



Camp Saul Spielberg
UNITED HEBREW CONGREGATION

February 2022

Dear SSECC Family,

Camp Saul Spielberg is just around the corner, and I hope your child/children will be joining us for 10 weeks of fun in the sun!

This year, we are inviting campers to come on a once in a lifetime adventure with us as we learn Jewish values through inspiring Disney movies. (Camp Saul Spielberg – Raising the Stewards of our Community). Each week we will explore a different Disney movie and the Jewish value that can be learned through the movie's theme. As we study each movie, we will tie our learning into fine arts, cooking, sports, language (when applicable), science, math, literacy, and more! On top of our adventures, we will have daily water play, and on Fridays we will celebrate Shabbat and enjoy a pizza lunch. I look forward to going on this once in a lifetime journey with our children.

Since camp is supposed to be different than school, we have changed things around a bit to allow flexibility when creating your child's schedule. When registering your child, you will notice a monthly calendar. This calendar is to be used to indicate which days (and times) your child will attend. There are two requirements – each child must attend a minimum of 3 days a week (you pick the days!) and a minimum of 5 weeks (you pick the weeks!) These dates CAN NOT change as we will be building our staffing around your child's specific schedule. However, should you need to add days/dates – we will do our best to make that work.

In this packet, you will find one copy of all required registration forms. If you need more copies, please visit the Camp Saul Spielberg page on United Hebrew's website or make copies at home. To reserve your child's space at camp, we will need the completed registration forms and the non-refundable registration and activity fee of \$120 per child. If returned by February 28th, your registration and activity fee is reduced to \$100. The registration and activity fee includes a pizza lunch on Fridays!

We're looking forward to a great summer!

Thank you!

Lauren Lourie

Director of Early Childhood Engagement



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To successfully register your child for camp, please use the checklist below:

- Calendar choice form
- Family Information sheet
- Health History form
- Emergency Medical Consent form
- Payment options sheet

Camper's Name: _____

Camper's Age: _____

JUNE 2022						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Interim (Year Round only)	30 Memorial Day School Closed!	31 Interim	1 Interim	2 Interim	3 Interim	4
5 Bugs Life Jewish Value: Emunah (Trustworthiness)	1st Day of Camp 6 <input type="checkbox"/> 9:00 – 1:00 <input type="checkbox"/> 9:00 – 3:00	7 <input type="checkbox"/> 9:00 – 1:00 <input type="checkbox"/> 9:00 – 3:00	8 <input type="checkbox"/> 9:00 – 1:00 <input type="checkbox"/> 9:00 – 3:00	9 <input type="checkbox"/> 9:00 – 1:00 <input type="checkbox"/> 9:00 – 3:00	10 <input type="checkbox"/> 9:00 – 1:00 <input type="checkbox"/> 9:00 – 3:00	11
12 Beauty and the Beast Jewish Value: Kavod (Respect)	13 <input type="checkbox"/> 9:00 – 1:00 <input type="checkbox"/> 9:00 – 3:00	14 <input type="checkbox"/> 9:00 – 1:00 <input type="checkbox"/> 9:00 – 3:00	15 <input type="checkbox"/> 9:00 – 1:00 <input type="checkbox"/> 9:00 – 3:00	16 <input type="checkbox"/> 9:00 – 1:00 <input type="checkbox"/> 9:00 – 3:00	17 <input type="checkbox"/> 9:00 – 1:00 <input type="checkbox"/> 9:00 – 3:00	18
19 Cars Jewish Value: Anavah (Humility)	20 <input type="checkbox"/> 9:00 – 1:00 <input type="checkbox"/> 9:00 – 3:00	21 <input type="checkbox"/> 9:00 – 1:00 <input type="checkbox"/> 9:00 – 3:00	22 <input type="checkbox"/> 9:00 – 1:00 <input type="checkbox"/> 9:00 – 3:00	23 <input type="checkbox"/> 9:00 – 1:00 <input type="checkbox"/> 9:00 – 3:00	24 <input type="checkbox"/> 9:00 – 1:00 <input type="checkbox"/> 9:00 – 3:00	25
26 Frozen Jewish Value: Chesed (Caring)	27 <input type="checkbox"/> 9:00 – 1:00 <input type="checkbox"/> 9:00 – 3:00	28 <input type="checkbox"/> 9:00 – 1:00 <input type="checkbox"/> 9:00 – 3:00	29 <input type="checkbox"/> 9:00 – 1:00 <input type="checkbox"/> 9:00 – 3:00	30 <input type="checkbox"/> 9:00 – 1:00 <input type="checkbox"/> 9:00 – 3:00	1 <input type="checkbox"/> 9:00 – 1:00 <input type="checkbox"/> 9:00 – 3:00	2

Daily Rate:	Member:	Nonmember:
9:00 – 1:00	\$34	\$39
9:00 – 3:00	\$51	\$58

3x a Week Rate:	Member:	Nonmember:
9:00 – 1:00	\$102	\$117
9:00 – 3:00	\$153	\$174

4x a Week Rate:	Member:	Nonmember:
9:00 – 1:00	\$136	\$156
9:00 – 3:00	\$204	\$232

Full Week Rate:	Member:	Nonmember:
9:00 – 1:00	\$170	\$195
9:00 – 3:00	\$255	\$290

Camper's Name: _____

Camper's Age: _____

JULY 2022						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	4	5	6	7	8	9
Finding Nemo Jewish Value: Netzach (Perseverance)	Camp Closed!	<input type="checkbox"/> 9:00 – 1:00	<input type="checkbox"/> 9:00 – 1:00	<input type="checkbox"/> 9:00 – 1:00	<input type="checkbox"/> 9:00 – 1:00	
		<input type="checkbox"/> 9:00 – 3:00	<input type="checkbox"/> 9:00 – 3:00	<input type="checkbox"/> 9:00 – 3:00	<input type="checkbox"/> 9:00 – 3:00	
10	11	12	13	14	15	16
Moana Jewish Value: Achrayut (Responsibility)	<input type="checkbox"/> 9:00 – 1:00	<input type="checkbox"/> 9:00 – 1:00	<input type="checkbox"/> 9:00 – 1:00	<input type="checkbox"/> 9:00 – 1:00	<input type="checkbox"/> 9:00 – 1:00	
	<input type="checkbox"/> 9:00 – 3:00	<input type="checkbox"/> 9:00 – 3:00	<input type="checkbox"/> 9:00 – 3:00	<input type="checkbox"/> 9:00 – 3:00	<input type="checkbox"/> 9:00 – 3:00	
17	18	19	20	21	22	23
Ratatouille Jewish Value: Dugma Eesheet (Role Modeling)	<input type="checkbox"/> 9:00 – 1:00	<input type="checkbox"/> 9:00 – 1:00	<input type="checkbox"/> 9:00 – 1:00	<input type="checkbox"/> 9:00 – 1:00	<input type="checkbox"/> 9:00 – 1:00	
	<input type="checkbox"/> 9:00 – 3:00	<input type="checkbox"/> 9:00 – 3:00	<input type="checkbox"/> 9:00 – 3:00	<input type="checkbox"/> 9:00 – 3:00	<input type="checkbox"/> 9:00 – 3:00	
24	25	26	27	28	29	30
Monsters Inc. Jewish Value: Tzedek (Fairness)	<input type="checkbox"/> 9:00 – 1:00	<input type="checkbox"/> 9:00 – 1:00	<input type="checkbox"/> 9:00 – 1:00	<input type="checkbox"/> 9:00 – 1:00	<input type="checkbox"/> 9:00 – 1:00	
	<input type="checkbox"/> 9:00 – 3:00	<input type="checkbox"/> 9:00 – 3:00	<input type="checkbox"/> 9:00 – 3:00	<input type="checkbox"/> 9:00 – 3:00	<input type="checkbox"/> 9:00 – 3:00	

Daily Rate:	Member:	Nonmember:
9:00 – 1:00	\$34	\$39
9:00 – 3:00	\$51	\$58

3x a Week Rate:	Member:	Nonmember:
9:00 – 1:00	\$102	\$117
9:00 – 3:00	\$153	\$174

4x a Week Rate:	Member:	Nonmember:
9:00 – 1:00	\$136	\$156
9:00 – 3:00	\$204	\$232

Full Week Rate:	Member:	Nonmember:
9:00 – 1:00	\$170	\$195
9:00 – 3:00	\$255	\$290

Camper's Name: _____

Camper's Age: _____

AUGUST 2022						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
31 Toy Story Jewish Value: Derech Eretz (Manners)	1 <input type="checkbox"/> 9:00 – 1:00 <input type="checkbox"/> 9:00 – 3:00	2 <input type="checkbox"/> 9:00 – 1:00 <input type="checkbox"/> 9:00 – 3:00	3 <input type="checkbox"/> 9:00 – 1:00 <input type="checkbox"/> 9:00 – 3:00	4 <input type="checkbox"/> 9:00 – 1:00 <input type="checkbox"/> 9:00 – 3:00	5 <input type="checkbox"/> 9:00 – 1:00 <input type="checkbox"/> 9:00 – 3:00	6
7 Encanto Jewish Value: Shleimut (Wholeness)	8 <input type="checkbox"/> 9:00 – 1:00 <input type="checkbox"/> 9:00 – 3:00	9 <input type="checkbox"/> 9:00 – 1:00 <input type="checkbox"/> 9:00 – 3:00	10 <input type="checkbox"/> 9:00 – 1:00 <input type="checkbox"/> 9:00 – 3:00	11 <input type="checkbox"/> 9:00 – 1:00 <input type="checkbox"/> 9:00 – 3:00	<small>Last Day of Camp</small> 12 <input type="checkbox"/> 9:00 – 1:00 <input type="checkbox"/> 9:00 – 3:00	13
14	15 School Closed	16 School Closed	17 School Closed	18 School Closed	19 School Closed	20
21	22 1st Day of School	23	24	25	26	27
28	29	30	31	1	2	3

Daily Rate:	Member:	Nonmember:
9:00 – 1:00	\$34	\$39
9:00 – 3:00	\$51	\$58

3x a Week Rate:	Member:	Nonmember:
9:00 – 1:00	\$102	\$117
9:00 – 3:00	\$153	\$174

4x a Week Rate:	Member:	Nonmember:
9:00 – 1:00	\$136	\$156
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9:00 – 1:00	\$170	\$195
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FAMILY INFORMATION

Child's Name

Male Female

Birthdate

Age on August 1, 2022

Mayim (16-24 months) <input type="checkbox"/>	Kochavim (Age 2 by July 31) <input type="checkbox"/>	Etzim (Age 3 by July 31) <input type="checkbox"/>	Keshet (Age 4 by July 31) <input type="checkbox"/>	Shamayim (Age 5 by July 31) <input type="checkbox"/>
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Address

City, State, Zip Code

Home Phone

Member of United Hebrew? Yes No Other:

Parent #1 Name

Work Phone

Cell Phone

Email Address

Parent #2 Name

Work Phone

Cell Phone

Email Address



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HEALTH HISTORY FORM

Child's Name _____

Birthdate _____

Allergies:

Food _____

Medication _____

Other allergies or medical concerns (stings, hay fever, asthma, etc)

Vaccinations:

_____ I have attached a copy of my child's vaccinations.

_____ My child has his/her vaccination record on file at the SSECC that is less than 12 months old.

The health history is correct and complete to my knowledge, and the child stated has permission to engage in all camp activities, except as noted. I hereby give permission to the camp to provide care as they see necessary. I give permission to the camp to arrange necessary related transportation for me/my child in the event of an emergency. In the event I cannot be reached in an emergency, I hereby give permission for the physician, selected by the camp, to secure and administer treatment, including hospitalization, for the person named above.

Signature of parent/guardian _____ Date _____

Printed name _____



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EMERGENCY MEDICAL CONSENT FORM

Child's Full Name _____

Birthdate _____

Home Phone _____

Parent/Guardian 1:

Parent/Guardian 2:

Name _____

Name _____

Business # _____

Business # _____

Cell # _____

Cell # _____

Home # _____

Home # _____

Physician's Name _____

Phone # _____

Medication Allergies _____

Individuals who should be contacted in an emergency if parents can't be reached:

Name Relationship Phone

Name Relationship Phone

In case of a medical emergency, I give my permission for the school to contact my child's physician if I cannot be reached. If it appears to be necessary, I authorize a school representative to call 911 or take my child to the nearest hospital.

Hospital of Choice _____

Parent's Signature

Date



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PAYMENT OPTIONS

REGISTRATION and ACTIVITY FEE PAYMENT OPTIONS

Registration and activity fee of \$120 (\$100 prior to February 28, 2022)

Enclosed is a check for our registration fee. Check #

Pay via brightwheel.

CAMP TUITION PAYMENT OPTIONS:

If choosing to pay by credit card, you will incur an additional 3% in credit card fees

Pay full amount via brightwheel form on April 22.

Pay in 2 monthly installments (April 22 and May 20) via brightwheel.

I will write a check for the full amount due on April 22.

I will write 2 checks for the full amount due on April 22 and May 20.