

Rabbi Avi Kaplinsky, Director



Dear Parents of 6th and 7th graders,

Last summer we launched our very successful Camp Nofesh Elite program and got rave reviews from campers and parents alike. We are proud to announce that we will be offering an even better, more exciting and more exclusive Elite program this year. In addition to the phenomenal learning, swimming, leagues, hobby room, game room, special activities and trips, the Elite Program for 6th and 7th graders will also be offering:

A LONGER DAY! Camp will be from 9:25am – 5:15pm (Monday – Thursday). At 4pm, they will daven mincha with a minyan, have a short shuir and snack, followed by supervised activities.

WEEKLY NIGHT ACTIVITIES! Each week there will be one night activity including three off-site trips, an on-campus amusement park night/restaurant night, featuring dinner from King of Delancey, two league nights, all to be announced when the itinerary is finalized.

TRIPS! In addition to the other major trips to be announced the Elite bunks will be going on an exclusive 2 1/2 day-2 night overnight to Niagara Falls, which includes a water park and much more. As always, an EMT will be on all overnights trip for extra supervision and safety.

If you register before March 15th your son will receive a Camp Nofesh T-shirt *with his name on the back* in the first week of camp. See registration form for details.

FIRST PICK AS STAFF! We receive many applications from 8th graders to be junior staff. Boys who have attended our 6th/7th grade program and have earned our trust, will have first chance at the available jobs, in one or two short years!

BONUS CANTEEN! 6th Elite Campers will get to \$1.50 DAILY!
7th Elite Campers will get to \$3 DAILY AND a slice of pizza on the pizza lunch days!
(Except Shiva Asher B'Tammuz and full day trips, on the days you attend camp)

Camp Nofesh enlists a security agency to provide guards for our campers every day from 8:30am – 5:30pm (Friday until 1:30). Camp Nofesh will therefore be charging \$100 per family to help defray the cost of providing this service.

Camp Nofesh is working hard all winter to assure that your children have the absolute best summer experience possible. So, register now for an exciting, memorable summer! Register by December 31, 2022 and receive the early bird discount AND a special Nofesh Elite sweatshirt (see registration form for details).

Please visit our website at campnofesh.org and we will email you when the USB of the camp video is available. If you have any questions, please feel free to call me in the afternoon and evenings at 551-206-3395.

Sincerely,
Rabbi Avi Kaplinsky

First half June 27th - July 21st

Second half July 24th – August 17th 2023

Grade this past year	Register by December 31		Register by March 15		Register by May 1		Register after May 1	
	Full summer	Half summer	Full summer	Half summer	Full summer	Half summer	Full summer	Half summer
Pre 1A	\$1675	\$875	\$1750	\$925	\$1800	\$975	\$1800	\$975
1	\$1950	\$1050	\$2025	\$1100	\$2075	\$1150	\$2100	\$1175
2	\$2025	\$1100	\$2100	\$1150	\$2150	\$1175	\$2175	\$1200
3	\$2175	\$1175	\$2250	\$1225	\$2300	\$1275	\$2325	\$1300
4	\$2250	\$1300 first \$1250 second	\$2325	\$1350 first \$1300 second	\$2375	\$1400 first \$1350 second	\$2400	\$1425 first \$1375 second
5	\$2375	\$1250 first \$1325 second	\$2425	\$1300 first \$1375 second	\$2475	\$1350 first \$1400 second	\$2500	\$1375 first \$1425 second
6/7	\$2450	\$1325 first \$1400 second	\$2500	\$1375 first \$1450 second	\$2550	\$1400 first \$1475 second	\$2575	\$1425 first \$1500 second

You can zelle/quickpay to agoldman@campnofesh.com

PRICES INCLUDE TRIPS. Rates for half a summer are for weeks 1-4 **OR** weeks 5-8.

PRICE INCLUDES A \$500 PER CHILD NON-REFUNDABLE DEPOSIT. Payment in full can be made with a \$500 deposit per child and the balance in postdated checks (final date June 11th) submitted with the application. ***Payments are non refundable***

MAKE CHECKS PAYABLE TO: Camp Nofesh. **All forms & payments must be sent to the camp office ONLY (242 High St, Passaic)!**

If you register without postdated checks, you are not eligible for the early bird rate.

When you register and sign the application, you are legally and halachickly responsible to pay Camp Nofesh for all the weeks on the application and Camp Nofesh will not refund any money.

If you are not registered for a specific half or full summer, please email for a price.

\$100 security fee charge per family (regardless of how many weeks registered)

REGISTRATION MUST INCLUDE \$500 per child

There is a family multiple children discount.

For a full summer, a second child is \$100 off the regular price. A third child is \$200 off. A fourth is \$300 off.

For a half summer, a second child is \$50 off the regular price. A third child is \$100 off. A fourth is \$150 off.

For example: A 5th grader, a 4th grader, a 1st grader, and a Pre 1A boy, registered for a full season before December 31:

5 th grader		\$2,375
4 th grader	\$2,250 - \$100 =	\$2,150
1 st grader	\$1,950 - \$200 =	\$1,750
Pre 1A	\$1,675 - \$300 =	\$1,375

Weekly rates*:

If you are registering for:

Three Weeks

Four Weeks (not a half, in a row) or 5-6 weeks

Seven Weeks

Payment Rates: (refer to payment sheet)

Half Summer less \$50

Email for a price

Full Summer less \$100

*If there is an overnight (6th graders) price will be higher.

If you have a **change** or **add on** to your initial registration, the rate you pay for the new weeks will depend on the trips and date you call the office to change or add to your registration. Add on price will be the current pricing and \$25 additional fee.

Sibling discount for three to seven weeks is the half summer rate.

Sibling discount for one to two weeks is \$25.

\$500 application fee *per child* (towards camp fee) must be dated the date of registration.

Post-dated check must be paid by June 11, 2023

Applications for week 1 will not be accepted after June 10. NO EXCEPTIONS!! We cannot enroll for less than a week (Monday – Friday).

Registration for the coming week must be completed by **Wednesday night**, to enable proper processing.

Planned events will be mailed shortly before camp.

Masmidim: leaving grades 1-3 \$5 a week. (Payment due with Masmidim sign up sheet in pre-camp mailing.) Masmidim leaving 4th grade, no additional charge. Masmidim program runs 6 weeks (weeks TBA) after regular dismissal days, Monday thru Thursday. (1-3 days a week).

Once you sent in registration or email agreeing to send in (including add ons) you are legally and halachically obligated to pay. Always, go thru the camp office agoldman@campnofesh.com to register. Pricing is discussed with Rabbi Kaplinsky.



REGISTRATION FORM 2023

973.365.1380 | 242 High Street, Passaic, NJ 07055
 Rabbi A. Kaplinsky, Director 551.206.3395

Parents Names: _____ (Last) _____ (Father's) _____ (Mother's)

Address: _____ **Zip:** _____

Primary Email: 1. _____ @ _____ 2. _____ @ _____

Home Number: _____

Father Cell: _____ **Mother Cell:** _____

	Camper 1	Camper2	Camper 3
Name			
Grade (current)			
Rebbe (must fill in)			
Camp Term - Fill in: <input type="checkbox"/> Full / 1st half / 2nd half			
English Birthday			
Friend(s) Request <small>*bunks are based on class unless otherwise noted</small>			
Allergies/Special Medical Supplies/ Instructions:			

Pre 1A Campers REFERRAL

I referred a new Pre1Aer

1. _____

2. _____

NEW PRE1A CAMPER:

I was referred by, list 1 family and their #

I ATTENDED

Open House

Bubble Machine

1-2 Graders (current)

I attended the Open House

- Current 6/7th grader: Sweatshirt size (youth sizes, circle) XS S M L XL (before December 31)
- Current Grades 3-7: T-shirt size (youth sizes, circle) XS S M L XL (before March 15)

In Case of Emergency Please Call: (other than your home/cell)

Name: _____ Cell Phone: _____ Relationship: _____

Name: _____ Cell Phone: _____ Relationship: _____

Doctor: _____ Phone #: _____

Insurance: _____ ID #: _____

Dentist: _____ Phone #: _____

Dental Insurance: _____ ID #: _____

MEDICINES Over the Counter (OTC) may at times need to be administered if the camper's parents or guardians indicate approval. (ex: Tylenol, Motrin, Benadryl for allergy relief, Sunscreen, Hydrocortisone ointment for skin irritations and Ointments for minor wound care, first aid - Antiseptic, anti-itch, anti-sting, antibiotic, sunburn)

Unless we have parental/guardian/or physician's authorization, we cannot administer ANY OTC medications.

I PERMIT my child to have OTC medicines I DO NOT allow my child to be given any OTC medicines

A health form is required for each child as mandated by the Dept. of Health

In case of emergency, illness, or injury, I hereby authorize Nofesh medical staff, others acting under his or their direction, any doctor and hospital which my child(ren) may be brought to, and whomever they designate as their assistants, to perform an emergency procedure or operation, to give treatment injections, and/or administer any anesthetics to my child(ren). All pertinent medical information has been written on this application form. I authorize the school nurse to release any necessary information on the school health forms that are needed for the Nofesh summer program. When feasible, a parent or emergency contact will be contacted first. My child(ren) may be given the following non-prescription medications.

All payment(s). If you register without postdated checks, you are not eligible for the early bird rate. When you register and sign the application, you are legally and halachically responsible to pay Camp Nofesh for all the weeks on the application and Camp Nofesh will not refund any money.

I have read and agree to all Nofesh policies (both sides of this application and the pricing sheet).

Signature: _____ **Date:** _____

Please fill out your official address completely, including the zip code.

Please submit your application, medical form(s) and payment(s) directly to 242 High Street, Passaic, NJ 07055.

To contact Mrs. Goldman (Bookkeeper), please email agoldman@campnofesh.com or call 973-365-1380.

Nofesh assumes NO responsibility for forms, payments, applications, etc. given to anyone else, EVEN CAMP STAFF, ADMINISTRATION, OR THE DAYCAMP CAMPUS OFFICE, EVEN DURING CAMP HOURS! Late applications will only be accepted for a subsequent week. Details are on the separate pricing sheet. A Checklist is included for your convenience.

PERSONAL BELONGINGS

Nofesh cannot assume any responsibility for personal belongings lost, damaged, or stolen during the summer season.

Please label any personal items or clothing, to assist the staff to arrange their return. Any personal belongings left on campus, on buses, at pools or fields, or on trips, will probably be discarded. Any items left anywhere after hours may be considered ownerless, and possibly be discarded.

WAIVER OF LIABILITY

I HEREBY AUTHORIZE AND PERMIT CAMP NOFESH TO TAKE MY CHILD OFF CAMPGROUNDS

to go to any pools or fields and to go on trips organized as part of the camp program.

IN ADDITION, MY CHILD MAY PARTICIPATE IN ANY ACTIVITY ORGANIZED BY CAMP NOFESH, and I assume the inherent risk of all activities and camp programs.

I WILL HOLD CAMP NOFESH AND/OR ITS REPRESENTATIVES HARMLESS IN THE EVENTS OF INJURY OR PROPERTY DAMAGE OR LOSS AS A RESULT OF SUCH ACTIVITIES.

I AM AWARE THAT PHOTOS AND VIDEOS MAY BE TAKEN OF MY CHILD DURING THE DAY at Camp Nofesh and during off site activities. I am aware that these pictures may be posted on the Camp Nofesh website or used in the ads or brochures. The pictures will be used for advertising, illustrating, and promoting camp activities.

Signature: _____ Date: _____

REGISTRATION CHECKLIST

- Sign both pages of completed registration form

- Medical form, one for each camper: MUST have campers **HEBREW NAME** (spelled in English) added and parents name and telephone # on medical form. (You can register without the medical form and send it in as soon as possible. Please note, if we do not receive it by June 1, it will hold up your pre-camp mailing.) Fax directly to 973-928-8155. Please keep a copy for your records. Medical form must include immunization and be **within 18 months of August 18, 2023.**

- Sign waiver

- Send in \$500 per child plus post dated checks (6/11/23) for balance.

- Send in \$100 security fee (per family) with registration form.

- Pre-camp mailing with schedules are mailed out in the beginning of June. Any missing data will hold up your pre-camp mailing.

- THE EARLY REGISTRATION PRICING DISCOUNTS APPLY ONLY FOR APPLICATIONS THAT ARE COMPLETELY READY FOR PROCESSING

Rabbi Avi Kaplinsky, Director



Camp Nofesh Safety Waiver 2023

I acknowledge that Camp Nofesh, its owner, administration, and any staff are not responsible in any way for any injury in any off-site amusement park, attraction, water park, trampoline, ropes course, Go Karts, Indoor and Outdoor Laser Tag, Jiminy Peak, Air Trampoline, Bubble Machines, water slides, bowling, rollerblading, and any other off-site and on- site, rides, activity, and/or place of entertainment that my son will participate in or visit.

I understand the inherent risks of injury involved during any and all off-site visits and allow my son to participate in all of them and I waive all claims against Camp Nofesh, its owner, administration, and any staff in connection with all off-site visits.

Parent's signature: _____ Date: _____

Please print parents first and last name: _____

Name of child/ren: _____

UNIVERSAL CHILD HEALTH RECORD

Endorsed by: American Academy of Pediatrics, New Jersey Chapter
New Jersey Academy of Family Physicians
New Jersey Department of Health

SECTION I - TO BE COMPLETED BY PARENT(S)					
Child's Name (Last)		(First)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth / /
Does Child Have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Name of Child's Health Insurance Carrier			
Parent/Guardian Name			Home Telephone Number		Work Telephone/Cell Phone Number
Parent/Guardian Name			Home Telephone Number		Work Telephone/Cell Phone Number
I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.					
Signature/Date				This form may be released to WIC. <input type="checkbox"/> Yes <input type="checkbox"/> No	
SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER					
Date of Physical Examination:			Results of physical examination normal? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Abnormalities Noted:			Weight (must be taken within 30 days for WIC)		
			Height (must be taken within 30 days for WIC)		
			Head Circumference (if <2 Years)		
			Blood Pressure (if ≥3 Years)		
IMMUNIZATIONS			<input type="checkbox"/> Immunization Record Attached <input type="checkbox"/> Date Next Immunization Due:		
MEDICAL CONDITIONS					
Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Medications/Treatments • List medications/treatments:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Limitations to Physical Activity • List limitations/special considerations:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Special Equipment Needs • List items necessary for daily activities		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Allergies/Sensitivities • List allergies:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
PREVENTIVE HEALTH SCREENINGS					
Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		
<input type="checkbox"/> I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.					
Name of Health Care Provider (Print)			Health Care Provider Stamp:		
Signature/Date					

Instructions for Completing the Universal Child Health Record (CH-14)

Section 1 - Parent

Please have the parent/guardian complete the top section and sign the consent for the child care provider/school nurse to discuss any information on this form with the health care provider.

The WIC box needs to be checked only if this form is being sent to the WIC office. WIC is a supplemental nutrition program for Women, Infants and Children that provides nutritious foods, nutrition counseling, health care referrals and breast feeding support to income eligible families. For more information about WIC in your area call 1-800-328-3838.

Section 2 - Health Care Provider

1. Please enter the date of the physical exam that is being used to complete the form. Note significant abnormalities especially if the child needs treatment for that abnormality (e.g. creams for eczema; asthma medications for wheezing etc.)

- **Weight** - Please note pounds vs. kilograms. If the form is being used for WIC, the weight must have been taken within the last 30 days.
- **Height** - Please note inches vs. centimeters. If the form is being used for WIC, the height must have been taken within the last 30 days.
- **Head Circumference** - Only enter if the child is less than 2 years.
- **Blood Pressure** - Only enter if the child is 3 years or older.

2. **Immunization** - A copy of an immunization record may be copied and attached. If you need a blank form on which to enter the immunization dates, you can request a supply of Personal Immunization Record (IMM-9) cards from the New Jersey Department of Health, Vaccine Preventable Diseases Program at 609-826-4860.

- The Immunization record must be attached for the form to be valid.
- "Date next immunization is due" is optional but helps child care providers to assure that children in their care are up-to-date with immunizations.

3. **Medical Conditions** - Please list any ongoing medical conditions that might impact the child's health and well being in the child care or school setting.

a. Note any significant medical conditions or major surgical history. **If the child has a complex medical condition, a special care plan should be completed and attached for any of the medical issue blocks that follow.** A generic care plan (CH-15) can be downloaded at www.nj.gov/health/forms/ch-15.dot or pdf. Hard copies of the CH-15 can be requested from the Division of Family Health Services at 609-292-5666.

b. **Medications** - List any ongoing medications. Include any medications given at home if they might impact the child's health while in child care (seizure, cardiac or asthma medications, etc.). Short-term medications such as antibiotics do not need to be listed on this form. Long-term antibiotics such as antibiotics for urinary tract infections or sickle cell prophylaxis should be included.

PRN Medications are medications given only as needed and should have guidelines as to specific factors that should trigger medication administration.

Please be specific about what over-the-counter (OTC) medications you recommend, and include information for the parent and child care provider as to dosage, route, frequency, and possible side effects. Many child care providers may require separate permissions slips for prescription and OTC medications.

c. **Limitations to physical activity** - Please be as specific as possible and include dates of limitation as appropriate. Any limitation to field trips should be noted. Note any special considerations such as avoiding sun exposure or exposure to allergens. Potential severe reaction to insect stings should be noted. Special considerations such as back-only sleeping for infants should be noted.

d. **Special Equipment** - Enter if the child wears glasses, orthodontic devices, orthotics, or other special equipment. Children with complex equipment needs should have a care plan.

e. **Allergies/Sensitivities** - Children with life-threatening allergies should have a special care plan. Severe allergic reactions to animals or foods (wheezing etc.) should be noted. Pediatric asthma action plans can be obtained from The Pediatric Asthma Coalition of New Jersey at www.pacnj.org or by phone at 908-687-9340.

f. **Special Diets** - Any special diet and/or supplements that are medically indicated should be included. Exclusive breastfeeding should be noted.

g. **Behavioral/Mental Health issues** - Please note any significant behavioral problems or mental health diagnoses such as autism, breath holding, or ADHD.

h. **Emergency Plans** - May require a special care plan if interventions are complex. Be specific about signs and symptoms to watch for. Use simple language and avoid the use of complex medical terms.

4. **Screening** - This section is required for school, WIC, Head Start, child care settings, and some other programs. This section can provide valuable data for public health personnel to track children's health. Please enter the date that the test was performed. Note if the test was abnormal or place an "N" if it was normal.

- For lead screening state if the blood sample was capillary or venous and the value of the test performed.
- For PPD enter millimeters of induration, and the date listed should be the date read. If a chest x-ray was done, record results.
- Scoliosis screenings are done biennially in the public schools beginning at age 10.

This form may be used for clearance for sports or physical education. As such, please check the box above the signature line and make any appropriate notations in the Limitation to Physical Activities block.

5. Please sign and date the form with the date the form was completed (note the date of the exam, if different)

- Print the health care provider's name.
- Stamp with health care site's name, address and phone number.