

Tikvah Family Camp Camper Information Form 2010

We greatly value your expertise and input. Please help us prepare the best experience possible for your entire family by answering the questions below. This form applies to your child with special needs. The additional information form in the packet applies to his/her sibling(s).

Camper Information:

Child's name _____ Nickname _____

Age (as of 9/09) _____ Grade in school (as of 9/09) _____ Gender _____

Family members attending

Mother _____ Father _____

Other (please indicate name and relationship) _____

Siblings _____ Age _____ Gender _____
_____ Age _____ Gender _____
_____ Age _____ Gender _____

My child likes to

My child dislikes

When my child is:

upset, he/she

scared, he/she

happy, he/she

Does your child spend part of the day away from you?

- 1 hour
- 3 hours
- 5 hours/ daily
- My child is with me all of the time.

What strategies do you or others use to help your child transition?

Swimming (Check all that apply).

- Swims independently
- Requires a flotation device (please bring to camp if applicable)
- Has no fear of water and requires extremely close supervision
- Swims under the supervision of others adults
- Doesn't swim
- Is afraid of the water

School placement for fall: (Please indicate if your child is in a self-contained special education classroom, modified classroom, some inclusion, or full inclusion. Also, does your child have a full time paraprofessional throughout the day?)

Please indicate approximate equivalent age level Socially_____

Educationally_____

List all of your child's diagnoses.

Please describe any medical conditions either we should be aware of or that may affect the camper at camp.

Does your child have any allergies?

- yes, please
list_____
- no

Please list any medications your child takes.

Are there any restrictions for your child to participate in camp activities? If yes, please specify.

Current therapeutic interventions

Extra-curricular activities

Learning Strategies/Adaptations/Theories i.e. ABA, TEACCH, Social Stories, etc.:
(Including any visuals for communication [i.e. PECS, schedules, transition plans, behavior modification])

Please list any tools will you bring to camp to facilitate your child's camp experience (i.e. PECS, schedule boards, transition items etc.).

Present level of skills

Please circle all that apply below:

- | | | | |
|------------------------|-----------------|---------------|------------------|
| <u>Toilet Training</u> | Independent | Scheduled | Not Trained |
| | Bed Wetting | | |
| <u>Feeding</u> | Independent | Finger foods | Needs prompts |
| | Drinks from cup | Uses Straw | |
| <u>Hand washing</u> | Independent | Needs prompts | |
| <u>Communication</u> | Verbal | Nonverbal | PECS Aug. Device |

1-2 words 3-5 words Sentences

Behaviors child may exhibit:

Fine motor/gross motor challenges:

Safety concerns (i.e. child is a flight risk, has no fear etc.):

We would like to know about your child's religious experiences.

My child attends Shabbat services (please circle):

Every Shabbat Once Monthly Special Occasions Not yet able

My child knows these blessings or parts of the religious service: (Circle all that apply.)

Hamotzi Kiddush Birkat Hamazon Adon Olam Bim Bam Ein Keloheinu

Other (please indicate) _____

Please let us know your hopes and expectations for Tikvah Family Camp.

Please provide additional information that we should know to best prepare us for an amazing family camp experience

Please attach any pertinent IEP, behavior interventional plan psychological or educational report that will help us understand your child.

Child's t-shirt size: Child: S M L XL
 Adult: S M L XL

Thank you for your time and input. If you have specific questions, please contact Deborah Musher at tikvah@ramahpoconos.org.

Please include a picture of your child with this form.

Please send completed camper information form, sibling information form(s), and family information form to Adena Sternthal 14 Rech Ave., Oreland, PA 19075.

Parent/Guardian Agreement Form

Camper's Name: _____

- I understand that no tuition refunds will be made even if my family does not attend the Camp session in full, for any reason.
- I give permission for my child to participate in all age-appropriate Camp programs as planned by the staff. Such programs may include, but are not limited to: crafts, drama, sports, waterfront, hiking, adventure challenge course, boating, and the like.
- I give permission for my child to be transported in vehicles designated by Camp staff.
- I give my consent for any still or video/computer photographs in which my child may appear to be used for publicity or publications.
- Placement of families in bunks is done at the final discretion of the Camp. I understand that there is no refund if bunk placement is undesirable.
- I understand that Camp Ramah is not responsible for our personal property.

- As the camping arm of the Conservative Movement, under the religious and educational supervision of the Jewish Theological Seminary of America, Ramah camps admit only Halachically Jewish children and staff, as defined by the Committee on Jewish Law and Standards of the Conservative Movement. This means that:

A: My child was born to a Jewish woman who is herself natively Jewish or Halachically converted to Judaism prior to the birth of my child. If a male camper, he has undergone Brit Milah.

OR

B: My child was born to a non-Jewish, unconverted woman, and was Halachically converted. This entails Mikveh for both males and females. Additionally, for males it entails Brit Milah or Hatafat Dam if the child was medically circumcised prior to conversion.

- I agree to respect the observance policies of Camp, which have been developed for the benefit of the children by the Board of Directors of Camp Ramah in the Poconos.
- It is agreed that any dispute or cause of action arising between the parties, whether out of this agreement or otherwise, can only be brought in a court of competent jurisdiction located in Wayne County, PA and shall be construed in accordance with the laws of Pennsylvania.

Signature of Parent/Guardian Required:

Date: