



# CAMP RAMAH IN CALIFORNIA

At the Max & Pauline Zimmer Conference Center

*A Journey for a Lifetime*

ILANA MESKIN  
Board Chair

RABBI DANIEL GREYBER  
Executive Director

DR. ZACHARY LASKER  
Camp Director

CAROL ABRAMS  
Director of Development

RANDY MICHAELS  
Business Director

ELIE MECHALY  
Director of Operations

ERIKA RESNICK  
Program Director

RABBI BRADLEY  
SHAVIT ARTSON  
Dean, Ziegler School  
of Rabbinic Studies

January 2010

*Tevet 5770*

Shalom Tikvah Families:

We hope that your campers are settled back after a wonderful summer at Camp Ramah in California. The time we spent together was great, and filled with memorable moments – swimming, sports, Shabbat celebration, great spirit and friendships! We are now gearing up for our 2010 season and have enclosed our application materials for you to review and submit as soon as possible in order to reserve your spot.

We are aware of the current cut in funding by the Regional Center and how greatly that impacts your family. We at Ramah have secured a \$50,000 matching gift to try and off-set some of the loss in funding, but still have a lot more fundraising to do. If you are interested in donating or know someone who might be interested in donating, please contact Elana Naftalin-Kelman or Randy Michaels, our Business Director. We are committed to having your child attend Ramah this summer and are doing all we can to assure that the California state budget cuts do not affect your child and their camp experience.

### **Take Advantage of Discounted 2010 Fees!!!**

Economic conditions continue to challenge many families in our community and, in response, our Board of Directors has taken an unprecedented step to help by **freezing 2010 tuition fees at 2009 rates for all Tikvah campers who pay in full, or for whom signed payment plans are received in our office, by January 4, 2010.** Visit our web site, [www.ramah.org](http://www.ramah.org) for your 2010 enrollment application packet. Please take advantage of this opportunity to save money by completing the application today. Scholarship applications will be available on our website in January. In addition, we will post information about other forms of assistance that may be available through your local Jewish community as they become available.

Enclosed you will find the 2010 Ezra application. Please send in the application as soon as possible to ensure a spot for your child. As you know, the Tikvah Program has limited space and fills quickly!

Also, please remember that in order to reside at camp, your camper will need to complete a physical examination before the summer. We recommend that you schedule an appointment with your pediatrician to take place between mid January to mid March so that you can easily submit the medical form on time.

(over)





A Summer  
for a  
Lifetime

# The Tikvah Program

## Camp Ramah in California, Inc.

### ENROLLMENT APPLICATION

2010 SEASON

(310) 476-8571 or (888) CAMP-RAMAH

Website: www.ramah.org • Email: Info@ramah.org

Application must be accompanied by a photograph approximately 1.5" x 1.5"

BOX FOR OFFICE USE ONLY

**APPLICATION MUST BE FILLED OUT BY PARENT OR GUARDIAN – PLEASE PRINT**

<u>Last</u>	<u>First</u>	<u>Hebrew</u>	<u>Gender</u> <input type="checkbox"/> Male <input type="checkbox"/> Female	<u>Date of Birth</u> ____/____/____ (mm/dd/yyyy)
<u>Camper Email:</u>  (published in camp roster)	<u>School Grade:</u> (Fall 2009)  Name of Daytime School : _____	<u>School Grade:</u> (Fall 2010)  Name of Daytime School: _____	Did child attend Camp Ramah in California during the 2009 summer? Yes <input type="checkbox"/> No <input type="checkbox"/> Other Years: _____ Names of any other siblings applying to Camp Ramah: _____	
<u>Synagogue (Name, City):</u>  Synagogue Affiliation: <input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Other _____  Indicate Camper's T-Shirt Size <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL		<u>Name of Hebrew School/Education*:</u>  <input type="checkbox"/> Hebrew School <input type="checkbox"/> Day School Grade Level: _____ Hours per week of Jewish studies: _____ Name of Principal: _____		

**FAMILY INFORMATION**

Parent 1 (or Step-Parent, Guardian)	Parent 2 (or Step-Parent, Guardian)	Camper's Address
<b>Relationship:</b>	<b>Relationship:</b>	<b>Address 1:</b>
<b>Title/First Name:</b>	<b>Title/First Name:</b>	<b>Address 2:</b>
<b>Last Name:</b>	<b>Last Name:</b>	<b>City:</b>
<b>Work Phone:</b>	<b>Work Phone:</b>	<b>State:</b>
<b>Cell Phone:</b>	<b>Cell Phone:</b>	<b>Zip:</b>
<b>Work Fax:</b>	<b>Work Fax:</b>	<b>Country:</b>
<b>Occupation:</b>	<b>Occupation:</b>	<b>Home Phone:</b>
<b>Company:</b>	<b>Company:</b>	<b>Home Fax:</b>
<b>Email:</b> (For Camp Correspondence) <b>2<sup>nd</sup> Email:</b>	<b>Email:</b> (For Camp Correspondence) <b>2<sup>nd</sup> Email:</b>	<b>Parents are :</b> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> <b>Child lives with:</b> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other <input type="checkbox"/> <b>If divorced-Legal Custody is:</b> Mother <input type="checkbox"/> Father <input type="checkbox"/> 50/50 <input type="checkbox"/> * <b>Financial responsibility is:</b> Mother <input type="checkbox"/> Father <input type="checkbox"/> 50/50 <input type="checkbox"/>
<b>Address (if different than Camper):</b>	<b>Address (if different than Camper):</b>	<b>Name of Legal Guardian (if different than above):</b>
<b>City:</b>	<b>City:</b>	
<b>State/Zip:</b>	<b>State/Zip:</b>	
<b>Home Phone:</b>	<b>Home Phone:</b>	*Application must be signed by both parents

**EMERGENCY CONTACT : (Other than parents)**

<b>Name:</b>	<b>Phone:</b>	<b>Relationship to camper:</b>
<b>Name:</b>	<b>Phone:</b>	<b>Relationship to camper:</b>
<b>Date Rec'd</b>	<b>Amt. Encl.</b> _____ p.3 Session: _____ 2 <sup>nd</sup> Choice: _____ Ses. 1 2 A B C D E Edah Assigned:	<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Deposit <input type="checkbox"/> Full Payment <input type="checkbox"/> Donation  <b>Notes:</b>

CAMP RAMAH IN CALIFORNIA is a non-discriminatory educational institution. Rules for acceptance and participation in the camp program are the same for everyone without regard to race, color, national origin, age, sex, or handicap.



**MEDICAL**

**RAMAH PARENT QUESTIONNAIRE**

The educational philosophy of our program emphasizes the uniqueness of each camper. It is, therefore, important that we have specific information about your child which only you as a parent can provide. Your detailed replies, which will be kept confidential, will help us enrich your child's

ARE THERE ANY PAST ILLNESSES OF WHICH WE SHOULD BE AWARE?  YES  NO

IF YES, PLEASE LIST: \_\_\_\_\_

CHECK ITEMS THAT APPLY TO YOUR CHILD:

- Tendency to catch cold     Fainting spells     Frequently constipated
- Tendency to gain weight     Unable to participate in certain activities **(please be specific)**

IF ANY OF THE ABOVE ITEMS ARE CHECKED, PLEASE EXPLAIN: \_\_\_\_\_

DOES YOUR CHILD HAVE MOTOR DIFFICULTIES?  YES  NO    IF YES, PLEASE EXPLAIN:

\_\_\_\_\_

HAS YOUR CHILD'S DISABILITY BEEN PROFESSIONALLY EVALUATED?  YES  NO  
IF YES, WHAT WAS THE DIAGNOSIS? (Please indicated below)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Autism              | <input type="checkbox"/> Epilepsy                      | <input type="checkbox"/> Impaired Speech     |
| <input type="checkbox"/> Asperger's Syndrome | <input type="checkbox"/> Pervasive Developmental Delay | <input type="checkbox"/> Impaired Vision     |
| <input type="checkbox"/> Down Syndrome       | <input type="checkbox"/> Dyslexia                      | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Developmental Delay | <input type="checkbox"/> Impaired Hearing              | <input type="checkbox"/> Motor Delay         |
| <input type="checkbox"/> Emotional Disorder  | <input type="checkbox"/> Impaired Perception           |  |

Other

\_\_\_\_\_

BRIEFLY DESCRIBE YOUR CHILD'S DISABILITY: \_\_\_\_\_

\_\_\_\_\_

IS YOUR CHILD EPILEPTIC?  YES  NO ARE SEIZURES UNDER CONTROL?  YES  NO

DATE OF LAST SEIZURE \_\_\_\_\_ IS YOUR CHILD ON MEDICATION FOR SEIZURE CONTROL?  YES  NO

DESCRIBE:

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DOES YOUR CHILD HAVE ALLERGIES?  YES  NO PLEASE DESCRIBE THE ALLERGIES AND POSSIBLE REACTIONS.

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IS YOUR CHILD ON MEDICATION FOR ALLERGIES?  YES  NO DESCRIBE:

IF YOUR CHILD IS CURRENTLY ON A MEDICATION PROGRAM, PLEASE COMPLETE:

MEDICATION	SPECIFIC SCHEDULE	DOSAGES

PRESCRIBING PHYSICIANS:

NAME	ADDRESS	TELEPHONE (     )

NAME	ADDRESS	TELEPHONE (     )

IS YOUR CHILD CURRENTLY RECEIVING PSYCHOLOGICAL THERAPY?  YES  NO  
IF YES, HOW FREQUENTLY, AND WHAT IS THE NATURE/REASON FOR THERAPY?

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IS YOUR CHILD ON MEDICATION PRESCRIBED BY A PSYCHIATRIST?  YES  NO (PLEASE DESCRIBE:)

MEDICATION	SPECIFIC SCHEDULE	DOSAGES

THERAPIST:

MEDICATION	SPECIFIC SCHEDULE	DOSAGES

LIST THE NAMES, ADDRESSES, AND PHONE NUMBERS OF ANY CLINICS, SOCIAL AGENCIES, PHYSICIANS, AND THERAPISTS WHO KNOW YOUR CHILD (OTHER THAN THOSE ALREADY LISTED).

NAME	ADDRESS	TELEPHONE (     )

NAME	ADDRESS	TELEPHONE (     )

NAME	ADDRESS	TELEPHONE (     )

PLEASE DESCRIBE BRIEFLY ALL OUTSTANDING CHARACTERISTICS OF YOUR CHILD IN THE FOLLOWING AREAS:

Eating management (include dietary restrictions as well as eating habits): \_\_\_\_\_

Does your child need assistance in limiting his/her food intake?  YES  NO Please describe: \_\_\_\_\_

IS YOUR CHILD'S APPETITE GOOD?  YES  NO PLEASE COMMENT: \_\_\_\_\_

CAN YOUR CHILD CUT HIS/HER OWN FOOD?  YES  NO

CAN YOUR CHILD DETERMINE APPROPRIATE AMOUNTS OF FOOD TO SERVE HIMSELF/HERSELF?  YES  NO

IS YOUR CHILD A FUSSY EATER? IF YES, PLEASE EXPLAIN:  YES  NO

ARE THERE ANY FOODS NOT ALLOWED FOR MEDICAL REASONS?  YES  NO IF YES, PLEASE EXPLAIN: \_\_\_\_\_

Please describe what specific personal care activities your child will need help with (for example: showering, shampooing, eating, arranging personal articles, making his/her bed, brushing teeth, toilet habits): \_\_\_\_\_

DOES YOUR CHILD WET THE BED?  YES  NO Please describe any specific circumstances that causes bed wetting for you child, and the last time he/she wet the bed: \_\_\_\_\_

CAN YOUR CHILD SHOWER BY HIMSELF/HERSELF?  YES  NO

DOES YOUR CHILD NEED HELP WITH SETTING THE WATER TEMPERATURE?  YES  NO

DOES YOUR CHILD NEED HELP WITH SHAMPOOING?  YES  NO

DOES YOUR CHILD WAKE UP OR CALL OUT DURING THE NIGHT?  YES  NO  
IF YES, PLEASE COMMENT: \_\_\_\_\_

AT WHAT TIME DOES YOUR CHILD NORMALLY GO TO SLEEP? \_\_\_\_\_

HOW LONG DOES YOUR CHILD TAKE TO GO TO SLEEP? \_\_\_\_\_

DOES YOUR CHILD WALK OR TALK IN HIS/HER SLEEP?  YES  NO  
IF YES, PLEASE COMMENT: \_\_\_\_\_

CAN YOUR CHILLD MAKE HIS/HER BED?  YES  NO

CAN YOUR CHILD DRESS HIMSELF/HERSELF?  YES  NO

CAN YOUR CHILD TIE HIS/HER OWN SHOES?  YES  NO

CAN YOUR CHILD WRITE LETTERS HOME BY HIMSELF/HERSELF?  YES  NO

**MALES**

DOES YOUR SON SHAVE, AND IF SO:  BY HIMSELF  WITH HELP  ELECTRIC RAZOR  REGULAR RAZOR

PLEASE NOTE: COUNSELORS WILL ALWAYS SUPERVISE CAMPERS SHAVING WITH A REGULAR RAZOR.

**FEMALES**

IS YOUR DAUGHTER MENSTRUATING?  YES  NO

IF YES, IS SHE CAPABLE OF TAKING CARE OF HER OWN FEMININE HYGIENE NEEDS?

**WATER SAFETY**

HAS YOUR CHILD HAD WATER SAFETY INSTRUCTION OR SWIMMING LESSONS?  YES  NO

IS YOUR CHILD COMFORTABLE IN THE:

SHALLOW END OF POOL  YES  NO

DEEP END OF POOL  YES  NO

CAN YOUR CHILD BE LEFT IN THE POOL WITHOUT ONE ON ONE SUPERVISION?  YES  NO

(THERE WILL ALWAYS BE WSI LIFEGUARD SUPERVISION AT ALL TIMES IN THE SWIMMING POOL, IN ADDITION TO TIKVAH COUNSELORS.)

Does your child have any fears of the water that our staff needs to know about? Please be specific:

\_\_\_\_\_  
\_\_\_\_\_

**PERSONALITY**

PLEASE CHECK THE ADJECTIVES MOST DESCRIPTIVE OF YOUR CHILD:

- outgoing     non-verbal     aggressive     hostile     sensitive     hyperactive
- eager     self-motivated     excitable     alert     self-sufficient     shy
- dependable     friendly     immature     calm     helpful     passive
- withdrawn     respectful     well-mannered     careless     unruly     communicative

Other: \_\_\_\_\_

IS YOUR CHILD SHY?  YES  NO PLEASE COMMENT: \_\_\_\_\_

DOES YOUR CHILD MAKE FRIENDS EASILY?  YES  NO PLEASE COMMENT: \_\_\_\_\_

IS YOUR CHILD HAPPIER ALONE OR WITH OTHER CHILDREN?  Alone  With other children PLEASE COMMENT: \_\_\_\_\_

DOES YOUR CHILD GET ALONG WITH CHILDREN OF THE SAME AGE?  YES  NO PLEASE COMMENT: \_\_\_\_\_

DOES YOUR CHILD GET ALONG WITH GIRLS?  YES  NO PLEASE COMMENT: \_\_\_\_\_

DOES YOUR CHILD GET ALONG WITH BOYS?  YES  NO PLEASE COMMENT: \_\_\_\_\_

DOES YOUR CHILD DAYDREAM MUCH?  YES  NO PLEASE COMMENT: \_\_\_\_\_

DOES YOUR CHILD FOLLOW DIRECTIONS WELL?  YES  NO PLEASE COMMENT: \_\_\_\_\_

DOES YOUR CHILD NEED VERBAL/VISUAL CLUES TO FOLLOW DIRECTIONS?  YES  NO  
PLEASE COMMENT: \_\_\_\_\_

DESCRIBE YOUR CHILD'S ATTITUDE TOWARD HIS/HER BEING  
EXCEPTIONAL: \_\_\_\_\_

BEHAVIOR PROBLEMS (include fears, if  
any): \_\_\_\_\_

WHAT MAKES YOUR CHILD ANGRY?  
\_\_\_\_\_

HOW DOES HE/SHE SHOW ANGER OR HOSTILITY? \_\_\_\_\_

HAS YOUR CHILD EXHIBITED AGGRESSIVE BEHAVIOR TOWARDS HIMSELF/HERSELF OR OTHERS?  
 YES  NO IF YES, PLEASE  
COMMENT: \_\_\_\_\_

PLEASE COMMENT ABOUT SPECIFIC METHODS THAT YOU FIND EFFECTIVE AT HOME IN DISCIPLINING YOUR  
CHILD (I.E. TIME OUT, BEHAVIOR MODIFICATION TECHNIQUES, ETC.) BE SPECIFIC, AS THIS INFORMATION WILL  
HELP US IN ALLOWING YOUR CHILD TO HAVE THE BEST POSSIBLE CAMPING EXPERIENCE.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAS YOUR CHILD EXPRESSED ANXIETY ABOUT COMING TO CAMP?  YES  NO PLEASE COMMENT: \_\_\_\_\_

HAS YOUR CHILD EVER BEEN AWAY FROM HOME BEFORE?  YES  NO  
IF YES, WHERE AND FOR HOW LONG?  
\_\_\_\_\_

IF YES, WAS YOUR CHILD HOMESICK?  YES  NO PLEASE COMMENT: \_\_\_\_\_

DOES YOUR CHILD LIVE WITH BOTH PARENTS?  YES  NO  
IF NO, HAS YOUR CHILD ADJUSTED WELL TO THE SITUATION?  YES  NO PLEASE EXPLAIN:  
\_\_\_\_\_

**MISCELLANEOUS**

WILL YOUR CHILD BE BRINGING STUDY MATERIALS TO CAMP IN PREPARATION FOR A BAR/BAT MITZVAH?  YES  NO

HOW DO YOU FEEL THE TIKVAH PROGRAM CAN BEST CONTRIBUTE TO YOUR CHILD'S DEVELOPMENT?

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IS THERE ANY OTHER INFORMATION REGARDING YOUR CHILD WHICH MAY BE HELPFUL IN MAKING YOUR CHILD'S SUMMER PLEASANT?

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HAS YOUR CHILD EVER BEEN TOLD OF THE RELIGIOUS AND EDUCATIONAL POLICIES OF THE CAMP?  YES  NO

DOES YOUR CHILD PLAY A MUSICAL INSTRUMENT?  YES  NO IF YES, WHICH ONE? \_\_\_\_\_

PLEASE DESCRIBE ANY OTHER SPECIAL SKILLS, TALENTS, OR INTERESTS YOUR CHILD EXHIBITS: \_\_\_\_\_

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HOW WERE YOU REFERRED TO THE TIKVAH PROGRAM?

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DOES YOUR CHILD HAVE ANY SIBLINGS LIVING WITH HIM/HER?  YES  NO

NAME	AGE	NAME	AGE
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NAME	AGE	NAME	AGE
------	-----	------	-----

DOES YOUR CHILD GET ALONG WITH HIS/HER SIBLINGS?  YES  NO PLEASE COMMENT: \_\_\_\_\_

ARE THERE ANY SPECIAL FAMILY PROBLEMS WE SHOULD KNOW ABOUT?  YES  NO IF YES, PLEASE DESCRIBE

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LIST ANY RELEVANT SOCIAL OR EDUCATIONAL EXPERIENCES IN WHICH YOUR CHILD HAS PARTICIPATED (CLUBS, YOUTH GROUPS, ETC.):

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HOBBIES AND INTERESTS:

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**GENERAL EDUCATION**

**SCHOOL NOW ATTENDING**

Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Principal \_\_\_\_\_ Teacher of special program \_\_\_\_\_  
( \_\_\_\_\_ )

DESCRIBE YOUR CHILD'S SCHOOL PROGRAM (I.E. SPECIAL CLASSES, RESOURCE ROOM, ETC.):  
\_\_\_\_\_

PLEASE LIST ANY MAINSTREAM CLASSES YOUR CHILD ATTENDS: \_\_\_\_\_

GRADE LEVEL COMPLETED AS OF THIS JUNE: \_\_\_\_\_

WHAT DOES YOUR CHILD LIKE BEST IN SCHOOL? \_\_\_\_\_

WHAT DOES YOUR CHILD LIKE LEAST IN SCHOOL? \_\_\_\_\_

HAS YOUR CHILD EVER ATTENDED A DAY OR RESIDENTIAL CAMP BEFORE?  YES  NO IF YES, PLEASE LIST BELOW:

Camp \_\_\_\_\_ Dates attended \_\_\_\_\_

Camp \_\_\_\_\_ Dates attended \_\_\_\_\_

MAY WE CONTACT THE ABOVE CAMP(S)?  YES  NO

RELEASE: Please contact your child's school and sign a release of information for the Camp Ramah Tikvah Director to contact your child's teacher(s) and school psychologist. This must be done before the Director can legally speak with your child's teacher. An interview with the Tikvah Director and your child must be completed prior to a decision of acceptance. If your child is a client of a Regional Center, please make application for funding along with this application, as Camp Ramah scholarship funds are limited. If you submit an application for financial assistance from Camp Ramah, the application and all documentation **must** be in the Los Angeles Ramah office no later than March 1, 2007.

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**Please Note:**

All questions must be answered and the application must be signed by a parent or guardian before it can be processed.

Action on this application cannot be completed until a current IEP and current Psychological Evaluation have been submitted.

If you have any questions about the camp, the Tikvah Program, or your child's appropriateness for the program, please call the camp office. Send the IEP and Psychological Evaluation directly to:

**TIKVAH DIRECTOR**  
**Camp Ramah in California**  
**15600 Mulholland Drive, Los Angeles, CA 90077**

THIS FORM COMPLETED BY: NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Signature \_\_\_\_\_ Relationship \_\_\_\_\_



# CAMP RAMAH IN CALIFORNIA

## Our Mission

Camp Ramah in California creates religious educating communities in which campers and staff learn skills for a life committed to God, Torah, the Jewish people and *tikkun olam*. Such communities support and strengthen Jewish identity and experiences fostered in the home, the synagogue and the school.

Affiliated with the National Ramah Commission and under the educational auspices of the Ziegler School of Rabbinic Studies at American Jewish University, Camp Ramah in California works in partnership with institutions of the Conservative movement in the Western United States.

## PARENT'S AGREEMENT AND MEDICAL AUTHORIZATION

\_\_\_\_\_

*Camper's name*

*Please read carefully and sign below.*

I/We hereby apply for the enrollment of my son/daughter for the 2010 season at Camp Ramah in California. By submitting an application on behalf of a child, each parent and /or guardian signing the application accepts and agrees to comply with all camp rules and regulations, including camp cancellation policy displayed below.

1. I/We certify that the information on this application is both true and accurate and that no health or medical information is left out that would help Ramah understand or work with my child. I/We understand that inaccurate or misleading information may void my child's enrollment and forfeit the space reserved in camp.
2. Each application received by Camp Ramah is subject to approval by the Camp Director or Executive Director.
3. **Space in camp cannot be guaranteed until full payment is received.** Full payment is due by March 2, 2010. A late fee of \$50.00 will be charged for any unpaid balance after March 31, 2010 and balances unpaid after April 30, 2010 will be charged a \$75.00 late fee. After May 3, 2010, if the balance is not paid in full or arrangements for the balance have not been made with the camp's Business office, my camper's space may be forfeited (at the discretion of camp management) and the cancellation policy will be enforced.
4. I/We understand that all changes or **cancellations must be in writing** from parents/guardians and that the deposit is refundable **before June 1st only**, less the following, **NON-REFUNDABLE, NON-TRANSFERABLE** Administrative fee. **To submit a cancellations please go to our website.**
5. I/we have included a deposit or full payment with this application. If less than a complete deposit accompanies this application, I/we have called the Camp Ramah office and made special arrangements.

### Cancelation Policy

Sessions	September 2010–March 1, 2010 (Non-refundable, non-transferable Administrative Fee)	After March 1–June 1, 2010 (Non-refundable, non-transferable Administrative Fee)	After June 1, 2010
Session 1 or 2	\$250	\$600	No Refund
Full Session	\$500	\$1200	No Refund
Gesher-2 Wks	\$75	\$300	No Refund

6. I/We understand that Camp Ramah is **not responsible** for my child's personal property. Camp Ramah will provide a list of needed items prior to the opening of camp. Camp Ramah **strongly** recommends that campers do **not** bring valuable items such as iPods (MP3 players), expensive cameras, musical instruments, jewelry, or fancy clothing to camp. Camp Ramah suggests that parents purchase insurance either through a personal effects insurance policy or additions to home owner's policy to insure a camper's personal belongings.
7. I/We authorize the use of still or video photos and audio recordings of my child for Camp Ramah in California publicity purposes.
8. In case of public health or medical emergencies, I/We hereby give permission to the physician selected by the Camp Director or designate to secure proper treatment for my child, which may mean hospitalizing, ordering injections, anesthesia, or surgery for my child as named above.
9. I/We understand that camp's insurance does not serve in any instance as primary coverage for my child. In the absence of insurance, I/We agree to reimburse camp for all out of pocket medical expenses & prescription medications paid to providers on my child's behalf.
10. I/we authorize any physician, health care professional, hospital, clinic, laboratory, pharmacy, health plan, or other health care provider that provides treatment or services to or on behalf of my child to disclose that child's entire medical record and any other protected health information concerning that person to Camp Ramah and its agents, employees or representatives. By signing below, I terminate any agreements I have made with health care providers to restrict protected health information of my child and I instruct those health care providers to release and disclose the entire medical record of my child without restriction.
11. The Camp Director reserves the right to dismiss a camper whose physical condition, mental condition, behavior, personal conduct, or influence on other campers is deemed detrimental to the camp atmosphere. Should my child be dismissed, the deposit and/or unused camp fees will NOT be refunded.
12. I/We understand that part of the camping experience involves activities, group living arrangements and interactions that may be new to my child. These things come with certain risks and uncertainties beyond what my child may be used to dealing with at home. I/We am aware of these risks, and I/We assume them on behalf of my child. I/We realize that no environment is risk-free. I/We have instructed my child on the importance of abiding by the camp's rules. My child and I/We both agree that he/she is familiar with these rules and will obey them.
13. I give permission for my child to participate in camp activities outside Camp Ramah's grounds as planned by the staff and as approved by Camp Ramah.

**Must have signature of both parents who are divorced with Joint custody before application will be processed.**

**Please sign this completed application and mail with payment to the Ramah office for processing. Applications without complete information including payment or payment arrangements will not be processed.**

X \_\_\_\_\_  
SIGNATURE OF PARENT 1 OR GUARDIAN

DATE

X \_\_\_\_\_  
SIGNATURE OF PARENT 2 OR GUARDIAN

DATE

X \_\_\_\_\_  
PRINT NAME

X \_\_\_\_\_  
PRINT NAME





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DAV CAMRAS  
Business Director

ELIE MECHALY  
Director of Operations

## AUTHORIZATION FOR EXCHANGE OF CONFIDENTIAL AND PRIVILEGED INFORMATION

(This information is for the use of camp personnel)

I hereby give my consent for all relevant information regarding:

\_\_\_\_\_  
Name Date of Birth

Physician:  
Name \_\_\_\_\_ phone (\_\_\_\_) \_\_\_\_\_ fax (\_\_\_\_) \_\_\_\_\_

School \_\_\_\_\_  
Contact Person: \_\_\_\_\_ phone (\_\_\_\_) \_\_\_\_\_

Regional Center Case Worker:  
Name: \_\_\_\_\_ phone (\_\_\_\_) \_\_\_\_\_ fax (\_\_\_\_) \_\_\_\_\_

Other Therapist:  
Name \_\_\_\_\_ Type(OT/PT/S&L) \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ fax: (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Type (OT/PT/S&L) \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ fax: (\_\_\_\_) \_\_\_\_\_

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

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

Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_



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Director of Operations

## **Camp Ramah in California** **Tikvah Program**

### School Evaluation Form

Dear Teacher,

Your student \_\_\_\_\_ is applying to be a camper in the Tikvah Program, a 4-week camping program at Camp Ramah in California. S/he will be living in a tent with 7 other campers and three counselors and will be participating in such daily activities such as sports, arts and crafts, swimming, karate, dancing, and singing. Throughout the day the campers are mainstreamed with the other campers at Ramah. It would be very useful if you could answer the questions below.

Thank you,

Elana Naftalin Kelman  
Tikvah Director

- Please give a brief description of the child's general behavior.
- Please give a brief description of the child's ability to get along with others.
- Please describe the vocational training s/he currently participates in.
- Please describe useful behavioral management strategies which have worked well in your classroom.

- How well do you think this child does with transitions? What strategies work best to make transitions easier for this child?
  
- We would appreciate any additional information you would like to share with us.
  
- In what capacity and for how long have you known this applicant?

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

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_