

1 Federation Way
Suite 205
Irvine, CA 92603

949-435-3450
949-435-3456 fax
www.bjeoc.org



5th/6th Grade Community Shabbaton

The Jewish People's Court

Making the Case with Jewish Law

January 27-29, 2006

YOUTH STAFF

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OUR COMMUNITY SHABBATON OFFERS YOUR CHILD:

**a community of over 100 Jewish 5th/6th graders
from Orange County and Long Beach**

**critical thinking skills that apply to school, sports, clubs and
extra-curricular activities**

**an imaginative curriculum encompassing new perspectives
on the role of young people in modern Jewish life**

**excellent hands-on experiences which build self-
esteem and cultivate friendships**

**stimulating discussions about Jewish ethics,
history, culture and values**



WHAT ARE WE GOING TO DO?

MEET NEW FRIENDS
EXPLORE OUR EXPERIENCES WITH
JEWISH DECISION-MAKING AND
JEWISH COURTS
SPORTS & GAMES
JEWISH LEARNING
ARTS AND CRAFTS
SATURDAY NIGHT SOCIAL
SINGING AND DANCING
SHABBAT EXPERIENCE
HAVDALLAH

"Thanks for all the pointers on Jewish learning.
I had a lot of fun, while learning as well.
I hope to come back again and again,
and maybe be a staff member someday, too."

"The weekend was totally perfect! Great job in
the Planning Department!"

"I liked making new friends and
seeing old friends."

Others Have Said . . .

HOW DO I GET THERE?

Bureau of Jewish Education retreats are held at the
Brandeis-Bardin Institute in Simi Valley.

Buses will leave from 3 bus stops:

Temple Beth Sholom

2625 N. Tustin Ave in Santa Ana
(corner of Tustin and Fairhaven)
Loading at 12:30 p.m. on Friday
(1:00 p.m. departure time)

Samueli Jewish Campus

1 Federation Way
(corner of Bonita Canyon & Turtle Ridge)
loading at 12:45 p.m. on Friday
(1:15 p.m. departure time)

Long Beach Alpert JCC

3801 E. Willow Street
(Lakewood and Willow)
Loading at 1:30 p.m. on Friday
(2:00 p.m. departure time)

**ALL BUSES RETURN BETWEEN
12:15-12:45 P.M. ON SUNDAY**



Give your child a unique and relevant
Jewish educational experience.
Give them **Jewish Community.**

The application deadline is Friday, January 13, 2006

Applications postmarked after 1/13/06 will be accepted, depending on space availability, until Wednesday, January 18.

A late fee of \$15 will be added to the \$170 weekend tuition fee (\$185 total).

No applications will be accepted after 5:30 p.m. on Wednesday, January 25, 2006.

The cost for this Community Shabbaton is \$170

(please add \$15 late fee if postmarked after 1/13/06, for \$185 total cost)

Financial aid is available through the BJE Scholarship fund. Please contact the office for assistance.

To establish a post-dated check or credit card payment plan, please contact Lucille, the Bureau Registrar at 949/435-3450, ext. 320.

CANCELLATION POLICY All weekend program fees include a \$25 non-refundable registration fee. The full tuition fee will be refunded in the event of cancellation prior to the Friday, one week before the departure date. For withdrawals after January 20 and up to the day of departure, Friday, January 27, a refund of 50% of the tuition fee will be given.

Student Name _____ Date of Birth _____ () M () F

Mailing Address _____ City _____ Zip _____

Home Phone (_____) _____ Parent Home E-mail _____

Stud. Phone (_____) _____ Stud. E-mail _____

School (Fall 2005) _____ Grade-Sept.2005 _____ Synagogue _____

Father's Name _____ Cell Phone (_____) _____

() Rabbi () Cantor () Dr. () Mr.

Father's Business/Occupation _____ Work Phone (_____) _____

Mother's Name _____ Cell Phone (_____) _____

() Rabbi () Cantor () Dr. () Mrs. () Ms.

Mother's Business/Occupation _____ Work Phone (_____) _____

Student lives with: () Both parents () Mother () Father () Other

Emergency contact: Name _____ Phone (_____) _____

(other than parents)

Student's bus stop: Bureau of Jewish Education—Samueli Jewish Campus, Irvine Temple Beth Sholom, Santa Ana Alpert JCC, Long Beach

Please describe any medical requirements, physical handicaps, allergies, ADD, medications (include brand name and dosage), problems, or special needs for your child, if any. Attach a separate sheet if necessary. If none, please write "NONE" _____

MEDICAL WAIVER AND RELEASE FORM

All participants must have current health insurance to participate in the 5th/6th Grade Community Shabbatonim

I hereby grant permission for my child _____ to participate in the 5th/6th Grade Community Shabbatonim for 2005/2006 at Brandeis Bardin Institute in Simi Valley, a woodsy camp setting. I hereby release the Bureau of Jewish Education and its members and employees from any and all liability resulting from or in any manner arising out of any injury or damage which may be sustained by said child and any loss or damage to property on account of his/her participation in said activity, or in the transportation in connection therewith.

I further agree, that in case any action is brought against the Bureau of Jewish Education, its members or employees arising out of participation as described above, I will indemnify them and hold them harmless from any attorney's fees, costs or judgments incurred or rendered in any such action.

I (we), the undersigned parent(s) of _____, a minor, do hereby authorize the supervising agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is so rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medicine Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of our afore-said agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the afore-mentioned physician, in the exercise of his/her best judgment may deem advisable, pursuant to the provisions of Section 25.8 of the Civil Code of California.

It is understood that the person in charge will try to reach me by phone prior to administering any emergency treatment. Please be advised that each participant's own insurance remains their primary insurance.

_____ I do _____ do not authorize the Bureau staff to dispense Ibuprofen/Acetaminophen (i.e. Advil/Tylenol) and, under the supervision of the camp medical staff, other "Over-the-Counter" medications at my child's request.

Health Insurance Company _____ Policy # _____

This signature also confirms that I have reviewed and understand the cancellation policy and behavior policy as stated on the reverse side of this form. I also understand that The Bureau is not responsible for lost or stolen items.

Parent or Guardian Signature _____ Date _____

PLEASE FILL OUT THE REVERSE SIDE OF THIS FORM

The Bureau of Jewish Education reserves the right to use any and all photographs taken at Bureau events for publicity purposes.

STUDENT PROFILE

What after-school activities are you involved in? _____

What other Jewish activities are you involved in? _____

I chose to participate in the Shabbaton because (circle all that apply):

To meet new people I liked the topic Values Jewish Involvement
Parents Religious School/Synagogue Peers/Friends

AIM Screen name: _____

I would like to request the following as bunkmates*

May we publish this account names in a BJE Shabbaton roster? YES NO

1) _____

2) _____

* we do not guarantee placement with these people.

CODE OF CONDUCT & DRESS CODE

Disciplinary Policy for all Bureau Youth Programs

In order to ensure the safety and well-being of all our students, the staff of the Bureau will enforce the following policies:

1. Any student who is deemed to be a danger to him/herself, to others or to the program will not be permitted to participate in Bureau activities.
2. Possession of any illegal or unlawful items will result in **immediate** dismissal from the program. These items include: cigarettes, alcohol, drugs, and weapons.
3. On weekend camp retreats, students will also be dismissed from the program for entering a cabin of the opposite sex at any time. Students may also be dismissed for leaving their cabins after "lights out" or for indecent exposure.
4. If a disciplinary action has been taken against a student in school, camp or the community, the student's parent is required to schedule a consultation with the director in order for the student to enroll or to continue (if it occurs mid-year) in a Bureau program. Failure to do so may (will) result in dismissal from the program.
5. If a student has been diagnosed with a medical or psychological problem that could result in his/her being a danger to him/herself, others or the Program, the director must approve his/her participation and may require certain conditions (i.e. doctor's note, on-going therapy, etc.)
6. If the Bureau learns of an undisclosed disciplinary action or problem diagnosis, the student will immediately be dismissed from all Bureau programs. Immediate dismissal means that a parent will be called to pick up the student immediately, regardless of the time of day or the location of the program.

Dress code:

Our community upholds respect and honor for each individual. In order to maintain this standard, please do not plan to wear any item of clothing that is strapless, or reveals your midriff or undergarments. In an effort to uphold the Bureau values, no garment should display graphics of drugs, alcohol, profanity or violent acts. If a program participant chooses to wear a skirt, it must come at least to the knees. While at camp, the Shabbat dress code states: In order to make Shabbat different from the rest of the week, we will all dress in nice clothes for Friday night services. While you do not want to wear your High Holiday best, please remember that jeans, t-shirts, and shorts are not appropriate for Erev Shabbat.

Parent or Guardian Signature _____ Date _____

Student Signature _____ Date _____

PAYMENT AND FEES

Please mail completed form to: BJE0C, 1 Federation Way, Suite 205, Irvine, CA 92603 or fax to: 949/435-3456

\$ _____ Shabbaton Program Fee
\$170 Program Fee* – postmarked on or before January 13, 2006
\$185 Late Program Fee – Postmarked after January 13, 2006

\$ _____ Please accept this contribution to the *Bureau of Jewish Education's Scholarship Fund* to assist those in need.

\$ _____ TOTAL

Enclosed is my check for \$ _____ made out to the Bureau of Jewish Education.

I prefer to pay by VISA/MasterCard: Credit Cards are acceptable only for Payments of \$100 or more.

My card number is _____ Exp. Date _____

Print cardholder's name _____

Cardholder's signature _____

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