

# JEA Camp Savannah 2019 Registration Packet



**Please complete a separate form for each child and return the completed forms with the \$50 non-refundable family registration fee.**

Date received: \_\_\_\_\_  
Front desk initials: \_\_\_\_\_  
Pd. Reg Fee?: \_\_\_\_\_  
JEA Account # \_\_\_\_\_  
**Place form in Jackie's Box**

If registering children for both JEA Camp Savannah AND JEA Preschool Savannah's Summer Program, pay one \$50 family registration fee. (Registering children at separate times will result in a registration fee for each program.)

**Camper's Name:** \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Sex: M F JEA Member? Y N New Camper? Y N  
T-Shirt Size: Youth XS Youth S Youth M Youth L Adult S Adult M Adult L  
Age as of June 2019: \_\_\_\_\_ Grade as of Aug. 2019: \_\_\_\_\_ School: \_\_\_\_\_  
With whom does the child reside?: \_\_\_\_\_ Jewish/Non-Jewish?: \_\_\_\_\_

**Mother/Guardian Name:** \_\_\_\_\_

E-mail: \_\_\_\_\_

Check the box if address is the same as camper's address:

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Company: \_\_\_\_\_

**Father/Guardian Name:** \_\_\_\_\_

E-mail: \_\_\_\_\_

Check the box if address is the same as camper's address:

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Company: \_\_\_\_\_

Parents Marital Status: Married Separated Divorced Widowed Other

**Emergency Contact Information (Must be local)**

In the event of an emergency, if parents cannot be reached, please provide an additional person who has the authority to make decisions regarding the camper(s).

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_  
Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Would you like to receive text updates? Y N

Phone number(s) for text updates: \_\_\_\_\_  
\_\_\_\_\_



## Pick-Up Authorization Form

I, \_\_\_\_\_, give JEA Camp Savannah and the Savannah Jewish Educational Alliance permission to release my child, \_\_\_\_\_, from summer day camp to the persons listed below.

***Be sure to list all authorized adults – including yourself.***

1. \_\_\_\_\_ Phone: \_\_\_\_\_
2. \_\_\_\_\_ Phone: \_\_\_\_\_
3. \_\_\_\_\_ Phone: \_\_\_\_\_
4. \_\_\_\_\_ Phone: \_\_\_\_\_
5. \_\_\_\_\_ Phone: \_\_\_\_\_
6. \_\_\_\_\_ Phone: \_\_\_\_\_
7. \_\_\_\_\_ Phone: \_\_\_\_\_
8. \_\_\_\_\_ Phone: \_\_\_\_\_
9. \_\_\_\_\_ Phone: \_\_\_\_\_
10. \_\_\_\_\_ Phone: \_\_\_\_\_

Please sign below to signify your understanding of the pick-up policy.

I authorize the adults listed above to pick up my camper from JEA Camp Savannah as necessary. I have informed them that they are listed here and may be contacted by JEA Camp Savannah.

I understand that my camper will only be released to the persons listed on this form. All individuals who pick up my child must provide photo ID each time my camper is removed from camp. By signing below, I understand and agree to abide by all conditions outlined.

Parent/Guardian Name (*Print*): \_\_\_\_\_

Parent/Guardian Name (*Signature*): \_\_\_\_\_ Date: \_\_\_\_\_

# JEA Camp Savannah 2019 Registration Packet



## Allergies:

- Yes No Insect Stings  
Yes No Latex  
Yes No Medications (Please list) \_\_\_\_\_  
Yes No Tree Nuts  
Yes No Peanuts  
Yes No Gluten/Wheat  
Yes No Dairy  
Yes No Other Foods (Please list) \_\_\_\_\_  
Yes No Does your child carry an EPI Pen?

## Please indicate if your camper has or has had:

- Yes No Asthma/wheezing/shortness of breath?  
Yes No Does your child carry an inhaler?  
Yes No Diabetes?  
Yes No Seizures?  
Yes No Frequent headaches/migraines?  
Yes No Mononucleosis in the last 12 months?  
Yes No Mumps/Measles in the last 12 months? Please indicate: \_\_\_\_\_  
Yes No Rheumatic or Scarlet Fever in the last 12 months?  
Yes No Any skin conditions?  
Yes No Chest pain during/after exercise?  
Yes No High blood pressure?  
Yes No Bleeding or clotting disorders?  
Yes No ADD/ADHD? Please indicate: \_\_\_\_\_

Special Conditions or Illnesses: \_\_\_\_\_

Medications: \_\_\_\_\_

Does your camper require reasonable accommodation per the Americans with Disabilities Act? YES NO

If yes, whom should we contact? \_\_\_\_\_

*Please provide a copy of your camper's immunization record with this form.*

# JEA Camp Savannah 2019 Registration Packet



Please mark your camper's group below.

*Grade entering August 2019. Kohav-yam campers MUST be entering kindergarten!*

	<b>Group Name</b>	<b>Grade</b>	<b>Weekly Member Price</b>	<b>Weekly Guest Price</b>
	Kohav-yam (Starfish)	Kindergartners	\$180	\$220
	Tzav-yam (Sea Turtles)	1st Graders	\$180	\$220
	Trigon (Sting Rays)	2nd Graders	\$180	\$220
	Meduzot (Jellyfish)	3rd Graders	\$180	\$220
	Dolfinim (Dolphins)	4th Graders	\$180	\$220
	Karish (Sharks)	5th Graders	\$180	\$220
	LIT (Leaders in Training)	6th - 8th Graders	\$115	\$150
	CIT (Counselors in Training)	9th - 10th Graders	\$115	\$150

**JEA CAMP SAVANNAH - Check ALL that apply.**

Week 1	Jun 3 - 7	Ready, Set, Survive (Trip to Clubhouse)
Week 2	Jun 10 - 14	Backyard Explorers (All-Camp Sleepover/Lake Mayer) Closed Jun 10
Week 3	Jun 17 - 21	Nature Unleashed (Oatland Wildlife/Jax Zoo)
Week 4	Jun 24 - 28	The Amazing Race (Trip to Savannah Bananas Game)
Week 5	Jul 1 - 5	Shipwrecked (All-Camp Sleepover) Closed Jul 4
Week 6	Jul 8 - 12	Wet, Wild and Yucky (Inflatable Park/Splash in the Boro)
Week 7	Jul 15 - 19	Claws, Paws and Jaws (Dolphin Tour/LIT/CIT Sleepover)
Week 8	Jul 22 - 26	Camp Rocks (Glee Performance/Rock Wall)

## Camp Savannah Discounts

1. Multi-Child Discount - \$10 off per additional child per week (first child is full price), children must be registered for the same weeks. Discount does not cross over to include the JEA Preschool Savannah Summer Program. All children must be in the JEA Camp Savannah program in order to receive this benefit.

2. Early Bird Discount – If you plan on paying your bill for Camp Savannah in full by 6pm, March 15th, a \$20 per week discount per child will be applied. Your child(ren) must be registered for no less than four (4) weeks of camp (the weeks do not need to be consecutive). Payment is non-refundable, but is transferable to other JEA camp weeks this summer and to other JEA Children's Programs. In the event that your camper attends less than four (4) weeks, the discount will be voided and the discount will be deducted from your credit. The credit will remain active for six (6) months following the last day of camp. After the 6-month period, the credit is surrendered to the JEA. Any weeks that are added after 6pm on March 15th will not receive the discount. If you choose to exchange weeks, but still attend the same amount of weeks that you registered and paid in full for, the discount will be applied to the exchanged week.

# JEA Camp Savannah 2019 Registration Packet



## SPECIALTY CAMPS - Check ALL that apply.

	Week	Dates	Specialty Camp	Member Price	Guest Price
	Week 1	Jun 3 - 7	Potions with Professor C (K-2)	\$250	\$280
	Week 2	Jun 10 - 14	Travel Camp (6th and up)	\$450	\$500
	Week 3	Jun 17 - 21	Potions with Professor C (3rd and up)	\$250	\$280
	Week 4	Jun 24 - 28	Nature's Pantry (All Ages)	\$250	\$280
	Week 7	Jul 15 - 19	Day Trekkers (4th and up)	\$260	\$290
	Week 8	Jul 22 - 26	Magic Camp (All Ages)	\$250	\$280

**These fees cover the Specialty Camp and allows your camper to join Camp Savannah each day when the specialty camp is over.**

## JEA Camp Savannah Rules

- Be respectful of fellow campers and program staff.
- Speak to others in a respectful manner and tone of voice.
- Follow directions.
- Do not threaten or cause physical harm towards others.
- Respect the JEA grounds, building, property, and the belongings of others.
- I understand the following items are not permitted at JEA Camp Savannah: tobacco, alcohol, drugs, firearms, and other weapons. If I bring any of these items, I will be asked to leave JEA Camp Savannah for the remainder of the summer without a refund.

## JEA Camp Savannah Camper & Parent Anti-Bullying Pledge

By signing this Anti-Bullying Pledge I agree to:

- *KAVOD* - Treat others respectfully
- *DIBUK CHAVERIM* - Include those who are left out
- *DERECH ERETZ* - Never bully or tease others
- *LASHON HARA* - Not participate in gossip
- *LO TA-AMOD AL DAM RAYECHA* - Never join in when someone else is being bullied
- *OMETZ LEV* - Tell a counselor when I suspect or witness bullying
- *RACHMANUT* - Help those who are being bullied by being a friend
- *LO TA-AMOD AL DAM RAYECHA* - Never participate in any form of cyber bullying

***"Do not stand idly by" Leviticus 19:16***

I have read and discussed the importance of JEA Camp Savannah's Anti-Bullying policy and program rules with my camper. She/he understands that JEA Camp Savannah is a No-Bullying Zone, and will uphold the values inherent in the agreements stated above. Non-compliance with JEA Camp Savannah's camp rules and bullying policy can result in your camper's termination from JEA Camp Savannah's programming, without a refund.

**Camper's Full Name:** \_\_\_\_\_

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



## Permission and Release to Travel (Field Trips)

I, the undersigned, as parent and/or legal guardian of the camper identified below, do hereby give permission for my child to participate in JEA Camp Savannah including any and all field trips and overnights. I also release, indemnify, and hold harmless the Jewish Educational Alliance, Inc. and all of its employees, trustees, officers, directors, volunteers, students, agents and assigns from any and all liability, damages, claims of any nature whatsoever. I understand and agree that participation in any of these activities has risks of injury. Despite precautions, accidents and injuries may occur and personal injury/and or loss or damage to personal property may occur as a result of participation in this program. Therefore, I assume all risks related to the activities.

In case of an emergency I hereby assume all responsibility and costs that may be incurred for medical treatment which may be rendered to my child.

I have read and agree to comply with the terms of this waiver of liability. My signature below indicates that I have read, understood, and freely signed this agreement. I expressly agree that this agreement shall be construed and enforced in accordance with the laws of the State of Georgia, and I consent to the jurisdiction of said State. I agree that this waiver and release is intended to be as broad and inclusive as permitted under Georgia laws so that if any portion hereof is held invalid, the balance shall continue in full legal force and effect.

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

## Media Release

I, the undersigned, as parent and/or legal guardian of the camper identified below, do hereby give the Jewish Educational Alliance, Inc. and JEA Camp Savannah permission to use names, photographs and videos of my camper. Photographs and videos may be used for promotional, fundraising, and educational purposes and programs to promote JEA Camp Savannah and future JEA programming. I hereby release the Jewish Educational Alliance, Inc., and JEA Camp Savannah, and all of its employees, trustees, officers, directors, volunteers, students, agents and assigns from any and all liability and financial obligations related to the use of any photography or videos of me or my dependants.

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

Has your camper expressed any concerns, fears or anxiety about going to camp? If yes, please explain. \_\_\_\_\_

What are your goals for your camper this summer, and how can we help achieve these goals? \_\_\_\_\_



## Cancellation and Refund Policy

While the JEA understands that family plans may change, camp plans are made based on camper enrollment. See below for details about cancellations, refunds and credits.

There will be no refunds made for cancellations received after 5pm on the Wednesday prior to the scheduled start date unless a camper is unable to participate due to medical reasons. Cancelling a camp week for medical reasons requires a physician's letter provided to the JEA no later than the Friday of associated sick week. After receiving physician's letter within deadline, a full refund for associated week will be given. (Emailed doctor's notes are accepted. Please email them to [kids@savj.org](mailto:kids@savj.org).)

Cancellations made on or before 5pm on the Wednesday prior to your camper attending the registered week of camp will receive a 100% refund. Cancellations made after this time will receive a credit of the amount paid for future weeks at Camp Savannah or children's programs. This credit will remain active for six (6) months following the last day of camp. After the 6-month period, the credit is surrendered to the JEA.

To add or change weeks:

- Space must be available.
- You must email [kids@savj.org](mailto:kids@savj.org) by 5pm the Wednesday prior.
- If a week is added after 5pm Wednesday, there will be a \$25 late fee per child.
- **Camp changes must be requested by email to [kids@savj.org](mailto:kids@savj.org).**

## Late Pick Up Fee

Late pick up fees will be assessed at a rate of \$1.00 per minute per child for children picked up from camp after 6pm. The parent or pick-up person will be required to sign a form noting the time of pick up and authorizing a charge to the card on file.

## Late Registration Fees & Declined Payment

Camp payments are due by the Wednesday at 5pm prior to the registered camp week. If payment has not been made, the card on file will be charged on Thursday morning. Should any pre-authorized credit/debit card charge not be honored by 10 am on Friday morning, the card on file will be charged the original camp payment plus a \$25 service charge. If such payment is not honored by the credit/debit card institution, the JEA may resubmit the amount due (including service charges) at a future date. If corrections to the amount are necessary, it may involve an automatic adjustment (credit or debit) to the debit/credit card.

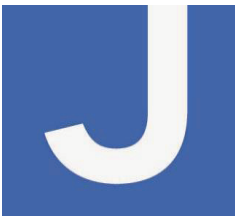
Campers registering/paying after 5pm on the Wednesday prior to the week they wish to attend will be charged a \$25 late fee.

**Cancellations/week changes are not accepted over the phone.** All cancellations must be submitted by email to [kids@savj.org](mailto:kids@savj.org). Please notify the JEA should billing information need to be updated. Failure to do so could result in additional fees. By signing this authorization, I acknowledge that I have read and agree to the JEA Camp Savannah financial policies above.

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







# JEA Credit Card Authorization Form

Please check off all departments that will use this credit card.

Membership  Children's Dept .  Camp  Preschool

Member #

\_\_\_\_\_

Cardholder Name

\_\_\_\_\_

Credit Card #

\_\_\_\_\_

Expiration Date

CVV #

Billing  
Zip code

\_\_\_\_\_

Member Name

if different from cardholder name

\_\_\_\_\_

### Children's Names on Account

Child One

\_\_\_\_\_

Child Two

\_\_\_\_\_

Child Three

\_\_\_\_\_

Child Four

\_\_\_\_\_

### CREDIT/DEBIT CARD AUTHORIZATION

By signing below, I authorize my credit/debit card institution to charge my credit/debit card for funds drawn by the Jewish Educational Alliance (JEA) on my account for JEA membership, Preschool Savannah tuition, Children's department, Camp and other associated fees. Such transfer shall be my receipt for the payment. It is further understood that if such payment is not honored by the credit/debit card institution, then the JEA, at its discretion, will resubmit the amount due for payment on a future date. I also understand that if corrections to the amount are necessary, it may involve an automatic adjustment (credit or debit) to my account.

*\*(Preschool tuition only) Should any preauthorized credit/debit card charge not be honored by 5pm on the day of charge, then I understand that my credit/debit card will be charged in the amount of the original payment plus a \$25 service charge per child and an additional \$5 charge per day until payment is received.\**

**This card will stay on file until we receive written notice to change or cancel use.**

Cardholder Signature \_\_\_\_\_

Date \_\_\_\_\_