



CAMP RAMAH IN CALIFORNIA

At the Max & Pauline Zimmer Conference Center

A Journey for a Lifetime

November 6, 2008

JULIE PLATT
Board Chair

RABBI DANIEL GREYBER
Executive Director

ZACHARY LASKER
Assistant Director

CAROL ABRAMS
Director of Development

DAV CAMRAS
Business Director

ELIE MECHALY
Director of Operations

Shalom Ezra Families:

What a wonderful summer we shared in 2008! With nine participants first session, and 16 participants second session working in the gan, marp, office, and the store, the administration of camp would have never managed as well without the Ezra Program! In addition, we were able to develop a variety of essential living skills, plan programs for the camp and celebrate life in a wonderful Jewish community.

Plans are now underway for the 2009 summer. We will continue to offer two Ezra tracts; the full-summer option **Nachshonim**, and the second session option **Shoafim**. Participants in both programs serve as staff in camp and work on vocational skills and Jewish living skills throughout the summer. Nachshonim is named after Nachshon who was the first of the Children of Israel to step into the Red Sea, he is a symbol of bravery and freedom. Shoafim means trailblazers, and is appropriate for our newest group of Tikvah participants since they will trail-blaze into new territories at Camp and in their lives.

A partially filled out application is included in your 2009 packet. Additional applications are available for download from our website http://www.ramah.org/re_forms.php.

The Nachshonim Program for 2009 will begin on Wednesday, June 24th. We will again ask that participants make their own plans to go home or stay with family or friends during intersession (July 20th – July 24th), and the last day of the Nachshonim Vocational Program will be **Wednesday, August 19, 2009.**

The Shoafim Program for 2009 will begin on Friday, July 24th and will conclude on Wednesday, August 19th.

Before returning your applications, please note the following information:

- ⌘ **Carefully consider the dates of both Ezra programs to ensure your child will be able to be at camp for the full time.** Participants should not come late or leave early for summer school, vacations or other commitments.
- ⌘ **We strongly recommend that all applications be returned as quickly as possible.** Summer 2009 Ezra participants will be enrolled in the order that applications are received and approved in our office.
- ⌘ Please mail in your application (**do not fax**) with your deposit. Faxed or incomplete applications will **not** be processed. Please enclose VISA or MasterCard information on a separate sheet of paper or include a check payable to **Camp Ramah in California.**
- ⌘ The Ramah cancellation, change and late payment policy is as follows:
 - All cancellations or changes must be in writing!
 - All deposits are refundable less the following non-refundable, non-transferable administrative fees:

Session	Before March 3 rd 2009	Before June 1 st 2009
Shoafim (Session 2)	\$250	\$600
Nachshonim	\$500	\$1,200

- Administrative fees will be charged for all withdrawn campers.

- **There will be no tuition refunds granted after June 1, 2009.** Any changes in enrollment will be subject to the above policy. 4.
- A late fee of \$50.00 will be charged for an unpaid balance after March 31, 2009. Balances remaining unpaid after April 30, 2009 will be charged a \$75.00 late fee. After May 1, 2009; if the balance is not paid in full, or arrangements for the balance have not been made with the bookkeeper, your camper's space may be forfeited (at the discretion of camp management) and camp's cancellation policy will be enforced.
- ℵ Please indicate on the application form if you would like to receive information for Financial Aid. Financial Aid Applications with all documents must be in the Camp Ramah office no later than **March 3, 2009**. If you are interested in setting up a payment plan, please discuss this with our office immediately.
- ℵ We encourage every family to consider a tax-deductible donation to the Ramah Scholarship Fund, the improvement of camp facilities or both. Your support will help us make the Ramah experience available to all children in an ever-improving facility. We urge you to consider a donation of at least \$118 per family and thank you for your added support.
- ℵ Enclosed in this mailing please find other promotional offers.

I am very excited about spending another summer with many of you at Camp and welcoming some new faces into the program as well! Please don't hesitate to call or e-mail with any questions you might have.

My very best,

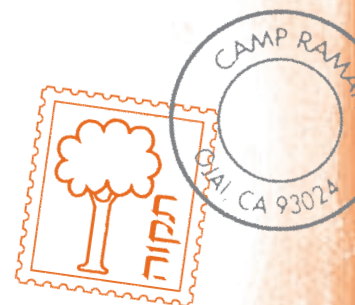


Elana Naftalin-Kelman
Tikvah Director
Camp Ramah in California
elana@ramah.org

CAMP RAMAH IN CALIFORNIA

Tikvah תקווה

A Summer for a Lifetime



Special kids deserve a special program.

Camp Ramah has provided services to the special needs community for over 30 years through the Tikvah Program. Tikvah is a sleep-away summer camp program designed for Jewish adolescents with differences in learning, communication, social interactions and developmental delays. Under the Tikvah umbrella we offer three programs: a camper program for kids ages 11 to 18, a full summer vocational program and a one session vocational program both for young adults ages 18–22.

During the summer, the group of Tikvah campers are known as the Amitzim Edah, and are mainstreamed into the general program throughout their daily activities. The two vocational groups, known as the Ezra staff, fill their days with job site experience, life skills classes, recreational activities and living Judaism.



CAMP RAMAH IN CALIFORNIA

15600 Mulholland Drive • Suite 252 • Los Angeles, CA 90077

Phone: (310)476-8571 or (888)Camp-Ramah • Email: tikvah@ramah.org • www.ramah.org/tikvah



“(She) can't stop talking about how great camp was and how much she wants to go back... She is telling us so many wonderful things about all the activities, her friends and counselors. (She) is singing songs in Hebrew while taking a shower. It is great to see her like that.”

– PARENT OF A TIKVAH CAMPER

Why is Tikvah So Special?

Social Development: Being a part of a supportive group that encourages independence, social skills and behavior awareness helps both the Tikvah Camper and the Ezra Staff member to improve his/her sense of self esteem.

This is accomplished through:

- Peer mentoring
- Social skills groups
- Attention to individual goals

The **Amitzim Program** provides the opportunity for campers to have fun, grow independently, gain self-help skills, meet new friends and experience a Jewish community away from home.

The **Ezra** staff live in communal independent living quarters with peers under adult supervision. Participants learn lessons of responsibility, kinship, sportsmanship and sharing. Program goals include preparing young adults for independent living and teaching them employment related skills.

Staff: The Amitzim tents have three female counselors and three male counselors each session, and the Ezra program has two coordinators and a unit head, trained to reassure, redirect and appropriately intervene when necessary. The staff is led by a director with expertise in working with children with special needs and a Rosh Edah (unit head). In addition, a certified camp nurse and physician are on site at all times for treatment of minor injuries or illnesses, assessment of major injuries and medication distribution.

About Camp Ramah

- Camp Ramah is located in Ojai, California.
- Sports facilities include playing fields for baseball and soccer, courts for basketball, volleyball and tennis and an Olympic-size swimming pool.
- Two modern kosher kitchens, a large dining facility, a beautiful synagogue, an arts and crafts studio and outdoor amphitheatres provide some of the settings for many of the activities at camp.

Camp Activities

- Arts and music
- Self defense
- Israeli dancing
- Swimming
- Cooking
- Sports and games
- Photography



A Summer for a Lifetime

FOR MORE INFORMATION, OR TO
REQUEST AN APPLICATION, PLEASE CALL

888-Camp-Ramah
or visit www.ramah.org





A Summer
for a
Lifetime

The Tikvah Program

Camp Ramah in California, Inc.

EZRA VOCATIONAL PROGRAM

ENROLLMENT APPLICATION

2009 SEASON

(310) 476-8571 or (888) CAMP-RAMAH

Website: www.ramah.org • Email: Info@ramah.org

Application must be accompanied by a photograph approximately 1.5" x 1.5"

BOX FOR OFFICE USE ONLY

APPLICATION MUST BE FILLED OUT BY PARENT OR GUARDIAN – PLEASE PRINT

<u>Last</u>	<u>First</u>	<u>Hebrew</u>	<u>Gender</u> <input type="checkbox"/> Male <input type="checkbox"/> Female	<u>Date of Birth</u> ____/____/____ (mm/dd/yyyy)
<u>Camper Email:</u> (published in camp roster)	<u>School Grade:</u> (Fall 2008) Name of Daytime School : _____	<u>School Grade:</u> (Fall 2009) Name of Daytime School: _____	Did child attend Camp Ramah in California during the 2008 summer? Yes <input type="checkbox"/> No <input type="checkbox"/> Other Years: _____ Names of any other siblings applying to Camp Ramah: _____	
<u>Synagogue (Name, City):</u> Synagogue Affiliation: <input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Other _____		<u>Name of Hebrew School/Education*:</u> <input type="checkbox"/> Hebrew School <input type="checkbox"/> Day School Grade Level: _____ Hours per week of Jewish studies: _____ Name of Principal: _____		
Indicate Camper's T-Shirt Size <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL				

FAMILY INFORMATION

Parent 1 (or Step-Parent, Guardian)	Parent 2 (or Step-Parent, Guardian)	Camper's Address
Relationship:	Relationship:	Address 1:
Title/First Name:	Title/First Name:	Address 2:
Last Name:	Last Name:	City:
Work Phone:	Work Phone:	State:
Cell Phone:	Cell Phone:	Zip:
Work Fax:	Work Fax:	Country:
Occupation:	Occupation:	Home Phone:
Company:	Company:	Home Fax:
Email: (For Camp Correspondence) 2nd Email:	Email: (For Camp Correspondence) 2nd Email:	Parents are : Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/>
Address (if different than Camper):	Address (if different than Camper):	Child lives with: Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other <input type="checkbox"/>
City:	City:	If divorced-Legal Custody is: Mother <input type="checkbox"/> Father <input type="checkbox"/> 50/50 <input type="checkbox"/> *
State/Zip:	State/Zip:	Financial responsibility is: Mother <input type="checkbox"/> Father <input type="checkbox"/> 50/50 <input type="checkbox"/>
Home Phone:	Home Phone:	Name of Legal Guardian (if different than above):
*Application must be signed by both parents		

EMERGENCY CONTACT : (Other than parents)

Name:	Phone:	Relationship to camper:
Name:	Phone:	Relationship to camper:
Date Rec'd	Amt. Encl. _____	<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Deposit <input type="checkbox"/> Full Payment <input type="checkbox"/> Donation
	p.3 Session: _____ 2 nd Choice: _____ Ses. 1 2 A B C D E Edah Assigned:	Notes:

CAMP RAMAH IN CALIFORNIA is a non-discriminatory educational institution. Rules for acceptance and participation in the camp program are the same for everyone without regard to race, color, national origin, age, sex, or handicap.

MEDICAL

RAMAH PARENT QUESTIONNAIRE

The educational philosophy of our program emphasizes the uniqueness of each camper. It is, therefore, important that we have specific information about your child which only you as a parent can provide. Your detailed replies, which will be kept confidential, will help us enrich your child's

ARE THERE ANY PAST ILLNESSES OF WHICH WE SHOULD BE AWARE? YES NO

IF YES, PLEASE LIST: _____

CHECK ITEMS THAT APPLY TO YOUR CHILD:

- Tendency to catch cold Fainting spells Frequently constipated
- Tendency to gain weight Unable to participate in certain activities **(please be specific)**

IF ANY OF THE ABOVE ITEMS ARE CHECKED, PLEASE EXPLAIN: _____

DOES YOUR CHILD HAVE MOTOR DIFFICULTIES? YES NO IF YES, PLEASE EXPLAIN:

HAS YOUR CHILD'S DISABILITY BEEN PROFESSIONALLY EVALUATED? YES NO
IF YES, WHAT WAS THE DIAGNOSIS? (Please indicated below)

- | | | |
|--|--|--|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Impaired Speech |
| <input type="checkbox"/> Asperger's Syndrome | <input type="checkbox"/> Pervasive Developmental Delay | <input type="checkbox"/> Impaired Vision |
| <input type="checkbox"/> Down Syndrome | <input type="checkbox"/> Dyslexia | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Developmental Delay | <input type="checkbox"/> Impaired Hearing | <input type="checkbox"/> Motor Delay |
| <input type="checkbox"/> Emotional Disorder | <input type="checkbox"/> Impaired Perception | |

Other

BRIEFLY DESCRIBE YOUR CHILD'S DISABILITY: _____

IS YOUR CHILD EPILEPTIC? YES NO ARE SEIZURES UNDER CONTROL? YES NO

DATE OF LAST SEIZURE _____ IS YOUR CHILD ON MEDICATION FOR SEIZURE CONTROL? YES NO

DESCRIBE:

DOES YOUR CHILD HAVE ALLERGIES? YES NO PLEASE DESCRIBE THE ALLERGIES AND POSSIBLE REACTIONS.

IS YOUR CHILD ON MEDICATION FOR ALLERGIES? YES NO DESCRIBE:

IF YOUR CHILD IS CURRENTLY ON A MEDICATION PROGRAM, PLEASE COMPLETE:

MEDICATION	SPECIFIC SCHEDULE	DOSAGES

PRESCRIBING PHYSICIANS:

NAME	ADDRESS	TELEPHONE ()

IS YOUR CHILD CURRENTLY RECEIVING PSYCHOLOGICAL THERAPY? YES NO
IF YES, HOW FREQUENTLY, AND WHAT IS THE NATURE/REASON FOR THERAPY?

IS YOUR CHILD ON MEDICATION PRESCRIBED BY A PSYCHIATRIST? YES NO (PLEASE DESCRIBE:)

MEDICATION	SPECIFIC SCHEDULE	DOSAGES

THERAPIST:

MEDICATION	SPECIFIC SCHEDULE	DOSAGES

LIST THE NAMES, ADDRESSES, AND PHONE NUMBERS OF ANY CLINICS, SOCIAL AGENCIES, PHYSICIANS, AND THERAPISTS WHO KNOW YOUR CHILD (OTHER THAN THOSE ALREADY LISTED).

NAME	ADDRESS	TELEPHONE ()

NAME	ADDRESS	TELEPHONE ()

NAME	ADDRESS	TELEPHONE ()

PLEASE DESCRIBE BRIEFLY ALL OUTSTANDING CHARACTERISTICS OF YOUR CHILD IN THE FOLLOWING AREAS:

Eating management (include dietary restrictions as well as eating habits): _____

Does your child need assistance in limiting his/her food intake? YES NO Please describe: _____

IS YOUR CHILD'S APPETITE GOOD? YES NO PLEASE COMMENT: _____

CAN YOUR CHILD CUT HIS/HER OWN FOOD? YES NO

CAN YOUR CHILD DETERMINE APPROPRIATE AMOUNTS OF FOOD TO SERVE HIMSELF/HERSELF? YES NO

IS YOUR CHILD A FUSSY EATER? IF YES, PLEASE EXPLAIN: YES NO

ARE THERE ANY FOODS NOT ALLOWED FOR MEDICAL REASONS? YES NO IF YES, PLEASE EXPLAIN: _____

Please describe what specific personal care activities your child will need help with (for example: showering, shampooing, eating, arranging personal articles, making his/her bed, brushing teeth, toilet habits): _____

DOES YOUR CHILD WET THE BED? YES NO Please describe any specific circumstances that causes bed wetting for you child, and the last time he/she wet the bed: _____

CAN YOUR CHILD SHOWER BY HIMSELF/HERSELF? YES NO

DOES YOUR CHILD NEED HELP WITH SETTING THE WATER TEMPERATURE? YES NO

DOES YOUR CHILD NEED HELP WITH SHAMPOOING? YES NO

DOES YOUR CHILD WAKE UP OR CALL OUT DURING THE NIGHT? YES NO

IF YES, PLEASE COMMENT: _____

AT WHAT TIME DOES YOUR CHILD NORMALLY GO TO SLEEP? _____

HOW LONG DOES YOUR CHILD TAKE TO GO TO SLEEP? _____

DOES YOUR CHILD WALK OR TALK IN HIS/HER SLEEP? YES NO

IF YES, PLEASE COMMENT: _____

CAN YOUR CHILLD MAKE HIS/HER BED? YES NO

CAN YOUR CHILD DRESS HIMSELF/HERSELF? YES NO

CAN YOUR CHILD TIE HIS/HER OWN SHOES? YES NO

CAN YOUR CHILD WRITE LETTERS HOME BY HIMSELF/HERSELF? YES NO

MALES

DOES YOUR SON SHAVE, AND IF SO: BY HIMSELF WITH HELP ELECTRIC RAZOR REGULAR RAZOR

PLEASE NOTE: COUNSELORS WILL ALWAYS SUPERVISE CAMPERS SHAVING WITH A REGULAR RAZOR.

FEMALES

IS YOUR DAUGHTER MENSTRUATING? YES NO

IF YES, IS SHE CAPABLE OF TAKING CARE OF HER OWN FEMININE HYGIENE NEEDS?

WATER SAFETY

HAS YOUR CHILD HAD WATER SAFETY INSTRUCTION OR SWIMMING LESSONS? YES NO

IS YOUR CHILD COMFORTABLE IN THE:

SHALLOW END OF POOL YES NO

DEEP END OF POOL YES NO

CAN YOUR CHILD BE LEFT IN THE POOL WITHOUT ONE ON ONE SUPERVISION? YES NO

(THERE WILL ALWAYS BE WSI LIFEGUARD SUPERVISION AT ALL TIMES IN THE SWIMMING POOL, IN ADDITION TO TIKVAH COUNSELORS.)

Does your child have any fears of the water that our staff needs to know about? Please be specific:

PERSONALITY

PLEASE CHECK THE ADJECTIVES MOST DESCRIPTIVE OF YOUR CHILD:

- outgoing non-verbal aggressive hostile sensitive hyperactive
- eager self-motivated excitable alert self-sufficient shy
- dependable friendly immature calm helpful passive
- withdrawn respectful well-mannered careless unruly communicative

Other: _____

IS YOUR CHILD SHY? YES NO PLEASE COMMENT: _____

DOES YOUR CHILD MAKE FRIENDS EASILY? YES NO PLEASE COMMENT: _____

IS YOUR CHILD HAPPIER ALONE OR WITH OTHER CHILDREN? Alone With other children PLEASE COMMENT: _____

DOES YOUR CHILD GET ALONG WITH CHILDREN OF THE SAME AGE? YES NO PLEASE COMMENT: _____

DOES YOUR CHILD GET ALONG WITH GIRLS? YES NO PLEASE COMMENT: _____

DOES YOUR CHILD GET ALONG WITH BOYS? YES NO PLEASE COMMENT: _____

DOES YOUR CHILD DAYDREAM MUCH? YES NO PLEASE COMMENT: _____

DOES YOUR CHILD FOLLOW DIRECTIONS WELL? YES NO PLEASE COMMENT: _____

DOES YOUR CHILD NEED VERBAL/VISUAL CLUES TO FOLLOW DIRECTIONS? YES NO
PLEASE COMMENT: _____

DESCRIBE YOUR CHILD'S ATTITUDE TOWARD HIS/HER BEING
EXCEPTIONAL: _____

BEHAVIOR PROBLEMS (include fears, if
any): _____

WHAT MAKES YOUR CHILD ANGRY?

HOW DOES HE/SHE SHOW ANGER OR HOSTILITY? _____

HAS YOUR CHILD EXHIBITED AGGRESSIVE BEHAVIOR TOWARDS HIMSELF/HERSELF OR OTHERS?
 YES NO IF YES, PLEASE
COMMENT: _____

PLEASE COMMENT ABOUT SPECIFIC METHODS THAT YOU FIND EFFECTIVE AT HOME IN DISCIPLINING YOUR
CHILD (I.E. TIME OUT, BEHAVIOR MODIFICATION TECHNIQUES, ETC.) BE SPECIFIC, AS THIS INFORMATION WILL
HELP US IN ALLOWING YOUR CHILD TO HAVE THE BEST POSSIBLE CAMPING EXPERIENCE.

HAS YOUR CHILD EXPRESSED ANXIETY ABOUT COMING TO CAMP? YES NO PLEASE COMMENT: _____

HAS YOUR CHILD EVER BEEN AWAY FROM HOME BEFORE? YES NO
IF YES, WHERE AND FOR HOW LONG?

IF YES, WAS YOUR CHILD HOMESICK? YES NO PLEASE COMMENT: _____

DOES YOUR CHILD LIVE WITH BOTH PARENTS? YES NO
IF NO, HAS YOUR CHILD ADJUSTED WELL TO THE SITUATION? YES NO PLEASE EXPLAIN:

MISCELLANEOUS

WILL YOUR CHILD BE BRINGING STUDY MATERIALS TO CAMP IN PREPARATION FOR A BAR/BAT MITZVAH? YES NO

HOW DO YOU FEEL THE TIKVAH PROGRAM CAN BEST CONTRIBUTE TO YOUR CHILD'S DEVELOPMENT?

IS THERE ANY OTHER INFORMATION REGARDING YOUR CHILD WHICH MAY BE HELPFUL IN MAKING YOUR CHILD'S SUMMER PLEASANT?

HAS YOUR CHILD EVER BEEN TOLD OF THE RELIGIOUS AND EDUCATIONAL POLICIES OF THE CAMP? YES NO

DOES YOUR CHILD PLAY A MUSICAL INSTRUMENT? YES NO IF YES, WHICH ONE? _____

PLEASE DESCRIBE ANY OTHER SPECIAL SKILLS, TALENTS, OR INTERESTS YOUR CHILD EXHIBITS: _____

HOW WERE YOU REFERRED TO THE TIKVAH PROGRAM?

DOES YOUR CHILD HAVE ANY SIBLINGS LIVING WITH HIM/HER? YES NO

NAME	AGE	NAME	AGE
NAME	AGE	NAME	AGE

DOES YOUR CHILD GET ALONG WITH HIS/HER SIBLINGS? YES NO PLEASE COMMENT: _____

ARE THERE ANY SPECIAL FAMILY PROBLEMS WE SHOULD KNOW ABOUT? YES NO IF YES, PLEASE DESCRIBE

LIST ANY RELEVANT SOCIAL OR EDUCATIONAL EXPERIENCES IN WHICH YOUR CHILD HAS PARTICIPATED (CLUBS, YOUTH GROUPS, ETC.):

HOBBIES AND INTERESTS:

GENERAL EDUCATION

SCHOOL NOW ATTENDING

Address _____ Street _____ City _____ State _____ Zip Code _____

Phone _____ Principal _____ Teacher of special program _____
(_____)

DESCRIBE YOUR CHILD'S SCHOOL PROGRAM (I.E. SPECIAL CLASSES, RESOURCE ROOM, ETC.):

PLEASE LIST ANY MAINSTREAM CLASSES YOUR CHILD ATTENDS: _____

GRADE LEVEL COMPLETED AS OF THIS JUNE: _____

WHAT DOES YOUR CHILD LIKE BEST IN SCHOOL? _____

WHAT DOES YOUR CHILD LIKE LEAST IN SCHOOL? _____

HAS YOUR CHILD EVER ATTENDED A DAY OR RESIDENTIAL CAMP BEFORE? YES NO IF YES, PLEASE LIST BELOW:

Camp _____ Dates attended _____

Camp _____ Dates attended _____

MAY WE CONTACT THE ABOVE CAMP(S)? YES NO

RELEASE: Please contact your child's school and sign a release of information for the Camp Ramah Tikvah Director to contact your child's teacher(s) and school psychologist. This must be done before the Director can legally speak with your child's teacher. An interview with the Tikvah Director and your child must be completed prior to a decision of acceptance. If your child is a client of a Regional Center, please make application for funding along with this application, as Camp Ramah scholarship funds are limited. If you submit an application for financial assistance from Camp Ramah, the application and all documentation **must** be in the Los Angeles Ramah office no later than March 1, 2007.

CAMP RAMAH IN CALIFORNIA is a non-discriminatory educational institution. Rules for acceptance and participation in the camp program are the same for everyone without regard to race, color, national origin, age, sex, or handicap.

Please Note:

All questions must be answered and the application must be signed by a parent or guardian before it can be processed.

Action on this application cannot be completed until a current IEP and current Psychological Evaluation have been submitted.

If you have any questions about the camp, the Tikvah Program, or your child's appropriateness for the program, please call the camp office. Send the IEP and Psychological Evaluation directly to:

TIKVAH DIRECTOR
Camp Ramah in California
15600 Mulholland Drive, Los Angeles, CA 90077

THIS FORM COMPLETED BY: NAME: _____ DATE: _____

Signature _____ Relationship _____



CAMP RAMAH IN CALIFORNIA

Our Mission

Camp Ramah in California creates religious educating communities in which campers and staff learn skills for a life committed to God, Torah, the Jewish people and *tikkun olam*. Such communities support and strengthen Jewish identity and experiences fostered in the home, the synagogue and the school.

Affiliated with the National Ramah Commission and under the educational auspices of the American Jewish University, Camp Ramah in California works in partnership with institutions of the Conservative movement in the Western United States.

PARENT'S AGREEMENT AND MEDICAL AUTHORIZATION

Please read carefully and sign below.

I/We hereby apply for the enrollment of my son/daughter for the 2009 season at Camp Ramah in California. By submitting an application on behalf of a child, each parent and/or guardian signing the application accepts and agrees to comply with all camp rules and regulations, including camp cancellation policy displayed below.

1. I/We certify that the information on this application is both true and accurate and that no health or medical information is left out that would help Ramah understand or work with my child. I/We understand that inaccurate or misleading information may void my child's enrollment and forfeit the space reserved in camp.
2. Each application received by Camp Ramah is subject to approval by the Assistant Director or Executive Director.
3. **Space in camp cannot be guaranteed until full payment is received.** Full payment is due by March 2, 2009. A late fee of \$50.00 will be charged for any unpaid balance after March 31, 2009 and balances unpaid after April 30, 2009 will be charged a \$75.00 late fee. After May 1, 2009, if the balance is not paid in full or arrangements for the balance have not been made with the camp's bookkeeper, my camper's space may be forfeited (at the discretion of camp management) and the cancellation policy will be enforced.
4. I/We understand that all changes or cancellations must be in writing from parents/guardians and that the deposit is refundable **before June 1st only**, less the following, **NON-REFUNDABLE, NON-TRANSFERABLE** Administrative fee.

Cancellation Policy			
Sessions	September 2008–March 2, 2009 (Non-refundable, non-transferable Administrative Fee)	After March 2–June 1, 2009 (Non-refundable, non-transferable Administrative Fee)	After June 1, 2009
Session 1 or 2	\$250	\$600	No Refund
Full Session	\$500	\$1200	No Refund
Gesher-1 Wk	\$50	\$250	No Refund
Gesher-2 Wks	\$75	\$300	No Refund

5. I/we have included a deposit or full payment with this application. If less than a complete deposit accompanies this application, I/we have called the Camp Ramah office and made special arrangements.
6. I/We understand that Camp Ramah is **not responsible** for my child's personal property. Camp Ramah will provide a list of needed items prior to the opening of camp. Camp Ramah **strongly** recommends that campers do **not** bring valuable items such as iPods (MP3 players), expensive cameras, musical instruments, jewelry, or fancy clothing to camp. Camp Ramah suggests that parents purchase insurance either through a personal effects insurance policy or additions to home owner's policy to insure a camper's personal belongings.
7. I/We authorize the use of still or video photos and audio recordings of my child for Camp Ramah in California publicity purposes.
8. In case of public health or medical emergencies, I/We hereby give permission to the physician selected by the Camp Director or designate to secure proper treatment for my child, which may mean hospitalizing, ordering injections, anesthesia, or surgery for my child as named above.
9. I/We understand that camp's insurance does not serve in any instance as primary coverage for my child. In the absence of insurance, I/We agree to reimburse camp for all out of pocket medical expenses & prescription medications paid to providers on my child's behalf.
10. I/we authorize any physician, health care professional, hospital, clinic, laboratory, pharmacy, health plan, or other health care provider that provides treatment or services to or on behalf of my child to disclose that child's entire medical record and any other protected health information concerning that person to Camp Ramah and its agents, employees or representatives. By signing below, I terminate any agreements I have made with health care providers to restrict protected health information of my child and I instruct those health care providers to release and disclose the entire medical record of my child without restriction.
11. The Camp Director reserves the right to dismiss a camper whose physical condition, mental condition, behavior, personal conduct, or influence on other campers is deemed detrimental to the camp atmosphere. Should my child be dismissed, the deposit and/or unused camp fees will NOT be refunded.
12. I/We understand that part of the camping experience involves activities, group living arrangements and interactions that may be new to my child. These things come with certain risks and uncertainties beyond what my child may be used to dealing with at home. I/We am aware of these risks, and I/We assume them on behalf of my child. I/We realize that no environment is risk-free. I/We have instructed my child on the importance of abiding by the camp's rules. My child and I/We both agree that he/she is familiar with these rules and will obey them.
13. I give permission for my child to participate in camp activities outside Camp Ramah's grounds as planned by the staff and as approved by Camp Ramah.
14. I authorize Camp Ramah to communicate with Regional Centers regarding tuition, attendance and other financial information on my behalf and understand that it is not Camp Ramah's responsibility to obtain authorization of funding from government entities.

X _____
SIGNATURE OF PARENT 1 OR GUARDIAN

DATE

X _____
SIGNATURE OF PARENT 2 OR GUARDIAN

DATE



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Director of Operations

AUTHORIZATION FOR EXCHANGE OF CONFIDENTIAL AND PRIVILEGED INFORMATION

(This information is for the use of camp personnel)

I hereby give my consent for all relevant information regarding:

Name Date of Birth

Physician:
Name _____ phone (____) _____ fax (____) _____

School _____
Contact Person: _____ phone (____) _____

Regional Center Case Worker:
Name: _____ phone (____) _____ fax (____) _____

Other Therapist:
Name _____ Type(OT/PT/S&L) _____
Phone (____) _____ fax: (____) _____

Name _____ Type (OT/PT/S&L) _____
Phone (____) _____ fax: (____) _____

Parent/Guardian Signature _____

Name (please print) _____
Relationship to child _____

Address _____
City/State/Zip _____

Phone (____) _____ E-mail _____