.

Lunches and Snacks:

All campers should bring their lunch to camp Monday through Friday. Please label your child's lunch with his or her name. Lunches will not be refrigerated. A snack is provided each afternoon before departure from camp. All snacks given to our campers will be kosher. If your child is celebrating a birthday during the summer months and you would like to bring in a snack for your child's group, please contact the Site Directors. ***Center Camps are peanut and tree nut sensitive. We have several children that have allergies and get really sick from peanuts or tree nuts and we need your help in keeping them safe. Please consider this when preparing your child's lunch.***

Attendance:

It is the parent's responsibility to notify the camp office regarding a change in attendance. Please call the camp office at 438-6651, ext. 110, if your child will be absent. It is important for us to know if a child is absent due to a contagious illness, so please contact us when necessary. If you will be picking up your child early, please send a written explanation with your child in advance. We will have your child ready in the Camp Olam office to be picked up at the designated time.

Medications:

The Olam site has two medical officers on the premises. These persons will be designated to handle all medical procedures, including dispensing medication to campers. Any medication that is to be dispensed to campers during the camp day must be given to the medical officer by the parent. Each medication must be accompanied by a doctor's note. We cannot dispense medication without a doctor's written permission. The medication must be in the original bottle with the child's name, the name of the medication and dosage information. Please contact the Camp Director or medical officers with any questions regarding these procedures.



February 23, 2010

Dear JCC Campers and Parents,

Hope everyone is doing well as the summer is right around the corner. This letter is to inform you about our relationship with the local health departments. Our summer camps receive an issued permit from the health department through an application process and pre-inspection of our summer camp sites. The Teen Camp based at Warner's Lake in East Berne for grades 7 to 10 is also under Albany County DOH's jurisdiction. Camp Olam in Grafton for grades 1 to 6 is under the jurisdiction of Rensselaer County Department of Health. Each camp has an individual safety plan submitted to the health departments prior to the opening of camp. These safety plans include the approved guidelines that all camp staff must follow. All of our camps are inspected twice during the summer by Public Health Technicians to ensure our camps follow the New York State Sanitary Code Subpart 7 – 2 Children's Camps. Copies of the permit and inspection forms are located at the following addresses:

**Teen Camp
Albany County DOH
P.O. BOX 678
South Ferry & Green Street
Albany, NY 12201**

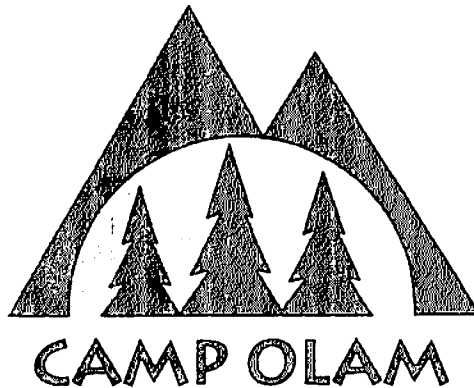
**Camp Olam
Rensselaer County DOH
1600 7th Ave.
County Office Building
Troy, NY 12180**

If you have any questions, please feel free to contact Andrew Katz at the JCC Camp Office. Thanks and have a great summer!

Sincerely,

Rose Golden
Center Camps Director
340 Whitehall Rd.
Albany, NY 12208

Andrew Katz
Director of Youth Services
(518) 438-6651 ext. 113
AndrewK@saajcc.org



Directions To Camp Olam at Ce-Da-Ca in Grafton NY:

Take a right turn out of the SAAJCC. Follow Whitehall Road to the end, which is the corner of Whitehall and Delaware. Proceed straight thru light onto Second Ave. Stay on Second Ave. until you see Cavaleri's – turn right at that corner. Go straight past ball field on left, thru the traffic light to 787 North. Take 787 North to exit for Route 2. Take Route 2 up through South Troy and into Brunswick. Continue on Route 2 past Rt. 278 and the Brunswick/Tamarac Schools. Once you see the "Town of Grafton" sign it will be exactly 2 miles until Dunham Reservoir Road. There will be a small Camp OLAM sign on the right hand side of the street. (If you hit Grafton Park, you've gone too far.) Turn right onto Dunham Reservoir Road. Follow this road for about 1.1 miles. You will pass Martin Dunham Reservoir on left, shortly thereafter, Turn right through gate and you are at Camp Olam/Ce-Da-Ca.

Camp Olam's Address is 131 Dunham Reservoir Rd.

Cropseyville, NY 12052

The Site Phone Number is (518) 279-3009

Parent Handbook Forms Checklist

Contents:

Camper Profile and Photo Release Form
Physician's Medical Report
Medication Authorization For Children
Medical Report/Permission For Medical Treatment
Field Trip/Overnight Permission Slip
Afternoon Pick Up Form
Camper Profile Card

- Camper Profile/Photo:** The Camper Profile form must be filled out, signed, and dated on the bottom.
- Phys. Medical Report:** The Physician's Medical Report must be filled out and signed by your child's physician. This form can be mailed or faxed (459-0924) to the JCC before your child starts camp.
- Med. Authorization:** The Medication Authorization For Children form must be filled out by the parent and the child's physician before your child starts camp.
- Med. Report/Perm.:** The Medical Report/Permission For Medical Treatment form must be filled out, signed, and dated on the bottom.
- Trip/Overnight Perm.:** The Field Trip/Overnight Permission Slip must be filled out, signed, and dated on the bottom.
- Disciplinary Policy:** The JCC Camper Disciplinary Policy Form must be reviewed by parent and child, signed, and dated on bottom.
- P.M. Pick Up Form:** The Pick Up Form must be filled out, signed, and dated on the bottom.
- Camper Profile Card:** The Camper Profile Card must be filled out, signed, and dated on the bottom.

Camp Staff Signature

Date

THESE FORMS MUST BE COMPLETED BEFORE THE CAMPER'S FIRST DAY

All Boxes Must Be Checked Off By The Camp Director or Administrative Assistant

CAMPER PROFILE

Camper's name _____

Has your child attended camp before? _____ Where? _____

What other camps or summer programs did you consider for your child this summer?

What factors were *important* in your decision to send your child to **The Center Camps**?

Location General Program Jewish Programming
 Cost Reputation Staff
 Facility Referral from friends Child's friend(s) attending
Other _____

FAMILY INFORMATION

Number of children _____

If parents are separated or divorced, what is the custody arrangement? _____

Please contact the Camp Director if there are any events or experiences outside of camp that might affect your child in camp. Or, explain here:

How do you describe your child? _____

Current interests? _____

Activities she/he dislikes? _____

Are there any special needs? _____

Are there any family religious observances about which you would like us to know? _____

PHOTOGRAPHIC RELEASE:

I hereby **DO** ___ **DO NOT** ___ grant permission for the use of photographs and video of the aforementioned camper, and, without limitation, to use such pictures and video in connection with camp purposes. If permission is granted, the camp is released from any claims, whatever they may be, that arise in said regard.

Parent's/Guardian's Signature

Date

MEDICATION AUTHORIZATION FOR CHILDREN

I, _____, request that the Camp Nurse administer to my child, _____, the following medications, ONLY AS PROPERLY LABELED AND PROVIDED BY ME (and as needed and specified by me):

- _____ acetaminophen: _____
- _____ sunscreen: _____
- _____ antihistamine/decongestant: _____
- _____ cough suppressant: _____
- _____ powder: _____
- _____ lotion: _____
- _____ Vaseline/chapstick: _____
- _____ Cortisone ointment: _____
- _____ anti-fungal ointment: _____
- _____ prescription ointment: _____
- _____ other: _____
- _____
- _____

Parent's signature: _____

Date signed: _____

THIS IS TO CERTIFY THAT _____ IS BEING ATTENDED TO AND TREATED (as needed) BY ME.

Physician's signature: _____

Physician's name: _____

Address: _____

Phone number: _____

Date signed: _____

Camper's Name: _____

PARENT FILLS OUT THIS SIDE OF MEDICAL REPORT

I. Should we be aware of any issues concerning your child? _____

II. Please List Food, Medication, or Other Allergies Here:

III. Permission for medical treatment

I hereby give permission to the *Sidney Albert Albany Jewish Community Center* to secure emergency medical and/or emergency surgical treatment for the aforementioned child while in the Center's care. I also give consent for my child to participate in all camp activities and to take part in field trips or excursions away from the facility under proper supervision.

Signature of Parent or Guardian

Date

Medical Insurance Policy

Policy Number

2010 Camp Olam Field Trip/Overnight Permission Slip

Camp Olam will offer **TEN** trips/overnights this summer:

- Week 2, July 7th : Six Flags New England - 5th, & 6th grade campers only
- Week 3, July 15th : All Camp Overnight at Olam
- Week 4, July 22nd : Overnight at Olam - 5th & 6th grade campers only
- Week 5, July 28th : Howe's Cavern Trip – 1st & 2nd grade only
- Week 5, July 28th : Lake George Trip – 3rd – 5th grade only
- Week 5, July 29th : Visit to Warner's Lake – 6th grade only
- Week 6, August 4th : Adventure Campers only Overnight
- Week 7, August 10th : Overnight at Olam - 5th & 6th grade campers only
- Week 7, August 12th : Valley Cats Baseball Game – All Camp
- Week 8, August 17th : All Camp Overnight at Olam

Campers must be attending Camp Olam that week in order to attend the trip/overnight. More information regarding these exciting trips/overnights will follow this summer!

Please return the permission slip below when returning the other paperwork in the Parent Handbook. This permission slip allows your child to attend any of the overnights as well as any of the special excursions or field trips.

My child, _____, has permission at attend any trip/overnight at Camp Olam for which he/she is eligible during the 2010 season.

Parent's signature

Date



Camper Disciplinary Policy

BOTH CAMPER AND PARENT NEED TO REVIEW AND SIGN THE CAMPER DISCIPLINARY POLICY. THE DISCIPLINE OF A CAMPER WILL BE AS FOLLOWS:

- 1. FIRST** infraction of a minor offense will result in a verbal warning from the counselor.
- 2. SECOND** infraction will result in verbal warning and from Camp Director.
- 3. THIRD** infraction will result in docking for full period and parent notification.

Parents will be notified regarding any of the three infractions listed above.

Any major offenses, such as hitting, fighting, or ill-mannered language toward another child will result in dismissal from camp for that day. A hearing with the Center Camps Director, Director of Youth Services, Executive Director of SAAJCC, parent and camper would be scheduled to review the status of the camper for the remainder of camp.

Camper's Signature: _____

Parent's Signature: _____

Date: _____

Sidney Albert Albany Jewish Community Center
CENTER CAMPS P.M. PICK-UP FORM

CHILD'S NAME _____

CAMP _____

AGE/GRADE _____

The following people have permission to pick up my child:

Parent's Signature _____

Date _____

**Center Camps 2010 Camper Profile Card
Sidney Albert Albany Jewish Community Center**

Child's Full Name: _____	Child's Home Address: _____
--------------------------	-----------------------------

Phone: _____	Name/Address of Parent 1: _____ _____	Name/Address of Parent 2: _____ _____
Date of Birth: _____	Parent work phone: _____	
Sex : <input type="checkbox"/> F <input type="checkbox"/> M	Email address: _____	

IN CASE OF EMERGENCY, NOTIFY:

Name 1: _____ Phone: _____ Relation: _____

Name 2: _____ Phone: _____ Relation: _____

AGREEMENT: I consent to the enrollment of the child listed above in the Center Camps and have been advised of the policies regarding fees, transportation and the services provided by the facility.
I give consent for this child to take part in field trips or excursions away from the facility under proper supervision. I agree that in case of accident or injury, emergency medical care may be given in the event I or the person (s) designated above cannot be reached

Parent's signature: _____ Date: _____