

**CONGREGATION SONS OF ISRAEL**

**SUMMER CAMP**

**REGISTRATION**

**2012**



1666 Pleasantville Road  
Briarcliff Manor, NY 10510  
(914) 762-6396  
[Education@csibriarcliff.org](mailto:Education@csibriarcliff.org)  
[www.csibriarcliff.org](http://www.csibriarcliff.org)



# Congregation Sons of Israel Religious Schools

Educational Programs Include: Nursery School and Camp, Pre-School and Family Education,  
Elementary School, Hebrew High School and Youth Groups

Roni Shapiro Ben-David, Educational Director

[www.CSIBriarcliff.org](http://www.CSIBriarcliff.org)

Religious & Nursery School e-mail: [education@csibriarcliff.org](mailto:education@csibriarcliff.org)

Beverly Sarkozi – Youth Family Educator

Aimee Axelrod – Camp Director

1666 Pleasantville Road

Briarcliff Manor, New York 10510

(914)762-6396

Dear Parents:

Summer is just around the corner and C.S.I. Nursery School Camp is gearing up for another fun filled season. We offer many outdoor, indoor and "special" activities designed just for your pre-school child. We have programs for almost 2's through young 5's. Come enjoy our great outdoor spaces and our unique air conditioned indoor facilities.

Your registration packet for the summer of 2012 is here. Space is limited and we do not want anyone to miss out on the fun; so please reserve your spot early. Camp will be in session for 7 weeks; from Monday, June 25<sup>th</sup> through Friday, August 10<sup>th</sup>.

If you are looking for a longer day or a before or after camp program housed in our building, contact Faith Kavy at Kids Karousel at [karouselk@aol.com](mailto:karouselk@aol.com) for information.

Enclosed you will find general camp information and registration forms. If you have any questions, please feel free to contact the school office at 914-762-6396.

\*A new personal profile is required for **all** campers.

\*Please have your physician sign and complete the attached medical form or if your physician has his own form which lists all immunizations and all allergies, we will accept that as well.

Sincerely,

Aimee Axelrod

Camp Director

Roni Shapiro Ben-David

Educational Director

## GOALS AND PHILOSOPHY

Congregation Sons of Israel Day Camp provides a safe, warm, active, nurturing environment for pre-school children to learn, grow and explore the world around them.

Summer Camp incorporates imagination, water play, creativity, movement, crafts, songs, dance and sports into each day.

Camp promotes interaction and socialization in group settings. We foster and encourage gross and fine motor skills, cognitive development and language skills on a daily basis.

We believe each child is special and unique. Summer Camp is a place to have fun, be safe and make friends.

## ABOUT OUR CAMP

C.S.I. summer program meets Monday through Friday mornings from 9:00 am–11:55 am. Camp begins on Monday, June 25th, 2012 and will be in session for seven weeks ending on Friday, August 10th, 2012. (NO CAMP WEDNESDAY, JULY 4<sup>th</sup>)

For those interested:

An After-Camp Enrichment Program is available. Please contact Kids Karousel, Director, Faith Kavy at 914-923- 0160.

## WEEKLY THEMES

Each week's activities are geared to specific themes.

Some **past** themes included:

BEACH BONANZA

SILLY SCIENCE

BUGS, BUGS AND MORE BUGS

ALL ABOUT ANIMALS

CONSTRUCTION PRODUCTION

**New** 2012 themes:

CAMP OLYMPICS

CAMP-OUT

JOURNEY TO OUTER SPACE

MUSIC MANIA

BARNYARD BASH

**Each week features a specialist in areas such as music, movement and nature.**

WEEKLY SHABBAT CELEBRATION

### WACKY WEDNESDAYS

Once a week, we come to Camp with something out of the ordinary.

For example: Crazy Hat Day, Silly Sock Day, Pajama Day, and Backwards Day

### A TYPICAL CAMP DAY

Each day includes, but is not limited to:

SPORTS

WATERPLAY

CIRCLE TIME

PLAYGROUND

SNACK

STORYTIME

ARTS AND CRAFTS

### REGISTRATION ELIGIBILITY

Priority registration forms must be received no later than March 8, 2012. Space is limited, so please do not delay in returning your registration forms.

A \$150 deposit must be included with each registration form, which will be applied to your camp tuition. If you withdraw prior to April 15, 2012, \$100 will be refunded to you. After April 15, 2012, no refunds will be made.

### MEDICAL AND IMMUNIZATION FORMS

A medical and immunization form will be mailed to each registrant and must be completed and returned to C.S.I. before the start of camp.

## Tuition 2012

34 DAYS OF CAMP = 7 WEEKS

### Tuition/Fees/Deposit

- ★ 5 DAY PROGRAM:            \$1495 - C.S.I. MEMBER  
   \$1675 - NON C.S.I. MEMBER
- ★ 4 DAY PROGRAM:            \$1450- C.S.I. MEMBER  
   \$1625 - NON C.S.I. MEMBER
- ★ 3 DAY PROGRAM:            \$1410 - C.S.I. MEMBER  
   \$1595 - NON C.S.I. MEMBER
- ★ 2 DAY PROGRAM:            \$1375 - C.S.I. MEMBER  
   \$1550 - NON C.S.I. MEMBER

Tuition must be paid in full by the first day of camp Monday, June 25, 2012.

Please make checks payable to C.S.I. Nursery School Camp.

- Sibling \$100.00 reduction from each child's tuition
- Any Camp parent that brings in a new family that has never been registered in CSI Camp or Nursery school and is not a member will receive a \$100.00 credit off their Camp tuition.
- If you have a **planned** vacation and inform the office in writing by the first day of Camp, June 25<sup>th</sup>, that you will be gone a full week during the Camp session, you will receive a

\$100.00 credit per child, with a maximum of three weeks per summer session payable at the end of Camp.

CONGREGATION SONS OF ISRAEL DAY CAMP

APPLICATION FOR ADMISSION

SUMMER 2012

CHILD'S FULL NAME: \_\_\_\_\_

SEX: \_\_\_\_\_ AGE: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

PARENT 1's NAME: \_\_\_\_\_ PARENT 2's NAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE# \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

**LOCAL** EMERGENCY CONTACT \_\_\_\_\_ PHONE# \_\_\_\_\_

FATHER'S WORK # \_\_\_\_\_ CELL # \_\_\_\_\_

MOTHER'S WORK # \_\_\_\_\_ CELL # \_\_\_\_\_

ARE YOU A MEMBER OF C.S.I.? \_\_\_\_\_

WHICH PROGRAM ARE YOU REGISTERING FOR?

\_\_\_\_\_ 2'S \_\_\_\_\_ 3'S \_\_\_\_\_ 4'S

HOW MANY DAYS DO YOU WISH FOR YOUR CHILD TO ATTEND?

\_\_\_\_\_ 3 DAYS \_\_\_\_\_ 4 DAYS \_\_\_\_\_ 5 DAYS

ON WHICH DAYS WOULD YOU PREFER YOUR CHILD TO ATTEND?

(PLEASE CIRCLE)

MONDAY                      TUESDAY                      WEDNESDAY                      THURSDAY                      FRIDAY

A \$150 DEPOSIT MUST ACCOMPANY THIS FORM WHICH WILL BE APPLIED TO YOUR CAMP TUITION. IF YOU WITHDRAW PRIOR TO APRIL 16, 2012, \$100 WILL BE REFUNDED TO YOU. **AFTER APRIL 16, 2012, NO REFUNDS WILL BE MADE.**

PLEASE MAKE CHECKS PAYABLE TO **C.S.I. NURSERY SCHOOL CAMP**

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FOR OFFICE USE ONLY:

A/C #: \_\_\_\_\_ DATE: \_\_\_\_\_ \$ \_\_\_\_\_ INITIALS:

**CONGREGATION SONS OF ISRAEL NURSERY SCHOOL DAY CAMP**

**PERSONAL PROFILE**

**2012**

Name of child: \_\_\_\_\_

Birth date: \_\_\_\_\_

Home phone #: \_\_\_\_\_

Parent 1: Occupation \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Parent 2: Occupation \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Emergency numbers: Please list the names and phone numbers of at least two other *local* adults who may be contacted in case of an emergency

Name Phone # 914- \_\_\_\_\_

Relationship \_\_\_\_\_

Name Phone # 914- \_\_\_\_\_

Relationship \_\_\_\_\_

In case of an emergency, CSI will attempt to contact the parents first, and if they are not reachable we will then call the emergency numbers listed above.

**Does your child have any allergies?  Yes  No If yes, please list what he or she is allergic to such as:**

- Eggs
- Dairy Products
- Peanut Butter
- Pollen
- Bees, Etc.
- Other, please list \_\_\_\_\_

**Does your child use any type of medication for these allergies?  Yes  No**

**Explain:**

Parent signature \_\_\_\_\_

Date \_\_\_\_\_



C.S.I. CAMP

Child Pick-up Permission

Child's name: \_\_\_\_\_ Home phone: \_\_\_\_\_

The people listed below have my permission to pick up my child from the nursery school.  
I will inform my child's teacher, in writing, each time a special pick-up is necessary.

1. Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_

Parent's signature \_\_\_\_\_

CONGREGATION SONS OF ISRAEL

CAMP

***OPT-OUT***

*Photograph Restriction Form Summer 2012*

Congregation Sons of Israel of Westchester has a website and produces various handbooks, brochures, advertisements, and DVD/videos in which we include pictures of our students, faculty and staff.

If you do NOT want pictures/images of your child(ren) to be included, please detach, sign and return the form below to the School Office, 1666 Pleasantville Rd., Briarcliff Manor, N.Y. 10510 by June 25, 2012. If you have any questions, please contact Roni Shapiro at 914-762-6396.

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Child's Name \_\_\_\_\_ Group \_\_\_\_\_

Child's Name \_\_\_\_\_ Group \_\_\_\_\_

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

*CONGREGATION SONS OF ISRAEL*  
*EMERGENCY EVACUATION FORM*

The following individuals have my permission to pick up my child in the event of an emergency that would require an off-site evacuation of the building to Pace University, Pleasantville. I understand that once my child has been picked up by any of these designated individuals, the child's well being will become the responsibility of the designated individual.

My child's name \_\_\_\_\_

Grade \_\_\_\_\_ Group \_\_\_\_\_

Designated individuals:

(You may include any friends, relatives or older siblings with a valid driver's license and car)

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

I further understand that, in the event that none of these designated individuals are able to pick up my child, they will be transported by the county to Westchester Community College in Valhalla until such time that I am able to pick them up.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

A separate form is required for each child.  
PLEASE RETURN THIS FORM TO THE SCHOOL OFFICE,  
NO LATER THAN June 25, 2012

## CHILD CARE PROTECTION POLICY

A Child Care Professional is obligated by New York State law to report any suspected cases of child abuse. This obligation is taken very seriously. Congregation Sons of Israel recognizes the need to provide a safe and caring environment for the children in our care. We believe children have a right to be free from the fear or reality of abuse (either physical or emotional). At CSI we are fully committed to protecting the security, privacy, and dignity of the children who are enrolled in our camp program. We have therefore adopted the procedures set out in this document to keep the children in its care free from abuse of any kind.

### STATEMENT OF NOTIFICATION

Before a child will be accepted into care, the parent(s) MUST sign a statement confirming that they are aware that the staff at is obliged by law to report suspected child abuse or neglect. The signed statement will be kept in the child's file.

### NOTIFICATION OF INJURY DURING OUT-OF-CARE-HOURS

Parents MUST inform their child's counselor of any visible injuries or marks on a child (accidental or non-accidental) as soon as the child arrives at the program. It is in the best interest of the parent to tell the counselor how the injury occurred and what, if any, action has been taken to care for the injury. *This will be documented and included in the child's file as an accident/incident report.*

### SUSPICIONS OF PHYSICAL INJURY OR NEGLECT

Under no circumstances will CSI carry out its own investigation into the allegation or suspicion of abuse. If child abuse is disclosed or discovered, or it appears that a child has been harmed in some way by his or her parents or other persons, the teacher will immediately seek advice from his/her director or from New York State Central Register for Child Abuse and Maltreatment (SCR) prior to speaking with the parents. Suspicions will NOT be discussed with anyone other than those mentioned above.

### RESPONDING TO ALLEGATION OF ABUSE

If, after this consultation, it is agreed that child abuse report should be made to SCR, the parents will be informed prior to the report being submitted, unless it is deemed that by informing the parents the child may come to further harm. In serious cases, the Police may be involved without parental consent or knowledge. When warranted CSI will seek medical help for the child if needed, informing the doctor of any suspicions.

### ALLEGATIONS OF SEXUAL ABUSE

In cases where the caregiver suspects that the child may have been sexually abused, the caregiver will contact SCR without informing the parents.

# CHILD CARE PROTECTION POLICY

## PARENT CONSENT AND ACKNOWLEDGEMENT FORM

Please read the Child Protection Policy before signing this form.

By signing this parental consent and acknowledgement form, I acknowledge and agree that:

I have read and understand the Child Protection Policy of "Congregation Sons of Israel";

To the extent that I have any questions concerning any of these policies or statements, I have contacted, Roni Shapiro, Educational Director and those questions have been answered to my satisfaction.

I am the child's parent or guardian with the full right of consent to this acknowledgement;

I consent to my child's enrollment at Congregation Sons of Israel, and for the safety and well being of my child, \_\_\_\_\_,(child's name)

I also consent to the collection of personal information about my child in the manner described in the Child Protection Policy should the caregiver become suspicious of any type of abuse of my child.

My child and I/We will be bound by the terms outlined in this Child Protection Policy.

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

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

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

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

Caregiver/Guardian's Name: \_\_\_\_\_

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