



Jack Nadel Social Services Center / Special Needs

S.O.U.R.C.E. Program

Camp Kehilla Parent Survey

Name _____

Child/Teen Name _____

My child/teen is _____ years old

Date of Birth _____ Female Male

In School, my child is in a: (check one)

Self Contained Class Inclusion Class Mainstreamed Class

Has your child attended Camp Kehilla in the past? Yes No

If yes, when? _____

Would you be interested in participating in a "Kehilla Mini-Camp" at the JCC on Saturday afternoons from 2:30–5:30pm? Yes No

This program would run similarly to Camp Kehilla, with children being divided into age-appropriate groups with high child-to-staff ratios. Specialty activities are included.

If you are interested in a mini-camp, would you like for us to contact you to discuss this program in more detail and find out if this program would benefit your child? Yes No

If yes, please provide us with the following information:

Name _____

Number _____

Address _____ City _____ Zip _____

Email _____

Please send me further information about Kehilla Mini-Camp

Please return this form no later than Monday, November 2:

- 1) Through email to jenglehardt@sjcc.org
- 2) Through mail to 300 Forest Drive, East Hills, NY 11548, attn: special needs
- 3) Through fax to 516-484-7354, attn: special needs

Thank you for your time. We hope to build on the long standing success of Camp Kehilla by starting Kehilla Mini-Camp on Saturdays. I hope to see your children there.

Sharon Hanover, MSW
Director of Camp Kehilla

