

Jewish Community Center of the North Shore

**Summer at the J: 2021 – CAMPER FORMS PACKET**



**All forms must be  
returned by June 7, 2021**

**CAMPER REGISTRATION IS NOT COMPLETE UNTIL  
ALL FORMS HAVE BEEN PROCESSED**

Please send or scan and email forms to:

[camp@jccns.com](mailto:camp@jccns.com)

**JCCNS  
Summer at the J  
4 Community Road  
Marblehead, MA 01945**

**Questions? Please contact:**

**KinderCamp Director:** Heather Greenberg – [hgreenberg@jccns.com](mailto:hgreenberg@jccns.com)  
**Camp Simchah Director:** Heather Gravelese – [hgravelese@jccns.com](mailto:hgravelese@jccns.com)  
**Inclusion Camp Director:** Melissa Caplan – [mcaplan@jccns.com](mailto:mcaplan@jccns.com)  
**Camp Controller:** Scott Kaplan – [skaplan@jccns.com](mailto:skaplan@jccns.com)

## CONFIDENTIAL CAMPER INFORMATION

This form is required and must be completed by a parent/guardian for each camper and/or LIT. The information in this form is kept confidential. Its sole purpose is to help camp our staff to better understand your child.

Camper Name: \_\_\_\_\_ Preferred Name/Nickname: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ School/District: \_\_\_\_\_ Grade entering Fall 2021: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Town/City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**\*Please attach a recent photo of your child to be kept in his/her file.\***

Parent/Guardian 1 Name: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian 2 Name: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardians' Marital Status: \_\_\_\_\_ Camper lives with: \_\_\_\_\_

Siblings:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade entering 2021 (if applicable): \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade entering 2021 (if applicable): \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade entering 2021 (if applicable): \_\_\_\_\_

1. Has your child attended any camp before? If yes, please list the name of the camp and how many years.
2. What did your child enjoy most/least about camp (activities, staff, special events, etc.)?

**CONFIDENTIAL INFORMATION CONTINUED... (attach separate page if needed)**

3. What is your child looking forward to most about this summer at camp?
4. Is there anything your child is nervous or not looking forward to at camp this summer?
5. What are your child's favorite interests and hobbies?
6. Are there any specific emotional triggers for your child? Please explain.
7. What are your child's abilities and comfort level regarding swimming?
8. Please list all that apply for your child:
  - a. Fears:
  - b. Restrictions (physical, sensory, emotional, etc):
  - c. Allergies:
  - d. Health problems:
9. Does your child have an IEP, 504b, individual health plan, or support services? If yes, please register through our Inclusion Program to ensure proper support at camp.

\_\_\_\_\_ **yes\*** \_\_\_\_\_ **no**

*\*Any child on an IEP, 504b, who has a medical or developmental diagnosis or who receives specialized services should register through our Inclusion Program. Once camp begins, if it is determined that your child requires additional support at camp, the Camp Leadership Team may pause participation and your child will be put on a waitlist until support can be provided.*

Please explain:

10. Are there any special issues the camp should be aware of in order to help your child enjoy his/her summer experience? (Recent family move, death, new school, birth, separation, divorce.) If so, please describe the situation.

**CONFIDENTIAL INFORMATION CONTINUED... (please attach separate page, if needed)**

11. How does your child establish new relationships with:

a. **peers:** \_\_\_\_\_ *with ease*      \_\_\_\_\_ *slowly*      \_\_\_\_\_ *with difficulty*  
**please explain:**

b. **adults:** \_\_\_\_\_ *with ease*      \_\_\_\_\_ *slowly*      \_\_\_\_\_ *with difficulty*  
**please explain:**

12. Is there any additional information about your child's social interactions that you'd like us to know:

13. How does your child follow directions in a group setting:

\_\_\_\_\_ *with ease*      \_\_\_\_\_ *slowly*      \_\_\_\_\_ *with difficulty*  
**please explain:**

14. How does your child transition from one activity to the next:

\_\_\_\_\_ *with ease*      \_\_\_\_\_ *slowly*      \_\_\_\_\_ *with difficulty*  
**please explain:**

15. Is there anything else that would help us get to know your child better?

\_\_\_\_\_  
**Parent/Guardian Signature**

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

\_\_\_\_\_  
**Printed Parent/Guardian Name**

# Health History

(PLEASE PRINT)

NAME \_\_\_\_\_  
*Last*
*First*
*M.I.*

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Have you had? (Check box)	No	Yes	Have you had? (Check box)	No	Yes
Recurrent Headache			Asthma		
Eye Problem			Epilepsy/Seizures		
Ear Problem			Dizziness/Fainting with Exercise		
Nose Problem			Head Injury/Concussion		
Throat Problem			Bone/Joint Injuries		
Thyroid Disorder			Stomach/Intestinal Problems		
Heart Murmur/Heart Disease			Diabetes		
Heart Palpitations			Eating Disorder		
High/Low Blood Pressure			ADD/ADHD		
Anemia/Sickle Cell			Chicken Pox/Immunization		
Bleeding Disorders: Hemophilia/Other			Mononucleosis		
Hepatitis			Alcohol Abuse		
Kidney/Bladder Disorders			Drug Abuse		
Pneumonia/Bronchitis			Sexual Assault/Violence		
Tuberculosis			Emotional Problems-Specify Below:		
Seasonal Allergies/Hay Fever					
Surgeries:					
Hospitalizations:					
<b>Allergies:</b>					
<b>Medication Allergies:</b>					
<b>Medication currently taking:</b>					

Any other disease, illness, past surgeries, permanent disabilities, or explanations of any marked concerns from the list above?

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Are you currently being treated by a health care professional? If yes, explain \_\_\_\_\_

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## PERMISSIONS

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### **Permission Slip to RIDE IN CAMP VEHICLES**

I give permission to have my child, \_\_\_\_\_, ride in camp vehicles for transport to and from camp, and in private vehicles in case of emergency evacuation.

### **Permission Slip for HEAD LICE CHECK**

I do \_\_\_\_\_ do not \_\_\_\_\_ give permission to have my child's, \_\_\_\_\_, head checked for lice.

### **Permission Slip for SUNSCREEN USE AT CAMP**

I do \_\_\_\_\_ do not \_\_\_\_\_ give permission for my child's counselor (or if appropriate, my child) to apply the following:

SUNSCREEN \_\_\_\_\_  
(Brand name or ANY)

I do \_\_\_\_\_ do not \_\_\_\_\_ give permission for my child's counselor (or if appropriate, my child) to apply ANY BRAND of sunscreen if my child runs out of the above brand.

*Please label any containers of sunscreen with your child's name.*

Special instructions:

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## EMERGENCY CARE FORM

Camper Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent/Guardian 1 Name: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian 2 Name: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**ADDITIONAL EMERGENCY CONTACT** \_\_\_\_\_ **PHONE** \_\_\_\_\_

Relationship: \_\_\_\_\_

**ADDITIONAL EMERGENCY CONTACT** \_\_\_\_\_ **PHONE** \_\_\_\_\_

Relationship: \_\_\_\_\_

HEALTH INSURANCE COMPANY: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

Physician's Name & Phone \_\_\_\_\_

I understand that this release will only be used if I/we cannot be reached by the camp.

I give permission to have my child, \_\_\_\_\_, taken to the nearest physician or hospital in case of emergency and to have anesthesia administered if necessary and/or to have a qualified person administer first aid, if necessary.

\_\_\_\_\_  
**Parent/Guardian Signature**

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

# CHILD RELEASE FORM

Camper Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

I give permission for my child to be picked up from camp by any of the following adults (in addition to the parent/guardians listed on page 1) during this camp season:

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian Signature**

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

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## **Permission Slip to WALK HOME**

(only for *Simchah* Campers/LITs who are 10 years old and older)

I give my child, \_\_\_\_\_, permission to WALK home from camp.

\_\_\_\_\_  
**Parent/Guardian Signature**

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



## ADDITIONAL REQUIRED CAMPER FORMS

Camper forms must include a copy of this camper's:

- 1) **most recent physical exam** (*including physician's signature, dated no earlier than February 28, 2020*),
- 2) **current immunization record** (*for requirements, please visit: <https://www.mass.gov/info-details/school-immunizations#school-and-camp-requirements->*),  
and
- 3) (*if applicable*) **IEP, 504b, individual health care plan.**