



Dear JEA Family and Friends,

The well-being of our campers, families, and staff is always our top priority and we continue to closely follow the incredible flow of information from the CDC, Coastal Health District, American Camp Association, City of Savannah, and JCC Association. The facts on the ground change from day to day and we know there will be many changes between now and the end of camp.

To adhere to “best practices,” *there is limited space(s) available this camp season.* Due to a high volume of registration, Camp Savannah is at capacity for select weeks and groups. Our Camp Administrator will notify you by email of your registration status within 2 business days of submission. If this applies to your camper, you will be added to a waitlist and notified if space becomes available. In the event that the JEA is unable to provide camp, your \$50 registration fee will be refunded.

By submitting this registration, you are committing to pay and attend the camp weeks selected. We will use this submission as your commitment to pay for all weeks requested if your camper is enrolled. All camp weeks after this commitment are non-refundable and non-transferable without a doctor’s note. This cancellation policy supersedes any previous policies and procedures.

These are very unique times with significant challenges and therefore, we are unable to be as flexible in past years. If you enroll in a week of camp, we expect you will attend and pay for that week.

While we know that JEA Camp Savannah 2020 will look somewhat different than in past years, please know that the safety of our campers and staff is our top priority. We will continue to keep you informed as details become clear.

On behalf of the JEA Camp Savannah Team, we look forward to seeing your campers soon!

Wishing you continued health,

JEA Camp Savannah

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Samuel Hornstein*
Morris Slotin*
Jacob Gazan*
D.A. Byck*
B.H. Levy*

JEA Camp Savannah 2020 Registration Packet



Welcome to Camp Savannah 2020! Please complete an individual registration packet for each child. There is a non-refundable \$50 registration fee per family that is due upon submission of this application. Multiple children in the same family must be submitted at the same time. Please submit form by email to kids@savj.org.

Date received: _____
Front desk initials: _____
Pd. Reg Fee?: _____
JEA Account # _____
Place form in Child Form Box

Camper's Name: _____ D.O.B. _____

Address: _____ City: _____ State: _____ Zip: _____

Sex: M F JEA Member? Y N New Camper? Y N

How did you hear about us? _____

T-Shirt Size: Youth XS Youth S Youth M Youth L Adult S Adult M Adult L

Age as of June 2020: _____ Grade as of Aug. 2020: _____ School: _____

With whom does the child reside?: _____ Jewish?: Y N

Parent 1/Guardian Name: _____

E-mail: _____

Text Updates? Y N Cell Phone: _____ Work Phone: _____

Occupation: _____ Company: _____

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

Address: _____ City: _____ State: _____ Zip: _____

Parent 2/Guardian Name: _____

E-mail: _____

Text Updates? Y N Cell Phone: _____ Work Phone: _____

Occupation: _____ Company: _____

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

Address: _____ City: _____ State: _____ Zip: _____

Parent's Marital Status: _____

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: _____



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: _____

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 picked up from camp. By signing below, I understand and agree to abide by all conditions outlined.

Parent/Guardian Name (Print): _____

Parent/Guardian Name (Signature): _____ **Date:** _____



Allergies:

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

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, Mumps/Measles, Rheumatic/Scarlet fever
in the last 12 months? Please indicate: _____
- Yes No ADD/ADHD? Please indicate: _____
- Yes No Any skin conditions? _____
- Yes No Chest pain during/after exercise? _____
- Yes No High blood pressure? _____
- Yes No Bleeding or clotting disorders? _____

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 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 and will not receive 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:** _____

Media Release

I, the undersigned, as parent and/or legal guardian of the camper identified on this form, do hereby give the Jewish Educational Alliance, Inc., and JEA Camp Savannah permission to use 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:** _____



Permission and Release to Travel (Field Trips)

I, the undersigned, as parent and/or legal guardian of the camper identified on this form, 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, and 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:** _____

Please note that some policies and procedures have changed in regards to registration. Please read the following page in its entirety.

Camper Type	Weekly rate	
	JEA Member	JEA Guest
Camper (Rising K-5th)	\$180	\$220
LIT/CIT (Rising 6th-10th)	\$115	\$150



We are so excited to have your camper(s) join us for an exciting summer! JEA Camp Savannah proudly welcomes children from ALL backgrounds.

Registration and Registration Fees

- A \$50 per family non-refundable registration fee is due upon registration.
- For families with multiple children: registration packets must be submitted at the same time to avoid paying additional registration fees.

Committing To Your Weeks

- To adhere to “best practices,” there is limited space available this camp season.
- We will use this submission as your commitment to pay for all weeks requested if your camper is enrolled.
- In the event that the JEA is unable to provide camp for your camper, your \$50 registration fee will be refunded.

Waitlist

- All enrollments are subject to space availability. A waitlist will be established and you will be notified if space becomes available.
- If space does not become available and no weeks are attended, the registration fee will be refunded.

Multi-Child Discount

- We offer a discount of \$10 per additional child per week. Children must be registered for the same weeks in JEA Camp Savannah. The discount is offered for children in the JEA Camp Savannah Program only and does not cross over to include the JEA Preschool Savannah Program.

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/guardian or pick-up person will be required to sign a form noting the time of pick up and authorize a charge to the card on file.

Payments

- Weekly balances are due by 5pm the Wednesday prior to the registered camp week. Cards on file will be charged Thursday morning before the registered camper week starts.
- If the pre-authorized credit/debit card charge is declined for whatever reason, the JEA will attempt to contact you at the phone numbers provided by you on your enrollment form. If payment is not made by 5pm on Thursday, your camper is un-enrolled for the remainder of the summer and we will offer the spot to someone on the waitlist.
- Campers registering/paying after 5pm on the Wednesday prior to the week they wish to attend will be charged a \$25 late fee.
- Failure to pay for a committed week will result in the un-enrollment of your camper for the remainder of the summer.

Cancellation/Refund Policy

- Cancelling a camp week for a medical reason requires a physician’s letter provided to the JEA no later than the Friday of that sick week. After receiving the physician’s letter within deadline, a full refund for the associated week will be provided.
- All camp weeks you committed to are non-refundable and non-transferable without a doctor’s note.

By signing this, I acknowledge that I have read and agree to all of JEA Camp Savannah’s policies and procedures listed above.

Parent/Guardian Signature: _____ Date: _____

JEA Camp Savannah 2020 Registration Packet



Please mark your camper's group below.

Grade entering August 2020. Kohav-yam campers **MUST** be entering kindergarten.

	Group Name	Grade
	Kohav-yam (Starfish)	Kindergartners
	Tzav-yam (Sea Turtles)	1st Graders
	Trigon (Sting Rays)	2nd Graders
	Meduzot (Jellyfish)	3rd Graders
	Dolfinim (Dolphins)	4th Graders
	Karish (Sharks)	5th Graders
	LIT (Leaders in Training)	6th - 8th Graders
	CIT (Counselors in Training)	9th - 10th Graders

JEA CAMP SAVANNAH - Check ALL that apply.

Week 1	Jun 1-Jun 5
Week 2	Jun 8-Jun 12
Week 3	Jun 15-Jun 19
Week 4	Jun 22-Jun 26
Week 5	Jun 29-Jul 3
Week 6	Jul 6-Jul 10
Week 7	Jul 13-Jul 17
Week 8	Jul 20-Jul 24
Week 9	Jul 27-Jul 31
Week 10	Aug 3-Aug 7
Week 11	Aug 10-Aug 14

****If your camper is enrolled, we will use this submission as your commitment to pay for all weeks requested.****

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?

Please submit form by email to
kids@savj.org



If you filled this out recently and are using the same card info, do not fill this out again.

JEA Credit Card Authorization Form

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

Membership

Children Dept.
(Aftercare, D@J, Yth Sports, SNO)

Summer Camp
(PreK – 10th grade)

Preschool
(12months – 4yrs)

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 _____