

Name: _____ Camp: _____

Primary Parent/Guardian to contact during camp day: _____

Home #: _____ Cell # _____

Work # _____ E-Mail _____
(please list work extension) (We will be e-mailing all newsletters & notes home)

2 Emergency Contact: _____ Phone: _____
(cell phone or best daytime number)

PLEASE CHECK ALL OPTIONS THAT ABOVE CAMPER IS SIGNED UP FOR

<u>Session I</u>
<input type="checkbox"/> Camp
<input type="checkbox"/> Before Care
<input type="checkbox"/> After Care
<input type="checkbox"/> Swim Lessons
<input type="checkbox"/> Hot Lunch

<u>Session II</u>
<input type="checkbox"/> Camp
<input type="checkbox"/> Before Care
<input type="checkbox"/> After Care
<input type="checkbox"/> Swim Lessons
<input type="checkbox"/> Hot Lunch

<u>Session III</u>
<input type="checkbox"/> Camp
<input type="checkbox"/> Before Care
<input type="checkbox"/> After Care
<input type="checkbox"/> Swim Lessons
<input type="checkbox"/> Hot Lunch

PLEASE CHECK THAT YOU HAVE THE FOLLOWING ITEMS COMPLETED

- | | |
|--|--|
| <input type="checkbox"/> Camper picture | <input type="checkbox"/> NWSRA inclusion aid requested? Y N
(Assistance is available <i>if needed</i> for any camper who has an IEP in school or a diagnosed disability) |
| <input type="checkbox"/> Camper Info Sheets | |
| <input type="checkbox"/> Release for camper self sign in/out | |
| <input type="checkbox"/> Camper Rights and Responsibilities Contract | <input type="checkbox"/> Food allergies Y N |
| <input type="checkbox"/> Camper shirt-size indicated _____
(Child S M L / Adult S M L XL XXL) | |

CAMPERS WILL NOT BE ALLOWED TO ATTEND CAMP UNTIL ALL PAYMENTS, INFORMATION PACKETS AND PICTURES ARE TURNED IN TO THE COMMUNITY CENTER

Dear Parents and Guardians:

Hello and welcome to the Rolling Meadows Park District day camp experience 2010. My name is Cathi Fabjance and I am the Youth Program Supervisor in charge of Kaboom, Tastic and Super Kids camps. I am very excited about this upcoming summer session. Our staff has worked very hard to plan a summer that is full of memorable events and fun activities.

Included in this packet are forms that we need you to fill out for our camp records. All of the forms need to be completed, signed and turned in to the Community Center front desk by **Monday, May 31st**. A Parent Information Manual will be available for you to pick up at the front counter when you return your completed forms.

Don't forget to come to our Camp "Meet & Greet" on **Wednesday, June 9th** at 6:30 pm at the Community Center. Meet & Greet gives campers the chance to get to know one other and meet our camp staff. This is a great opportunity to help lessen the anxiety of the first day of camp.

Please fill out and turn in the forms, pick up and read over the Parent Manual, attend camp Meet & Greet and get ready for a great summer! I look forward to this camp season. Should you have any questions regarding this year's camp program, please feel free to contact me.

Sincerely,

Cathi Fabjance
Youth Program Supervisor
847-818-3200 ext. 225
CFabjance@RMParks.org

Rolling Meadows Park District Day Camp

Camper's Rights and Responsibilities Agreement

Please read over the camper's rights and responsibilities agreement with your child carefully before signing to ensure a better understanding of our camp philosophy. The Rolling Meadows Park District camp is about fun, connection, self-exploration and self-expression. We strive to help our campers gain personal power and independence, build self-confidence and self-esteem and develop friendships while having fun. In order to achieve this and to create a safe and enjoyable environment at camp, we have identified certain expectations which all campers must observe. We think it is important that both parents and campers be aware of these expectations prior to arriving at camp. In addition, these expectations will be reviewed with your camper throughout the summer. We require that each camper abide by this Code of Conduct. Breaking the Camper Agreement on a continual basis may result in dismissal from camp.

As a summer camp participant you have the right to:

- | | |
|--|--|
| <ul style="list-style-type: none">❖ be free from cruel teasing and put-downs❖ have a fair turn in any group activity❖ seek help from adults who are here to help you | <ul style="list-style-type: none">❖ be treated with dignity and respect by everyone❖ take part in all activities offered by the program |
|--|--|

As a summer camp participant you have the responsibility to:

- | | |
|---|---|
| <ul style="list-style-type: none">❖ avoid fights of any kind with other children❖ be fair and accepting of others eager to join any activity❖ play fairly and share equipment❖ use appropriate, acceptable language❖ be kind, considerate, helpful and respectful toward others❖ respect property, especially things that do not belong to you❖ cooperate with others, and with adults who are here to help you | <ul style="list-style-type: none">❖ be a good sport whether you win or lose❖ be truthful with everyone❖ challenge yourself to try at least one new thing each day while you're at camp; we'll be there to support you and cheer you on.❖ listen to your counselors. If you have a problem, talk to your counselors. We'll hear you and help you find a solution.❖ HAVE FUN! |
|---|---|

I, _____ (Please Print), have read and discussed with my parents the camper's rights and responsibilities. I pledge to respect myself, the other campers, and staff while attending camp at the Rolling Meadows Park District.

Camper Signature: _____ **Date:** _____

I, _____ (Please Print), parent/guardian of the above named youth have read and have assisted my child in understanding the above rights and responsibilities as a camp participant. I will continue to emphasize to my child the importance of respect and appropriate behavior.

Parent/Guardian Signature: _____ **Date:** _____

PLEASE PRINT INFORMATION CLEARLY

Camper Name: _____ Birthday: _____

Camp: _____ Session(s) attending (circle): 1 2 3

Home #: _____

Address: _____

City: _____ Zip _____

**Attach Camper
Picture Here!**

EMERGENCY CONTACT INFO

Mother's/Guardian Name: _____

Home #: _____ Cell #: _____

Work #: _____ Ext _____

Father's/Guardian Name: _____

Home #: _____ Cell #: _____

Work #: _____ Ext _____

Step-Parent's Name: _____

Home #: _____ Cell #: _____

Work #: _____ Ext _____

Step-Parent's Name: _____

Home #: _____ Cell #: _____

Work #: _____ Ext _____

Additional Emergency Contact (other than listed above)

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

HOSPITAL RELEASE – Covering 6/14/10 – 8/13/10

As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the following minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort had been made to reach me. The release includes coverage for field trips, and all in camp activities.

This release is completed and signed of my own free will with the sole purpose of authorizing medical treatment and emergency circumstance in my absence.

Signature: _____ Date: _____
(Legal Guardian)

Family Physician _____ Phone: _____

I give permission for the RMPD staff to apply sunscreen to my camper: Yes No

CAMPER PICK-UP

Your child will only be released to a legal guardian unless you indicate to the park district other family or friends that your child has permission to leave with. Please advise the individuals on the list that they will be required to show identification to park district staff. **If a parent/step-parent is not allowed to pick up a child, there must be a court order on file with staff.**

The following people have my permission to pick up my child from camp:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Guardian's Signature: _____ Date _____

ALLERGIES/MEDICAL INFORMATION

Specific medical/food allergies, chronic illness or other conditions _____

If your child uses an Epinephrine Auto Injector please ask for the additional EPI pen form which will need to be filled out by your physician.

MEDICATION ADMINISTRATION

To minimize the administration of a medication dispensing program, we ask that parents or guardians administer medication prior to entering the program whenever possible. The Rolling Meadows Park District Camp medical dispensing program should only be used when it is absolutely necessary to administer medication to a child during program hours.

If your child will require medication administration during program hours, please ask the front office staff for the *Permission To Dispense Medication/Waiver and Release of All Claims* form and the *Medication Dispensing Information* form. These forms must be turned in with your camper information packet.

Dear Campers,

We are so happy that you are going to be coming to camp this summer!! I hope that you are as excited we are about all of the fun activities that we have planned for you. Your counselors can't wait to meet you. They would love to find out a little bit about you before you come to camp. Please tell us about yourself...

What is your favorite book? _____

What is your favorite movie? _____

What kind of music do you like? _____

What are you looking forward to this summer? _____

What is your favorite subject in school? _____

What is your favorite sport? _____

What are your interests/hobbies? _____

What is your favorite food? _____

What do you like to do when you're not at school? _____

Do you like doing arts & crafts? _____

Is there anything else you would like to share with us about yourself? _____

Thank you for telling us a little bit about yourself. We can't wait to see you this summer!

Release for Camper Self Sign-in/Sign-out of Camp

Parents/guardians are required to escort campers into the building to sign campers in and out of camp or before and after camp care. Campers who walk or bike to camp and campers who are dropped off or picked up in front of the building will be required to sign themselves in and out of the camp program.

Campers who will be walking and/or riding their bike will only be allowed to leave camp at 4:00 pm or after care at 6:00 pm. If your camper needs to leave earlier than 4:00 pm or 6:00 pm, you must send a written note.

Campers who will be meeting their parent's car outside of the building are only allowed to do so after camp at 4:00 pm. If a camper is outside the building waiting for a ride for more than 10 minutes, they will be put into aftercare and you will be billed according to the late pick-up fee in the parent manual.

Please be advised that the Rolling Meadows Park District is responsible for your camper during regular day camp hours once the child has been signed in (either by a parent/guardian or themselves), **not on the way to and from camp or on their way into or out of the building**. We do not contact parents when a child is absent.

I give my permission for my child(ren) to sign themselves in and out of the Rolling Meadows Park District's Camp. I understand that the Rolling Meadows Park District is only responsible for my child during regular camp hours and not to and from camp or on their way into or out of the building. I also understand that if my child needs to leave camp early, I will send a written note to my child's counselor. The Rolling Meadows Park District is not responsible for lost or stolen equipment, including bikes and roller blades.

Child's Name: _____ Camp: _____

My child will be (please check all that apply):

- Signing themselves in to camp or before camp care
- Walking/Biking home from day camp at 4:00pm (or camp dismissal time)
- Walking/Biking home from after camp care at 6:00pm
- Signing themselves out of camp to meet parent/guardian in front of the building

Parent/Guardian Signature: _____

Daytime Phone #: _____ Cell Phone #: _____