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Santa Ana, CA



6th/7th/8th Grade Community Shabbaton

What's G-d Got To Do With It?

January 16-18, 2009

YOUTH STAFF

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JOIN US
for a weekend and
meet friends from all over
the OC and Long Beach!



Enjoy
cabin activities with
our amazing staff



Mitzvot, Family, Nature,
Community, Friends,
Life, Shabbat and more!



Come together
to celebrate Shabbat
in a beautiful camp
environment



What are We going to do?

Meet New Friends
 Sports & Games
 Jewish Experience
 Arts and Crafts
 Saturday Night Social
 Singing and Dancing
 Shabbat Experience
 Havdallah

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 Avenue 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
 (corner of Grand 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**

Others Have Said . . .

"Thanks, 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! Everyone was so enthusiastic. I just wish it was longer!"
 I loved the friends, songs, food and games! This is a camp I will NEVER forget!!!!"
 "I can say it in one word . . . EXCELLENT!"

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

The application deadline is Friday, January 02, 2009
 Applications postmarked after 01/02/09 will be accepted, depending on space availability, until 01/13/09.
 No applications will be accepted after 12 noon on Wednesday, January 14, 2009.

The cost for this Community Shabbaton is \$185
(please add \$15 late fee if postmarked after 01/02/09 for \$200 total cost)

*Financial aid is available through the BJE Scholarship Fund; please contact Lucille Cohen Carter, the Bureau Registrar, at 949-435-3450, ext. 320 for assistance.

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 9 and up to the day of departure, Friday, January 16, a refund of 50% of the tuition fee will be given.

Bureau of Jewish Education 6th/7th/8th Grade Community Shabbaton Application

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

Mailing Address _____ City _____ Zip _____

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

Student Phone (_____) _____ Student E-mail _____

School (Sept. '08) _____ Grade (Sept. '08) _____ Synagogue _____

Parent 1: Name _____ Parent 2: Name _____

Cell Phone (_____) _____ Cell Phone (_____) _____

Business/Occupation _____ Business/Occupation _____

Work Phone (_____) _____ Work Phone (_____) _____

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

Emergency contact: Name _____ Phone (_____) _____

(other than parent/guardian)

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

Physical and Mental Health Disclosure (Confidentiality assured)

Please describe and list any and all medical requirements, mental health concerns, physical handicaps, psychological issues, allergies, medications—including name of medication, dosage and time of administration, or special needs for your child. This information is essential to the health care of your child when in our guardianship. Please include an additional sheet if necessary. **IF YOUR CHILD HAS NO MEDICAL NEEDS OR CONCERNS, PLEASE WRITE "NONE"**

MEDICAL WAIVER AND RELEASE FORM

All participants must have current health insurance to participate in the 6th/7th/8th Grade Community Shabbaton

I hereby grant permission for my child _____ to participate in the 6th/7th/8th Grade Community Shabbaton for 2008/2009 at Brandeis Bardin Institute in Simi Valley, a woody 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 _____



STUDENT PROFILE

What after-school activities are you involved in? _____

Do you play a musical instrument? What? _____

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 Other _____

AIM Screen name: _____

I would like to request the following friends as bunkmates, if possible:

The Bureau of Jewish Education reserves the right to print contact information in BJE Rosters. If you would not like your information to be printed, please check box here

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. The Bureau reserves the right to inspect any property brought to a Bureau activity, including but not limited to purses, luggage, duffle bags, shopping bags and clothing (whether it is being worn at the time or not) at any time, with or without prior notice.
5. 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 will result in dismissal from the program.
6. 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.)
7. 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: **BJEOC, 1 Federation Way, Suite 205, Irvine, CA 92603** or fax to: **949/435-3456**

\$ _____ **Shabbaton Program Fee**
\$185 Program Fee* – postmarked on or before January 02, 2009
\$200 Late Program Fee – Postmarked after January 02, 2009

\$ _____ *Please accept this contribution to the **Bureau of Jewish Education's Scholarship Fund** to help a needy child attend.*

\$ _____ **TOTAL**

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

I prefer to pay by VISA/MasterCard:

My card number is _____ Exp. Date _____

Print cardholder's name _____

Cardholder's signature _____

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 December 7 and up to the day of departure, Friday, January 16, a refund of 50% of the tuition fee will be given.

