



Sidney Albert
Albany JCC

Camp Shalom, Teen Camp, and Specialty Camps Parent Handbook:

Thank you for registering your child for Albany JCC Summer Camps! Our Albany JCC Camp Staff, Miriam Shor, and I look forward to working with your children this summer. Please review the following items in this handbook and complete the acknowledgement page at the end.
Beruchim Abaim (translates to Welcome in Hebrew)

~ From, Drew Katz, AJCC Director of Youth Services

Camp Shalom/Teen Camp Program times are from 8:00am to 5:30pm daily.

Specialty Camp times vary depending on the option listed on the registration form or AJCC website. Please refer to the registration form or our website – www.albanyjcc.org

Pick Up and Drop Off: To create a safe and manageable way for children to arrive and leave our program, we will be implementing the following protocol:

For all campers for all weeks of camp, please go to the Shalom Lobby entrance side by the South Main/Whitehall Rd entrance streetlight (**says “Shalom” above the Door**). Children will be received from their car. Families can pull up to the curb and remove their children from the car/car seats and a staff member will come out to greet them and assist them with transitioning to their group. Children and teens will be health screened (wellness checks) before entering the AJCC. All campers will wash hands upon entry as well as before/after meals. We ask that all children and teens arrive each day by **8:45am** so that they can be escorted to their group and join their group for planned activities starting at 9:00am. Some Teen Camp trips may require an early drop off. Details to follow.

For families that arrive at the AJCC, a staff member will be at Shalom Door from 8am – 8:45am to receive your child, and then between 4:30pm-5:30pm to greet you at pick up.

Please ensure the pick-up list on page 7 is complete with info requested. Please include parent info as well. At the end of the day, as you come to the building, please line up at the curb in your vehicle, use the Doorbell Camera, or call the center at **518-438-6651** if a staff is not near the Shalom Door. The Member Desk Staff can reach us on Channel 3 on our walkies. We also encourage you to use the Remind text system (details to follow in June before camp starts) to text Drew, Miriam, and/or the Teen Camp Director. A staff member will escort your child to the car. You will be responsible for buckling your children once staff brings your child to you. **Program ends at 5:30pm daily. A \$1 per minute late fee will be assessed if multiple late pick-ups occur.**

Camp Shalom Facebook Group for Parents -

<https://www.facebook.com/groups/680913725794043>

Personal Items from Home:

- We are asking that all of your child's toys, games, etc. be left at home. Your child will need on a daily basis –**nut free cold lunch, sneakers (especially for Sports and the Ropes Course), sunscreen, water bottle, ice pack in lunch bag, a change of clothes, a light jacket on cool days, hat, a bathing suit/towel, and Swim Vest/Float if needed for swimming. Please label your child's belongings.**

Meal times

- Snack time will occur around 2:30pm daily. All snack items are Kosher, Nut Free, and follow the CACFP guidelines. There will be extra food available if the children want extra portions
- Any bottles/water bottles that are brought in for your child must be taken home daily for sanitizing. Please be sure that all are clearly labeled with your child's name. Staff will assist campers when they are thirsty to chilled water in water jugs we provide for children. We are not able to refrigerate or heat up lunches. Please pack an ice pack in your camper's lunch bag. We are also a **Peanut Free and Nut Free environment.**
- If your child has a birthday during the summer, items may be brought in for your child's camper group. Any food items have to be NUT FREE and KOSHER. Please contact the Camp Office prior to coordinate/inquire.

Daily cleaning efforts: As part of our normal routine, there will be daily efforts made to disinfect the camp spaces, equipment, games, and high traffic areas, paying special attention to doorknobs, phones, tables, chairs, keyboards, handrails, gates etc. We will be disinfecting with an EPA approved cleaner as recommended by the CDC (not in the presence of children).

Outdoor Spaces:

- Children will go outside daily weather permitting. Outdoor areas used include – the Pavilion, Ropes Course, Playground, Yurts, Nature trail behind the Ropes Course, and Back Field area. On high heat/humidity days, we will have shade/water breaks every 15 minutes. In case of rain/thunder/wildfire smoke, we have access to the Gymnasium, Auditorium, and 4 indoor rooms used by our school year programs.

General Health Procedures:

- **Children must be fever free (less than 101 degrees) and vomit/diarrhea free for 24 hours before they can return to camp. If your child becomes ill during the camp day (vomiting, diarrhea, fever, etc.), families will be contacted by phone for immediate pick up.**
- If your child tests positive for Covid-19, please contact the Camp Office by email immediately. If your child is not vaccinated and been exposed to Covid-19, they will need to quarantine for 5 days and then wear a mask for an additional 5 days while at camp. Same applies to any child who tests positive regardless of vaccination status.

Medications/Medical Questionnaire:

- **Any child with medications such as an Epi-Pen or Inhaler for example, must bring in the original box/bottle/container with the prescription label attached. In addition, parents will need to complete a NYS OCFS Individual Health Care Plan (signed by parent and JCC) as well as a NYS OCFS Medication Consent Form (signed by you and your child's doctor) prior to the Albany JCC accepting the medication. All medications must not be expired. If your child has an allergy, there is a NYS OCFS Allergy/Anaphylaxis Plan form to be completed by parent, doctor, and JCC.**
- **Any item listed on the Medical Questionnaire on page 6 of this Parent Handbook, will require at least a NYS OCFS Individual Health Care Plan (signed by parent and JCC) to be completed prior to Camp. Please see above for other potential NYS forms that may be required.**

Payment Terms and Conditions for Albany JCC Summer Camps:

- **All Camp payments must be completed by June 27, 2025 with no outstanding balances when camp starts.**
- **Forms of payment accepted - Visa, MC, AMEX, or a Voided Check. There is a 2.35% charge for credit card payments.**
- **Payment plans are selected on the bottom of page 1 of the registration form where the dates are listed. Page 2 of the registration must be completed by selecting the weeks requested.**
- **In order to receive the JCC Member rates for Summer Camp, the Family Membership or Single Parent Family Membership must be activated at the time of registration and continues through the end of the camper's enrollment.**
- **Albany JCC does accept DSS to subsidize payments for camp weeks. The difference between what the county covers and cost of camp is paid by the parent prior to camp.**
- **Each camper group/option has a capacity. We will begin waiting lists once spots are filled.**
- **There is a one-time \$10 Insurance Fee per camper (plus 2.35% if paying by credit card).**
- **We offer a 10% sibling discount for Camp Shalom, Teen Camp, and Week 8/9 Afternoon JCC Post Camp *for AJCC Members only*. We do not offer any discounts on Specialty Camps, Teen Camp Add Ons, trip fees, or the \$10 one-time Insurance Fee per Camper.**
- **For any refund requests, these can be made by email to the Camp Office by June 6, 2025. Changes in weeks can be made via email as long as there is space in another week/option.**

Disciplinary Policy:

- **THE DISCIPLINE OF A JCC CAMPER WILL BE AS FOLLOWS:**
- **MINOR OFFENSES:** not listening to/disrespecting staff and/or children, first time using profanity, not following directions, disrespect of Albany JCC property or children's/staff's property or personal space.

FIRST infraction of a minor offense will result in a verbal warning from the Camp Staff.

SECOND infraction will result in verbal warning from the Director of Youth Services, or Assistant Youth Director, or Teen Camp Coordinator.

THIRD infraction will result in removal from activity and parent notification.

- Parents will be notified regarding any of the three infractions listed above.
- **MAJOR OFFENSES:** running away from JCC property, vandalism, fighting, bullying (including cyber), physically unsafe behaviors/assault toward other children or staff, possession and/or use of any weapons, possession and/or use of illegal substances, theft.
- **The occurrence of major offenses will result in dismissal from the Camp Program for that day, with 1 or more days of additional suspension from program.**
- When a child displays a pattern of consistent, inappropriate behavior (including both minor and major offenses), the Camp Staff reserves the right to evaluate whether the child can best be served by our program. A meeting with the Director of Youth Services, Assistant Youth Director, Teen Camp Director, parent(s) and child/teen (if needed) will be scheduled to review the status of the child/teen for the remainder of the summer season.

AJCC Camp Shalom Parent Acknowledgement Page:

- I have reviewed all of this information above with my child(ren) and all pertinent family members (please complete below):

Camper's Name(s): _____

Parent's/Guardian's Signature

Date

For only Camp Shalom entering 5th Grade and Teen Camp Families, please sign/date below.

Teen Camp Trip Schedule/5th Grade Week 3 Trip:

Week 1 = Grafton Lake State Park - July 2

Week 2 = Thatcher Park Wild Play Ropes Course - July 8

Week 3 = Club Getaway, CT (Monday to Thursday) - July 14-17

Week 4 = Zoom Flume (East Durham) (with 5th Grade Camp Shalom) - July 24

Week 5 = Overnight at JCC and trip to Apex - July 29-30

Week 6 = Wonder Works (Syracuse) - August 5

Week 7 = Roger's Rock Lake George Overnight, August 12-14 (Tues.-Thurs.)

I give permission for my camper(s), _____ (print camper's name or names) to join the off-site field trips listed above for Camp Shalom (Zoom Flume only) and/or Teen Camp.

(Parent Signature)

(Date)

JCC Staff Initials (office use only) _____

CHILD'S PROFILE

Camper Name: _____

Are there any specific activities that you would like your child to do at the Summer Camp Program?

Medical Questionnaire: DOES YOUR CHILD HAVE ANY ALLERGIES, PHYSICAL, EMOTIONAL, BEHAVIORAL, OR OTHER MEDICAL CONDITION THAT HAS LASTED MORE THAN 12 MONTHS? IF SO, PLEASE LIST HERE, AND REQUEST AN OCFS INDIVIDUAL HEALTH CARE PLAN AND/OR OCFS MEDICAL CONSENT FORM FROM THE JCC:

FAMILY INFORMATION

Number of children _____

If parents are separated or divorced, what is the custody arrangement? _____

Please contact the Director if there are any events or experiences outside of camp that might affect your child in the camp program. Or, explain here:

How do you describe your child? _____

Current interests? _____

Activities she/he dislikes? _____

Are there any family religious observances about which you would like us to know? _____

PHOTOGRAPHIC RELEASE (if unsigned, then your child is on the NO PHOTO LIST): I hereby grant permission for the use of photographs and video of the aforementioned child, and, without limitation, to use such pictures and video in connection with Albany JCC purposes. If permission is granted, the Albany JCC is released from any claims, whatever they may be, that arise in said regard.

Parent's/Guardian's Signature

Date

SUNSCREEN PERMISSION: I hereby grant permission to the Albany JCC Camp staff to apply or assist, if needed, with application of sunscreen on my child before he/she plays under the sun during the summer season. Staff will wear gloves and a mask to apply sunscreen. I also understand that I should send sunscreen with my child daily and label the sunscreen bottle with my child's name.

Parent's/Guardian's Signature

Date

ALBANY JCC CAMP PICK-UP FORM

CHILD'S NAME: _____

AGE/ENTERING GRADE: _____

The following people have permission to pick up my child (Parent's Name list first):

(All info below must be fully completed before your child attends camp)

Contact Name	Relationship	Cell Phone	Home Address
1)	Parent 1		
2)	Parent 2 or:		
3)			
4)			
5)			
6)			

Agreement:

- In case of accident or injury, I authorize any and all emergency medical, dental, and/or surgical care and hospitalization advised by physicians, surgeon, or hospital necessary for the proper health and well-being of my child. _____ YES _____ NO (Check One)

Insurance Provider _____ ID Number _____

Parent's Signature: _____

Date: _____



Sidney Albert
Albany JCC

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Physician's Medical Report

Completed by Licensed Physician. **The doctor's own form or school form is fine.**

Please print using black or blue ink only. **Return forms by June 6, 2025.**

Camper Name _____

Birthdate _____

Date of last examination _____

BP _____ Weight _____ Height _____

In my opinion, the above applicant:

- is able to participate in an active camp program
- is able to participate in an active camp program except as noted below
- is not able to participate in an active camp program

Description of any limitation or restriction on camp activities

The applicant is under the care of a physician for the following conditions

Current treatment at the time of this report includes

Treatment to be continued at camp

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

Any medically-prescribed meal plan or dietary restrictions

Known allergies



Immunization History

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

Diphtheria, tetanus, pertussis* (DTaP) or (TdaP)
Tetanus booster*(dT) or (TdaP)
Mumps, measles, rubella*(MMR)
Polio*(IPV)
Haemophilus influenzae type B (HIB)
Pneumococcal (PCV)
Hepatitis B
Hepatitis A
Varicella
Had chicken pox
Date:
Meningococcal meningitis (MCV4)
Tuberculosis (TB) test Date: Date: Negative: Positive

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)

Name of Licensed Medical Personnel (Stamp from Dr. Office is acceptable)

(please print) _____

Signature _____

Title _____

Office Address

Phone _____

Date _____