

1 Federation Way  
Suite 205  
Irvine, CA 92603  
949-435-3450  
949-435-3456 fax  
www.bjeoc.org



Non-Profit Org.  
U.S. Postage  
**PAID**  
Permit No 1739  
Santa Ana, CA

**3rd/4th/5th Grade Community Shabbaton  
&  
6th/7th/8th Grade Community Shabbaton**  
**Community, Friends, Fun and you!**

**March 12-14, 2010**



**YOUTH STAFF**

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**JOIN US  
for a weekend &  
make friends from all over  
Southern California!**



**Come together  
& celebrate Shabbat  
in a fun & beautiful camp  
environment**

**Have FUN  
with our amazing  
cabin staff who make  
being Jewish cool!**



The Bureau of Jewish Education



www.bjeoc.org



949-435-3450

What are we going to do?

Meet New Friends  
PLAY Sports & Games  
Arts & Crafts  
Havdallah  
Saturday Night Social  
Singing & Dancing  
Shabbat Experience  
Have FUN!!!

"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!"

Others Have Said . . .

## HOW DO I GET THERE?

Bureau of Jewish Education retreats are held at the  
American Jewish University Brandeis-Bardin  
Campus 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**

*There will be a new parent orientation meeting  
immediately after the buses depart.*

*At all bus stops.*

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

### The application deadline is Friday, February 26, 2010

Applications postmarked after 02/26/10 will be accepted, depending on space availability, until 03/09/10.  
No applications will be accepted after 12 noon on Wednesday, March 10, 2010.

### The cost for this Community Shabbaton is \$225

*(please add \$15 late fee if postmarked after 02/26/10 for \$240 total cost)*

\*Financial aid is available through the Bureau Scholarship Fund

For information and assistance, contact Lucille Cohen Carter, the Bureau Registrar, at 949-435-3450, ext. 320.

**CANCELLATION POLICY** All weekend program fees include a \$40 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 March 5 and up to the day of departure, Friday, March 12, a refund of 50% of the tuition fee will be given.



# Bureau of Jewish Education 3<sup>rd</sup> - 8<sup>th</sup> 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. '09) \_\_\_\_\_ Grade (Sept. '09) \_\_\_\_\_ 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 Shalom, 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 3rd - 8th grade Community Shabbaton.***

I hereby grant permission for my child, \_\_\_\_\_ to participate in the 3rd - 8th grade Community Shabbaton, 2010. 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 understand that the Bureau of Jewish Education is not liable if my child chooses to leave a Bureau sponsored program early.

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, 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.**

Health Insurance Company: \_\_\_\_\_ Group/Policy #: \_\_\_\_\_

I.D.#: \_\_\_\_\_

I do  I 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.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*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.*

*The Bureau of Jewish Education reserves the right to print contact information in Bureau rosters.*

*If you would want your information withheld, please call our office at 949-435-3450.*

# 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 \_\_\_\_\_

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

1) \_\_\_\_\_ 2) \_\_\_\_\_

*\* please note: placement is not guaranteed\**

## 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, backpacks, 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 a mental health concern or diagnosis 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.). We ask that this be disclosed out of the interest of assuring your child's safety and the safety of the community because we take this very seriously.
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, has spaghetti straps 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 be of modest length. 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 t-shirts and shorts are not appropriate for Erev Shabbat."

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

## PAYMENT AND FEES

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

\$ \_\_\_\_\_ **Shabbaton Program Fee**  
\$225 Program Fee\* – postmarked on or before February 26, 2009  
\$240 Late Program Fee – Postmarked after February 26, 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 (circle one)**

My card number is \_\_\_\_\_ Exp. Date \_\_\_\_\_

\_\_\_\_\_  
Print cardholder's name

\_\_\_\_\_  
Cardholder's signature

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