Shomrei Adamah Logistical Manual Fall 2014







Teva 116 Johnson Road Falls Village, CT 06031 Phone: (860) 612-TEVA hazon.org/teva

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Dear Parents,

Your child will soon have the opportunity to participate in an award-winning experiential Jewish environmental education program with the Teva, a program of Hazon at the Isabella Freedman Jewish Retreat Center. This letter answers some of the questions parents have asked us in the past. Please feel free to check out our website (hazon.org/teva) or contact us (860-612-8382), teva@hazon.org) with any additional questions or concerns you might have.

<u>Goals:</u> Teva integrates outdoor environmental education with Jewish concepts and values through exciting hands-on activities in a cooperative, non-competitive residential setting. Teva students develop a greater sense of responsibility, independence, and self-esteem. Students will come away from this experience excited about the natural world and more knowledgeable about what Judaism has to contribute to our understanding of the environment.

<u>Curriculum:</u> Over the course of four days and three nights, students participate in two types of daytime classes: *Limudei Chutz* (outdoor learning) and two *Chuggim* (electives). In *Limudei Chutz*, students study earth sciences, plant and animal life, and the connections between them that allow ecosystems to function. Through experiential activities, they will also explore Jewish wisdom on humanity's role in Creation. They also participate in group challenges, which promote communication, trust, and creative problem solving. In *Chuggim*, students are able to choose from electives relevant to Teva's mission. Chuggim options often include drama, music, arts and crafts, cheese making, movement, survival skills, meditation, and more. One of the two *Chuggim* slots is a hands-on *Beit Midrash* (Jewish text study) where students learn that Torah is not only studied on a page but is brought to life in practical application in the world. Evening programs include a night walk and an exciting interactive presentation. New songs are taught daily and journal writing is strongly encouraged. Also, the students lead *shacharit* services, with input from the Teva Learning Alliance educators. *Brachot* (blessings) are said before and after eating, and taught for other natural events, as a means of heightening awareness and expressing wonder and gratitude.

<u>Facilities</u>: Teva is based at the Isabella Freedman Jewish Retreat Center, in Falls Village, CT. It offers comfortable winterized lodging and strictly kosher food. The forest, lake, and fields serve as the outdoor classroom. Isabella Freedman is also host to the Adamah program which includes a farm, goats and chickens, a pickling and cheese making operation, and a farm-to-table kitchen.

<u>Safety:</u> All staff are first aid and CPR certified. A Teva medic will be in residence during daytime hours and there is a hospital within 15 minutes of the center, for any medical emergencies.

<u>Staff:</u> The on-site Teva administrative team includes a program and education director, a program associate, a medical professional, and a teaching staff of qualified field group leaders and specialists. Schools also bring teacher chaperones.

With this letter, you should receive from your school a Packing List, Permission Slip, Medical Form, Medical Authorization and Release, and Participant Behavioral Contract. The last four items all need to be completed, signed, and returned to the school in advance of your child's attendance.

We hope you are as excited about the program as we are! We look forward to meeting your child.

B'vrachah, **Lauren Greenberg Teva Program Coordinator** 116 Johnson Road Falls Village, CT 06031 <u>lauren.greenberg@hazon.org</u>

Sample schedule based on the 4 day program (Subject to change)

Day 1		Day 2	2
10:30	Arrival	7:30	Tefillot (Prayers)
11:00	Field Games	8:30	Breakfast
12:00	Orientation 1	9:30	Limudei Chutz 2 (w/ Lunch)
12:30	Lunch	3:00	Hafsakah (Free Time)
1:30	B'reisheet Performance	4:30	Predator Prey (All-school game)
2:00	Limudei Chutz 1	6:00	Singing/WTVA
4:30	Hafsakah (Free Time)	6:30	Dinner
6:00	Orientation 2 – Chuggim Demos	7:30	Chuggim (electives)
6:30	Dinner	9:00	Snack, Singing, & Lylah Tov
7:30	Night Walk		
9:00	Campfire and Singing		
9:30	Snack & Lylah Tov		
Day 3)	Day	4
Day 3		Day 4	
7:30	Tefillot (Prayers)	7:00	Luggage Drop-off
8:30	Breakfast	7:15	Tefillot (Prayers)
9:30	Limudei Chutz 3 (w/ Lunch)	8:30	Breakfast
2:30	Hafsakah (Free Time)	9:30	Limudei Chutz 4
4:00	Chuggim (electives)		Bringing it Back To Our School
5:30	Singing/WTVA		Lunch, singing and evaluation
6:00	Dinner		Closing Ceremony
7:00	Evening Program	1:15	Departure
9:30	Snack, Singing, & Lylah Tov		

Teva Sample Menu

This is a sample menu based on the 4 day Teva program; all meals are subject to change.

All food served at Teva is vegetarian. Teva strives to use as many seasonal and local ingredients in its menu, utilizing the on-site Adamah farm. Each meal contains a "Taste of Teva" dish which is usually a seasonal vegetable grown on the Adamah farm and prepared in a new and interesting way.

Teva attempts to provide for all special dietary needs and food allergies with advanced communication from parents or schools. To requests a special meal or ensure an allergen safe menu, please contact Teva at least three weeks prior to your arrival. Contact the Program Coordinator at 860-612-8382 or e-mail teva@hazon.org with subject 'Allergies'.

	Breakfast	Lunch	Dinner
Day 1		Mac & Cheese Tomato Soup Sautéed Greens Salad bar	Make your own Burrito Rice and Beans Veggie Chili Onions, Mushroom, Squash, Shredded Cheese Salad bar Cookies
Day 2	Scrambled Eggs Hash Browns Fresh Fruit Cold Cereal Oatmeal Yogurt Orange Juice	"Trail Lunch" Sunflower butter & Jam Cheese or Hummus HB Eggs Bread/Pita Trail Mix Veggie Sitcks Whole Fruit	Pasta Bar Pesto, Marina, Vegan Cheese Sauce Carrot Soup Roasted Vegetables Salad bar Cookies or brownies
Day 3	Pancakes Fresh Fruit Cold Cereal Yogurt Oatmeal, Orange Juice	"Trail Lunch" see Day 2	Vegetable Pot Pie Sautéed Greens Celery Root Soup Salad Bar Ice Cream
Day 4	Oatmeal Bar Fresh Fruit Cold Cereal & Granola, Cheese, Yogurt, Juice, Hard Boiled Eggs Orange Juice	Whole Wheat Pizza – Cheese & Assorted Vegetable/Vegan Squash Soup Salad Bar Fresh Fruit	

^{*}Salad Bar: Fresh & Lacto-fermented (pickled) Vegetables, Salad Greens, Assorted Dressings & Condiments, HB Eggs, Sunflower/Pumpkin Seeds; Dried Fruit

^{*}Snacks are served every afternoon and evening

^{*}Sunflower butter, bread, and jam available at all meals

Suggested Clothing and Equipment List

Please send students with clean but old clothing. New clothing may look like old clothing when children get home. Clothing should be marked with the student's name. Students should be prepared for cool nights, however weather is unpredictable, students should be prepared for all possible conditions.

- 4 t-shirts
- 1 heavy shirt (preferably wool or fleece)
- 1 sweater or sweatshirt (preferably wool or fleece)
- 2 pairs of pants (Jeans are not ideal because, once wet, they retain water for a long time.)
- 3 pairs heavy long socks (no ankle socks)
- 3 pairs light long socks (no ankle socks)
- 4 changes underwear
- 1 pair of long underwear (preferably silk and polypropylene, not cotton)
- 1 pair sneakers (old)
- 1 pair sturdy, well-broken-in hiking boots (waterproof)
- Sock liners or plastic baggies to be worn between socks and shoe/boot to keep feet warm and dry during rain
- Pajamas

- Warm winter hat (as Canadians call it a 'Toque')
- Hat with brim (i.e. baseball hat)
- Gloves
- Scarf
- Winter jacket
- Raincoat or poncho with a hood (a must!)
- Rain pants (Bottom halves get wet, too)
- Warm sleeping bag or Blankets
- Pillow & pillowcase
- Sheets
- Two Water Bottles for the trail (make sure the lids closes tightly – bottles with straws are no good)
- Toiletries (incl. Toothbrush, Toothpaste, Floss, Soap, Shampoo & Conditioner)
- Towel
- Laundry bag
- Pens, pencils
- Daypack/knapsack/school book bag
- Kippah (Required according to your school's custom)

Wool and Fleece are recommended due to their ability to retain warmth while wet and dry quickly. Students will spend extended periods of time outdoors, and may not have the opportunity to change immediately after getting wet.

OPTIONAL EQUIPMENT

- binoculars
- compass
- flashlight
- camera
- books
- games

DO NOT BRING (**very important**)

- money
- cell phones or other mobile devices
- knives of any kind, firearms or archery equipment
- electronic games, mp3 players, or ipods
- candy, gum, soda or any food
- firecrackers, fireworks, matches, lighters
- curling iron or blow-dryers

Please send at least one used/empty cereal box with your child, which Teva uses as the cover for the Student Field Guide

Thank you!

SOME SUGGESTED PLACES TO SHOP:

- Campmor discount outdoor gear: 800.226.7667 www.campmor.com
- Sierra Trading Post discount outdoor gear: 800.713.4534 www.sierratradingpost.com
- EMS, REI or other local outdoor and sporting goods stores

TEVA MEDICAL FORM

Name		Date of Bi	rth	(Age
Address	First	Sex	Weight	Height
Parent or Guardian				
Home Phone ()				
Family Physician		Phone ()		<u>. </u>
In Case of Emergency, notify th	e following if a parent can	not be contacted:		
Name	<u> </u>		one ()	
Name				
Home and Health Questionnair 1. Is this the student's first overnies	<u>e</u>		, , <u> </u>	
2. The date of the student's last d	phtheria-tetanus or tetanus	booster is	_ (this must be cu	ırrent)
3. List any current activity restrict hospitalizations, special diet, etc.)				
4. List allergies (including food, e		degree of severity, a	nd treatment.	
5. List any chronic or recurring illr		, asthma, diabetes, e	etc.) and explain.	
6. Additional information (includi	ng sleep habits, bedwetting			
7. Insurance Information: Is your child covered by a If "yes," name of insured _			No	
Address of Insured	First	Last		
Name and Address of Insurance (Company (address to submi	claims)		
Name		Policy #		
Address		Insurance Agent		-
Phone number of Company ()	Address		

Please contact the program staff in advance at 860-612-8382 or teva@hazon.org with any major food allergies, or any other medical concerns that may require special advanced arrangements.

Medication Authorization and Release

IMPORTANT: Must read and sign below.

Relationship

Should my child sustain or incur any accident or illness while attending the Teva program, a program of Isabella Freedman Jewish Retreat Center, I hereby authorize the Director of the program, or his agent, to execute any and all documents, including necessary releases, which might be required by any medical facility to perform any emergency care on my behalf.

In the event that the child has an accident or illness during the program which requires a visit to the doctor or a hospital, the existing family or school policies will represent the primary insurance coverage.

Should my child become ill, get a headache, catch a cold or have other minor medical or dental problems, I (please check one) DO ______ DO NOT _____ give permission for the administration of non-prescription medication at the discretion of the program's medical personnel and the school's chaperone.

In the event of a tick bite please DO ______ DO NOT ____ call me prior to tick removal by the Teva medic.

In the event my child sustains a minor injury that requires basic on-site medical attention please DO _____ call me to apprise me of the situation.

Print Name _____ Signature _____

Date _____

Teva Program	Permission S	<u>lip and</u>	<u>Behavioral</u>	Contract

I give permission for	, who is currently in grade to environmental education program of Hazon at Isabella
I understand that there are inherent risks involved in any outdoor activity. I as or illness experienced by my child that is not the result of negligence. I under medical treatment both during Teva and after the program.	
I understand that the director or school trip leaders may dismiss my child from in the best interest of the entire group. I also understand that I am responsible medical problem where the school leaders deem it necessary for the student	e for transporting my child in the case of a discipline problem or
Student's Home Address:	
City:	State
Zip	
Signature	Date
Printed Name	Relationship to Student
I (please check one) do authorize do not authorize Teva to program for publication, display or other promotional purpose.	use photographs, videotapes, etc., of students taken during the
All of the participants in the Teva program are responsible for their conduct a guidelines established for the program in order to participate. The specific guest a Students will take responsibility for their safety, carefully listening to ruse instructions from teachers, chaperones, or Teva staff may result in dism. * Students will take responsibility for the smooth running of group activity result in dismissal from the program. * Students must remain with the group at all times. * No food or gum may be brought into camp because of *kashrut* (dietary). * Use and/or possession of firearms, knives, firecrackers, drugs, alcohologorous is strictly forbidden. * Students will not damage site property, Teva property or the personal student will be apart from the group and not allowed to participate in any protake a time out, or if he/she breaks a rule, he/she will be asked to do some for our community, community service allows students to contribute back to it. It service, or if he/she breaks a rule that makes Teva unsafe for anyone, he/she will be required to come pick up the student.	and must be willing to abide by the rules and behavioral uidelines for conduct include: ales and instructions. Unsafe behavior or failure to follow hissal from the program. A laws) and animals. A laws and animals. A laws are a safe of the student has been asked to take a 'time out'. During a "time out" the largramming. If the student has been asked more than once to m of Teva community service. Since disruptive behavior hurts are the student continues to be disruptive after doing community will be dismissed from the program and a parent/guardian will
I understand that the Teva Learning Alliance's program is a class experience a activities. I agree to abide by and support the policies and guidelines set fortly	
Student's Signature	Date
E-mail address:	
Parent's Signature	Date
E-mail address:	
Staying in Touch I Would / Would not like to – receive future communications.	



Teva Swag Order Form

Please submit this form to the school with your child's medical forms

Teva Ts - \$18

Organic cotton, naturally light earthy color t-shirt. Features the Teva logo on the front and hand-drawn Hamsa (hand) or Torah Scroll design on the back.

	•
YOU, THE WORK AND ALL OTHER SANAL OF THE SAN	
AND HAVE BUT THE ABILITY GIVEN TO THEM BY THE BLESSED CREATOR.	
- BAAL SHEM TOV	

Adult and Children's T-shirts \$18				
Adult Size	<u>Hand</u>	<u>Scroll</u>		
Small				
Medium				
Large				
XLarge				
J				
Child Size	<u>Hand</u>	<u>Scroll</u>		
Child				
Medium				
Large				



Teva Tunes CD - \$20

This 2 CD set features all the Teva favorites including p'solet, decomposition, Adamah V'Shamayim, Deep Inside my Heart, tefillah tunes, and many more! Performed and recorded by Teva musicians, educators and students.



	Please make checks payab	le to Teva	
Total number of Teva Shirts	x \$18 per shirt =	\$	
Total number of Teva Tunes CD Sets	x \$20 per CD Set=	\$	
	Total	\$	
Student's Name	Parent's	Name	
School Name:			
Your Address:		Phone:	