

# Albany JCC Summer Camps 2026

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Camp Shalom • Teen Camp • Camp Unplugged • Specialty Camps  
Parent & Family Handbook

340 Whitehall Road | Albany, NY 12208  
518-438-6651 | [www.albanyjcc.org](http://www.albanyjcc.org)

## Welcome to Summer 2026!

Welcome to another unforgettable summer at the Albany JCC! We are thrilled your family is joining us for Camp Shalom, Teen Camp, Camp Unplugged, or one of our Specialty Camps. At the Albany JCC, camp is more than a program—it is a community where children build friendships, discover new interests, and create lifelong memories.

Our camp experience is designed to be safe, inclusive, active, and fun. Through swimming, ropes courses, arts, outdoor exploration, and special events, campers build confidence, independence, and meaningful relationships.

Beruchim Haba'im — Welcome!

## What Makes Albany JCC Camp Special

- Experienced, caring staff focused on camper safety and growth
- A welcoming environment rooted in Jewish values of community, kindness, and respect
- Outdoor adventures including ropes course, nature trails, and field activities
- Creative arts, sports, swimming, and hands-on activities
- A supportive community where every child can belong and thrive

## Camp Hours

Camp Shalom & Teen Camp: 8:30 AM – 4:30 PM

Wrap-around care is available from 8:00-8:30AM and 4:30-5:30PM for an additional fee.

Specialty Camp hours vary depending on the program. Please refer to your registration confirmation.

Some Teen Camp trips may require early drop off.

## Arrival & Dismissal Procedures

Safety is our highest priority. Please follow the procedures below for daily arrival and pickup.

### **Drop-Off (8:30–8:45 AM)**

Campers should be dropped off at the pavilion in the rear of the building. A car line will be available for easy drop-off. Adults should remain in their vehicles during drop-off. Staff members will greet campers at the car and assist them to the pavilion. Families walking to the JCC should come straight to the pavilion for check-in.

Campers should arrive between 8:30 and 8:45 AM so they can join their group before activities begin at 8:45 AM.

### **Pick-Up (4:00–4:30 PM)**

Families should pull into the car line near the pavilion. Staff will escort campers to vehicles. Parents or guardians are responsible for buckling children into their vehicles.

Camp concludes at 4:30 PM each day. Repeated late pickups may result in a \$5 per minute late pickup fee.

Please ensure the pick-up list included in this handbook is complete, including parent info.

### **What to Bring Each Day**

- Nut-free cold lunch with ice pack
- Water bottle (taken home daily for cleaning)
- Sneakers for sports and ropes course activities
- Swimsuit and towel
- Sunscreen
- Hat
- Change of clothes
- Light jacket on cooler days
- Swim vest/float if needed for swimming

Please label all personal belongings. No toys, electronics, or personal games.

### **Food & Snacks**

A Kosher, nut-free afternoon snack will be provided daily. Snacks follow CACFP nutritional guidelines. Extra portions are available if campers are still hungry.

If your child celebrates a birthday during camp, families may provide a treat for their camper's group. All items must be Kosher and nut-free. Please contact the camp office in advance to coordinate.

## **Health & Wellness**

Campers must be fever-free (under 100.4°F) and free from vomiting or diarrhea for 24 hours before returning to camp. If a camper becomes ill during the camp day, parents or guardians will be contacted for immediate pickup.

## **Outdoor Camp Activities**

Campers will spend most of the day outdoors every day when weather permits. Outdoor spaces include the pavilion, ropes course, playground, yurts, nature trail, and back field.

On high-heat days, campers will take frequent water and shade breaks. During inclement weather or poor air quality, indoor spaces such as the gymnasium and auditorium will be used.

## **Medications & Medical Forms**

Any medication brought to camp must be in its original prescription container with a valid label. Families must complete required New York State OCFS forms prior to camp, including Individual Health Care Plans and Medication Consent Forms when applicable. All medications must be current. If the camper has an allergy, a NYS OCFS Allergy/Anaphylaxis Plan is to be completed by the guardian, doctor, and JCC. Please see forms at the end of this handbook.

## **Payment Policies – Summer 2026**

All camp balances must be paid in full by June 26, 2026.

Accepted payment methods include Visa, MasterCard, American Express, or ACH.

Credit card payments are subject to a 2.9% processing fee.

A one-time \$10 insurance fee will be applied per camper.

Members receive a 10% sibling discount on the lower priced tuition for Camp Shalom, Teen Camp, and Camp Unplugged.

To receive member pricing, membership must be active at the time of registration and remain active through the child's time at camp. The child must be on the membership in order to receive a the member rate.

The Albany JCC does accept DSS but the difference between what the County covers and the cost of camp must be paid prior to the start of the camp week. Failure to pay tuition in advance of camp will result in the camper not being able to attend camp.

All refund or change requests must be made June 15, 2026. No refunds will be given after June 15, 2026.

## Behavior Expectations

We strive to create a respectful and positive environment for all campers. Campers are expected to follow staff directions, treat others with kindness, and care for camp property.

Minor behavior concerns may result in:

- Not following directions
- Disrespectful language
- Disruptive behavior

Major behavior concerns such as bullying, fighting, leaving camp grounds without permission, or unsafe physical behavior may result in immediate dismissal for the day and potential suspension.

## Family Communication

Camp updates will be shared through email and the Remind text messaging system. Families will receive instructions before the start of camp on how to join the Remind system.

## A Summer to Remember

At the Albany JCC, summer camp is about building confidence, exploring new interests, and forming lasting friendships. We look forward to sharing a safe, joyful, and memorable summer with your family.

## Albany JCC Summer Camp Parent Acknowledgement Page:

I have reviewed all of the information above with my child(ren) and all pertinent family members: Camper Names \_\_\_\_\_

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

\_\_\_\_\_  
Date

## For Teen Camp Families Only:

Teen Camp Trip Schedule:

Week 1 – Grafton Lake State Park

Week 2 – Overnight at the JCC and trip to APEX

Week 3 – Bronx Zoo

Week 4 – ValleyCats

Week 5 – Splashdown Beach Water Park

Week 6 – Whitewater Tubing

Week 7 – Six Flags New England

Week 8 – Roger’s Rock Lake George Camping

I give permission for my camper(s), \_\_\_\_\_,  
to attend the off-site field trips listed above during the weeks they are registered for camp.

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Parent/Guardian Signature

Date

## Camper Profile

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

Are there any specific activities you would like your child to participate in during camp?

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## Medical Questionnaire

Does your child have any allergies, physical, emotional, behavioral, or other medical condition that has lasted more than 12 months? If yes, please describe below. An OCFS Individual Health Care Plan and/or Medication Consent Form may be required.

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## Family Information

Number of Children in Family: \_\_\_\_\_

If parents are separated or divorced, please tell us anything we may need to know about the custody agreement:

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If there are any experiences or circumstances outside of camp that may affect your child during the camp day, please share them here so we can best support your camper.

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How would you describe your child?

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Current interests:

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Activities your child dislikes:

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Are there any family religious observances we should be aware of?

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### **Photo & Media Release**

I grant permission for photographs or video of my child to be used for Albany JCC promotional purposes including publications, social media, and marketing materials. If unsigned, the camper will be placed on the No Photo List.

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

### **Sunscreen Permission**

I grant permission for Albany JCC Camp staff to apply or assist with sunscreen application on my child while participating in outdoor camp activities. I understand sunscreen should be sent with my child daily and labeled with their name.

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

## Authorized Camp Pick-Up Form

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

Age / Entering Grade: \_\_\_\_\_

List the individuals that have permission to pick up child from camp. Please include parent/guardians in this list:

Contact Name	Relationship	Cell Phone	Work Phone

In case of accident or injury, I authorize emergency medical, dental, or surgical care deemed necessary by licensed medical professionals.

Emergency Authorization: YES  NO

Insurance Provider: \_\_\_\_\_ Insurance ID Number: \_\_\_\_\_

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



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## Physician Medical Report

To be completed by a licensed physician. A school or physician form may be substituted.

Camper Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Date of Last Examination: \_\_\_\_\_

Blood Pressure: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

In my opinion, the applicant:

- Is able to participate in an active camp program
- Is able to participate with limitations (describe below)
- Is not able to participate in an active camp program

Limitations or restrictions: \_\_\_\_\_

Conditions currently under medical care: \_\_\_\_\_

Current treatment: \_\_\_\_\_

Treatment required during camp: \_\_\_\_\_

Medications to be administered at camp (name, dosage, frequency):

\_\_\_\_\_

Medically prescribed meal plan or dietary restrictions:

\_\_\_\_\_

Known allergies:

\_\_\_\_\_

## Immunization Record

Provide the month and year for each immunization. Starred (\*) immunizations must be current. Copies of immunization forms from health care providers or state and local government are acceptable; please attach to this form.

DTaP / Tdap\*: \_\_\_\_\_

Tetanus Booster\*: \_\_\_\_\_

MMR (Measles, Mumps, Rubella)\*: \_\_\_\_\_

Polio (IPV)\*: \_\_\_\_\_

HIB: \_\_\_\_\_

Pneumococcal (PCV): \_\_\_\_\_

Hepatitis B: \_\_\_\_\_

Hepatitis A: \_\_\_\_\_

Varicella: \_\_\_\_\_

Meningococcal (MCV4): \_\_\_\_\_

Tuberculosis Test: \_\_\_\_\_

I have reviewed the above camper's health history, and have discussed the camp program with the camper's parent(s)/guardian(s). It is my opinion that the camper is physically and emotionally fit to participate in an active camp program (except as noted above if notation made).

Physician Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

(Medical Stamp is acceptable)