

**Camp Ashreinu**  
508 Churchill Road  
Teaneck, NJ 07666  
201-568-3191  
[www.campashreinu.com](http://www.campashreinu.com)

Dear Parents:

Enclosed please find the following forms for you to complete and return to us no later than May 1, 2017: (1) a health form for you to submit to your child(ren)'s pediatrician for completion; (2) a Field Trip form; (3) an Authorization for Pediatric Emergency Treatment Form; (4) camp policy with respect to releasing children only to parent or legal guardian without written notification otherwise; (5) a carpool form; (6) camp policy regarding non-administration of medication; (7) camp policy of positive discipline; (8) letter regarding early drop-off (for all groups) or extended care(for 3's only); and (9) permission to use child's photo.

Yosifa Book  
Camp Director

**Camp Ashreinu Health Record for Summer 2017**

Name of Camper: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

M/F \_\_\_\_\_

To be completed by Physician with the most recent information:

**PHYSICAL EXAMINATION:**

Height: _____	Weight: _____	Blood Pressure: _____	Pulse: _____
---------------	---------------	-----------------------	--------------

Dvpt (Tanner Stage) \_\_\_\_\_ General appearance: \_\_\_\_\_

**(WNL – within normal limits. If otherwise, please specify)**

ears		heart		skin	
eyes		lungs		nutrition	
lymph nodes		abdomen		nervous system	
thyroid		genito-urinary		speech	
nose		orthopedic:		other	
throat		structure		NOTES:	
mouth/teeth		posture			
gastro-intestinal		feet			

**ALLERGIES:** \_\_\_\_\_

**TESTS:**

Hemoglobin/Hematocrit: \_\_\_\_\_ Lead Screening: \_\_\_\_\_ Urinalysis: \_\_\_\_\_

**Vision:** Left \_\_\_\_\_ Right \_\_\_\_\_ Muscle Balance: \_\_\_\_\_

Hearing: Left \_\_\_\_\_ Right \_\_\_\_\_ Scoliosis: \_\_\_\_\_

Tuberculosis/Mantoux: Date \_\_\_\_\_ Pos/Neg \_\_\_\_\_ Chest x-ray \_\_\_\_\_

<b>DISEASE HISTORY:</b>	<b>YEAR</b>		<b>YEAR</b>		<b>YEAR</b>	<b>Surgeries or injuries</b>	<b>YEAR</b>
Lyme disease		Asthma		Otitis media			
Hepatitis		Chicken pox		Rheumatic fever			
Neuromusc. dis.		Convulsive dis.		Strep infections			
Heart disease		Diabetes		Mononucleosis			
Other/Notes:		Scarlet fever		Coxsackie		Congenital defects	

**DATES IMMUNICATIONS WERE GIVEN**

DTP/DTPa					DT			
OPV/PV					MMR			
HEP B					Measles			
HIB					Mumps			
Prevnar					Rubella			
					*Varicella			

\*Mandatory by law as of 9/1/04 or documentation of disease

Participation in sports/physical activities:

Full: \_\_\_\_\_ Limited (please specify): \_\_\_\_\_

Signature of Examining Physician \_\_\_\_\_

Printed Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax \_\_\_\_\_

Number \_\_\_\_\_

Date of Exam \_\_\_\_/\_\_\_\_/\_\_\_\_

**CAMP ASHREINU**  
 508 Churchill Road  
 Teaneck, New Jersey 07666  
 (201) 568-3191  
[www.campashreinu.com](http://www.campashreinu.com)

B"H

**FIELD TRIP FORM (for 3s)**

I \_\_\_\_\_ the parent of \_\_\_\_\_  
           **please print name**  **please print name**  
 grant permission for my child to participate in (a) walking trips within the camp's  
 neighborhood and (b) bus trips to local parks. I understand these walks may include  
 entrance into other facilities and that the route of any trip involves no safety hazards.

**Parent's Signature** \_\_\_\_\_  
 Date \_\_\_\_\_

**FIELD TRIP FORM (for 4s and 5s)**

I \_\_\_\_\_ the parent of \_\_\_\_\_  
           **please print name**  **please print name**  
 grant permission for my child to participate in (a) walking trips within the camp's  
 neighborhood; (b) bus trips to swim instruction; and (c) swim instruction at a licensed  
 facility utilized by Camp Ashreinu. I understand these activities may include entrance  
 into other facilities.

**Parent's Signature** \_\_\_\_\_  
 Date \_\_\_\_\_

# CAMP ASHREINU

508 Churchill Road

Teaneck, New Jersey 07666

(201) 568-3191

[www.campashreinu.com](http://www.campashreinu.com)

B”H

## **AUTHORIZATION FOR PEDIATRIC EMERGENCY AND/OR SURGICAL TREATMENT**

### **EXPLANATION:**

It is the firm hope that the authorization granted on this form will never need to be used. For the safety of the children, sound medical practice calls for such authorization. In emergency situations where for some reason the parent cannot be contacted immediately, this form will be used only when absolutely necessary and only after every attempt has been made to contact the parent. We find that doctors and hospitals refuse to give any treatment regardless of how minor, unless they have authorization from the parents. As you know, time can be a factor in being of assistance to your child where medical attention is needed, and this would assure us that no time would be lost in giving immediate treatment.

### **Authorization**

In the even that my child (or children) require medical care (and the determination thereof shall rest solely with you), I hereby authorize the doctor and/or doctors and/or hospitals to which s/he (or they) may be brought, to take and perform all necessary procedures and render any indicated treatment, including the administration of an anesthesia, if needed, and the performance of an operation, if in the opinion of said doctor or doctors the same is necessary, while s/he (or they) is (are) under the CAMP ASHREINU Jurisdiction.

Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Relationship to the child (please print) \_\_\_\_\_

Name of child (please print) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Does family have Blue Cross? \_\_\_\_\_ Hospitalization Policy # \_\_\_\_\_

Other insurance or medical plans, medical or accident insurance – please list and include

Policy number \_\_\_\_\_

Company name \_\_\_\_\_

Address \_\_\_\_\_

**CAMP ASHREINU**  
508 Churchill Road  
Teaneck, New Jersey 07666  
(201) 568-3191  
[www.campashreinu.com](http://www.campashreinu.com)

B”H

Dear Parents,

In an effort to protect your child, all staff will strictly enforce our policy in regard to the releasing of children to persons other than their legal parent or guardian.

The policy states: “A child will not be released to any individual other than the legal parent or guardian, unless written notification is made in advance to your child’s counselor.”

We recognize that there may be the need for parents to make alternate pick-up arrangements. To help facilitate these arrangements, and keeping the safety of your child foremost in our minds, a note from you indicating who will pick up the child is required. Your advanced notice will allow us to expect the alternate, and prepare your child without confusion.

Thank you in advance for your prompt attention to this request and your continued cooperation.

Yosifa G. Book  
Camp Director

**CAMP ASHREINU**  
508 Churchill Road  
Teaneck, New Jersey 07666  
(201) 568-3191  
[www.campashreinu.com](http://www.campashreinu.com)

B”H

**CARPOOL INFORMATION**

In order to facilitate a smooth arrival and departure at camp this summer, please inform us of the names of the people with whom you are sharing a carpool by submitting the form below.

---

My child \_\_\_\_\_ will be carpooling (walking) together this summer with:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CAMP ASHREINU**  
508 Churchill Road  
Teaneck, New Jersey 07666  
(201) 568-3191  
[www.campashreinu.com](http://www.campashreinu.com)

B”H

Dear Parents,

Please be advised that it is our policy not to administer medication to the children during camp.

**Yosifa G. Book**  
**Camp Director**

## **CAMP ASHREINU GUIDELINES FOR POSITIVE DISCIPLINE**

Positive discipline is the process of teaching children how to behave appropriately. It respects the rights of the individual child, the group and the adult.

Positive discipline is a three-fold concept of pro-active organization, intervention measures and reinforcement. Its goal is to promote self-esteem and concern for others.

In no instance shall a camper be deprived of food, isolated, or subjected to corporal punishment or abusive physical exercise as a means of punishment either by staff or by another camper.

### **Pro-active Organization**

Have a well-planned daily schedule.

Have a few, clear, consistent rules, understood by both children and adults.

Plan for ample elements of fun and humor.

Include some group decision-making.

Provide some time and space for a child to be alone.

Make it possible for each child to feel he/she has a positive impact on the group.

Provide the structure and support that children need for resolving differences.

Share ownership and responsibility with children. It is "our" room, "our" toys.

### **Intervention Measures**

Redirect/divert to a new activity to change the focus of a child's behavior.

Provide alternative activities and acceptable ways to release feelings.

Point out natural and/or logical consequences of children's behavior.

Offer a choice only if two options are acceptable.

**Criticize the behavior, not the child.**

Remove a child for a few minutes from the area so that he/she can regain equilibrium.

### **Reinforcement**

Respond to and reinforce positive behavior. Let the child know you approve of what he/she is doing. "Thumbs Up Sign", "catch them being 'good'"

Use encouragement instead of competition, comparison or criticism.

Overlook small annoyances and deliberately ignore provocations.

Give hugs and caring to every child every day (assuming these are positively received by a child.).

Appreciate the child's point of view.

**Don't confuse freedom with license.**

**Positive discipline takes time, patience, repetition and the willingness to change the way we deal with children. It's worth it, because it works!!!**



# **CAMP ASHREINU**

508 Churchill Road  
Teaneck, New Jersey 07666  
(201) 568-3191  
campashreinu@hotmail.com

**B”H**

## **For All Camp Ashreinu Parents**

As you know, our camp day begins at 9:30 a.m. each day. Some parents have requested an early drop off to accommodate their schedules. A counselor will be available for early drop off care beginning at 8:45 a.m. or as early as 8:30 am upon request at the price of \$165 for the 7 weeks of camp to be paid to Camp Ashreinu. Please mark on the check that it is for early drop off. If you are interested, please fill out the form below.

## **For The Parents of 3s**

The 3's camp day ends at 2:30 p.m. each day. Some parents have requested an extended day until 3:30 p.m to accommodate for carpools and siblings in the other groups. A counselor will be available for extended care at the price of \$165 to be paid to Camp Ashreinu. Please mark on the check that it is for extended day. If you are interested, please fill out the form below.

Yosifa G. Book  
Camp Director

# CAMP ASHREINU

508 Churchill Road  
Teaneck, New Jersey 07666  
(201) 568-3191  
campashreinu@hotmail.com

**B”H**

May 1, 2017

I, \_\_\_\_\_ the parent of \_\_\_\_\_  
(Please Print Name) (Please Print Name)

would like my child to participate in one or both of the following programs during the duration of Camp Ashreinu’s program.

\_\_\_\_\_ Early Drop Off Program starting at 8:45a.m

\_\_\_\_\_ Extended Care Program (for 3 year old program only until 3:30 pm)

Payment of \$165 per program will be paid to Camp Ashreinu.

**Parent’s Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_

**CAMP ASHREINU**  
508 Churchill Road  
Teaneck, New Jersey 07666  
(201) 568-3191  
[www.campashreinu.com](http://www.campashreinu.com)

B”H

**AUTHORIZATION FOR USE OF PHOTOS OR VIDEOS FORM**

I, \_\_\_\_\_ the parent of \_\_\_\_\_  
(PLEASE PRINT NAME) (PLEASE PRINT NAME)

grant permission for the photographing or videotaping of my child. I understand that the photographs and/or videotapes may be displayed in the Camp Ashreinu website or may be used by Camp Ashreinu for marketing or promotional purposes. I understand that Camp Ashreinu will not purposefully label the name and age of my child on such photos or videos.

**Parent’s Signature** \_\_\_\_\_

Date \_\_\_\_\_