



Fort Frankfort Adventures Summer Day Camp

Camper's Name _____
 Address _____ City _____ Zip Code _____
 Home Phone _____ Cell Phone (Dad) _____ (Mom) _____
 Birth Date ___ / ___ / ___ Grade (as of September, 2018) _____ Age _____

Does your child have a medical condition that our camp staff should be aware of? YES NO
 If so, please explain _____

Campers are required to purchase a camp T-shirt to wear on field trips. \$8.00 per shirt
 Shirt Size 6/8 10/12 14/16 AS AM AL AXL

Campers may register for the entire camp or on a per week basis.
SAVE 10% IF YOU REGISTER FOR ALL 8 WEEKS!!! Additional siblings will receive \$5.00 off each week that you register for camp.

Please put a check by the week(s) your child would like to attend camp.

Dates	Day Camp	Before Camp	After Camp
Week 1: June 11-15			
Week 2: June 18 - 22			
Week 3: June 25 -29			
Week 4: July 2 - 6* <i>(No Camp July 4)</i>			
Week 5: July 9 - 13			
Week 6: July 16 - 20			
Week 7: July 23 - 27			
Week 8: July 30 - Aug 3			

***** **SAVE 10% IF YOU REGISTER FOR ALL 8 WEEKS!!!** *****

<u>Day Camp</u>	<u>Before Camp</u>	<u>After Camp</u>
\$160/ NR \$165	\$30/ NR \$35	\$30/ NR \$35
\$135/ NR \$140(July 4 week)*	\$25/ NR \$30(July 4 week)*	\$25/ NR \$30(July 4 week)*

FRANKFORT PARK DISTRICT REGISTRATION FORM (Please Print)

Mail, Drop-Off or Fax :

**Frankfort Park District
140 Oak Street
Frankfort, IL 60423
Phone: 815-469-9400
Fax: 815-469-9275**

Family Last Name _____ Date _____

Street Address _____ Home Phone _____

City _____ Zip _____ Cell Phone _____

I want to receive program & Park District updates via email Yes No E-Mail Address _____

The Frankfort Park District welcomes individuals with disabilities into its programs. Please check the box if you or a family member require special assistance and describe any accommodations needed _____

Participant Name	Program Name	Session	Birthdate Mo/Day/Yr	Grade	Sex: M/F	Fee

Please Indicate your choice of payment Check Cash Credit Card Total Enclosed \$ _____

Account Number - must complete when using Visa, MasterCard , or American Express



Cardholder Name _____ Exp. Date _____ Charge Amount _____

Authorized Signature _____ Security Code _____

Must have signature to be processed

READ CAREFULLY

Please be aware that, in signing up and participating in Frankfort Park District programs, you will be waiving and releasing all claims for injuries, arising out of these programs, that you or the other named participants might sustain. The terms "I", "me", and "my" also refer to parents or guardians as well as participants in the programs. In registering for these programs, you are agreeing as follows:

As a participant in these programs, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of any injuries, damages of loss, which I may sustain as a result of participating, in any manner, in any and all activities connected with or associated with such programs. I further recognize and acknowledge that all athletic activities involving strenuous exertion or potential body contact are hazardous recreational activities and involve substantial risks of injury.

I hereby grant authority to the Frankfort Park District and the teacher/instructor supervising an event to obtain a paramedic to give emergency treatment to my child or obtain ambulance services for my child when it is deemed necessary. I also give permission to the selected paramedic/physician to treat my child as requested by the Frankfort Park District in the event that I cannot be reached. I am aware that any expenses incurred for any of the above services will not be the responsibility of the Frankfort Park District.

I agree to waive and relinquish any and all claims I may have as a result of participating in these programs against the Frankfort Park District, any and all participating cooperating governmental units, any and all independent contractors, officers, agents, servants and employees of the governmental bodies and independent contractors, and any and all other persons entities, or whatever nature, might be directly or indirectly liable for a injuries that I might sustain while participating in these programs. (The parties described in the preceding sentence are referred to as "released parties" in the remainder of this Agreement.)

I do hereby fully release and discharge the Frankfort Park District and any and all claims for injuries, damage or loss which I may have or which may accrue to me on account of my participation in these programs.

I further agree to indemnify, hold harmless and defend the Frankfort Park District and any and all other released parties, from any and all claims resulting from injuries, damages and losses sustained by anyone, and arising out of, connection with, or in any way associated with my conduct and the activities of these programs.

I further understand and agree that the terms such as "participation", "programs", and "activities", referred to in this Agreement, include all exercises and physical movements of any nature while I am participating in these programs and further include the provision of or failure to provide proper instructions of supervision, the use and adjustment of any and all machinery, equipment, and apparatus, and anything related to my use of the services, facilities, or premises involved in these programs, and transportation to any from any events.

I understand the nature of these programs for which I am registering, and have read and fully understand this Waiver, Release and Hold Harmless the nature of these programs for which I am registering, and have read and full understand this Waiver, Release and Hold Harmless Agreement. I further understand that any advisements or warning of the particular risks of these programs that I subsequently receive will be incorporated by reference into and become a part of this Agreement.

CANCELLATION AND REFUND POLICY: Refunds of 100% will be made, less a \$5.00 service charge, if notified at least 2 working days prior to the start of the program or if a doctor's note is provided for an injury or illness. Refund checks take up to two weeks to be processed. ****There are no refunds given for Trips, One-Day Programs, or Special Events. All League deposits are non-refundable. There are NO refunds on Leagues once the teams/schedules are made.**

A 50% refund will be given if notified prior to the second course meeting for reasons other than a doctor-verified illness or injury. All refunds must be done in person at the park district office. They cannot be completed over the phone or by fax. Full refunds are granted without penalty for: A refund that is initiated by the Park District (i.e. low enrollment/canceled class)

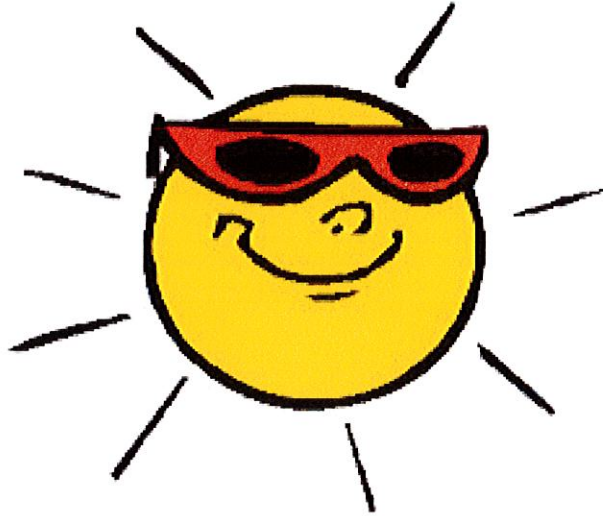
*With the exception of patrons who have registered on-line, the convenience fee is NON-refundable.

NSF RETURNED CHECK POLICY: For any check returned to the Park District for non-sufficient funds, the issuer must pay with cash to cover the check, pay any bank charges and fees and pay a \$25 NSF surcharge to the Park District.

 X Mandatory signature of participant, parent or legal guardian

 Date

Fort Frankfort Adventures Summer Day Camp



Parent Handbook

Chelsea Intermediate School
(West Entrance – Door # 4)
22265 S. 80th Ave.
Commissioners Park
22108 S. 80th Ave.
Frankfort, IL 60423



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Signature Approval



Day Camp Site Location Contact Information

Before and After Camp

Chelsea Intermediate School
(West Entrance – Door # 4)
22265 S. 80th Ave.
Frankfort, IL 60423
815-641-2458 (Day Camp Cell #)

Fort Frankfort Adventures Day Camp

Commissioners Park
22108 S. 80th Ave.
Frankfort, IL 60423
815-641-2458 (Day Camp Cell #)

Preschool Office # 815-464-5579

Park District Main Office # 815-469-9400

Recreation Supervisor: Kristen Morrison

kmorrison@frankfortparks.org

Please contact Day Camp staff for any questions about scheduling.



PURPOSE

The goal of Fort Frankfort Adventures Summer Day Camp is to provide a safe, fun, and positive program where children can find companionship and enjoy recreational opportunities. The program is coordinated by qualified staff who strive to develop a warm constructive relationship with the children. Day Camp provides a creative and stimulating summer environment in which children can learn, grow and thrive at their own developmental pace.

PROCEDURES AND PROGRAMMING

The Frankfort Park District reserves the right to change any procedures and programming related to the Summer Day Camp program.

DATES AND HOURS

Before & After Camp: Regular hours of the Before Camp & After Camp will be from 7:00 - 9:00 am and 4:00 - 6:00 pm. Before and After Camp participants will transition in and out of the Day Camp scheduled time.

Day Camp: Regular hours for Day Camp will be 9:00 - 4:00 pm. Please be on time for Day Camp. On field trip days, the bus will not be able to wait due to late arrival.

LOCATION

Day Camp will be held at Commissioners Park located at 22108 S. 80th Ave in conjunction with Chelsea Intermediate School located at 22265 S. 80th Ave. Please walk your child to the drop off point, which is located at the West entrance (Door # 4) of Chelsea Intermediate School. That will be the pick-up location as well. *In the event of the inclement weather conditions, camp will be at Chelsea Intermediate School.* Before & After Camp drop off and pickup location will be at Chelsea Intermediate School's North entrance (Door # 4 - 80th Ave. side) as well.

ARRIVAL AND DEPARTURE PROCEDURES

Children must be accompanied by an adult when arriving or departing from camp. A Sign In and Out form will be available during arrival and departure. An adult is required to sign the children in and out of the program. If someone else will be picking up your child please make sure they are listed on your registration form. That person must bring a form of identification with them so staff will be able to verify their identification. Your child will not be released to another adult without your consent.

FEES, PAYMENTS AND PENALTIES

A separate registration form for each child attending Day Camp must be filled out at the time of services requested. A list of the Day Camp weeks that are available will be on the form. Payments will be due at the time of registration. Please turn in your payment on Wednesday prior to the week of service. Your payment will reserve your spot for the following week. *The same rules apply to Before and After Camp.*

Arriving to Day Camp without pre-registration is unacceptable and will not be permitted.

You may drop off your payments to the Frankfort Park District at 140 Oak Street. **There will be no refunds, or credits given for missed days.** A \$10.00 fee will be charged for the first 15 minutes you are late after 4:00 pm. After the 15 minutes, one dollar for every minute thereafter will be charged. The same late charge will also apply after 6:00 pm for After camp.

SUNSCREEN POLICY

- Due to allergies, Day Camp does not provide any type of sunscreen for campers.
- Apply sunscreen to your campers every day prior to camp.
- Send additional sunscreen with your campers name on it.
- We will remind campers to apply sunscreen throughout the day.
- Assistance in applying sunscreen will be provided if necessary.

CELL PHONES

Cell phones will not be permitted at camp. If a cell phone is seen, it will be taken away until the end of the camp day. If the child needs to contact the parent in an emergency or vice versa, they may use the camp cell phone. The camp cell phone number is **815 - 641 - 2458.**

CLOTHING

Clothing must be appropriate for camp. Clothing that is disruptive to camp activities and other campers will not be permitted. We recommend that gym shoes be worn in order to safely participate in camp activities. Flip flops or water shoes are only acceptable for pool field trips. **Camp T-shirts are mandatory for field trips.**

ABSENCES

Please contact Day Camp if your child will be absent from the program. You may call the day camp cell number at **815 - 641 - 2458** or the Park District office at **815- 469 -9400.** There is no pro-rating of fees due to non-attendance.

PERSONAL BELONGINGS

Personal belongings such as toys, hand held games, iPods, sports equipment, etc. may not be brought to Day Camp. The staff/Frankfort Park District will not be held responsible for the children's personal belongings.

ALL CHILDREN MUST BE TOILET TRAINED. CHILDREN MAY NOT WEAR PULL - UPS.

EMERGENCY MEDICAL AND HEALTH POLICY

Day Camp will always try to provide a safe environment for your children, but occasionally children are hurt or injured. In the event of such an occurrence, Day Camp will follow the procedure below:

- A. A call will be made to inform you of the situation. If you cannot be reached, we will call the emergency numbers that you have provided.
- B. Medical paramedics will be called to handle any serious accidents.
- C. If your child needs medical care, we accompany them to the nearest facility.
- D. You must meet us at the medical facility as soon as possible.

If your child becomes ill at Day Camp we will call you to inform you of their condition. However, if your child is running a fever, vomiting, or experiencing diarrhea we will request that your child be picked up as soon as possible. Similarly, if your child gets sick at home or at school, please make arrangements for their care until they are well. This policy is not only for the protection of your children, it extends also to other children in our care.

BEHAVIOR REQUIREMENTS

Discipline is carried out in a way to help your children develop self-control and assume responsibility for their own behavior. It is kind and gentle, yet firm. It is based on four overall rules:

- A. A child may not disturb or hurt others, verbally or physically.
- B. A child may not damage equipment.
- C. A child may not place himself/herself in dangerous situations.
- D. A child needs to listen and respect staff.

REMEDY PROCEDURES

Staff will redirect the uncooperative child to another activity or redirect the entire activity into a more wholesome direction. Staff will encourage children to work out their own solutions. Staff will help children to understand one another's actions.

Staff will attempt to correct improper language. Sometimes we say "talk nicely". Excessive swearing, etc. will be addressed to both the parents and the child. Continued problems may result in dismissal for the day of the program.

One of our most reoccurring and disruptive problems has been name-calling and verbal conflicts between children. If this occurs children are given a verbal warning, followed by a time out separation, and lastly, if the problem persists the child could be suspended from the program.

Discipline is the responsibility of the staff as well as the parents. If there is an assessment of the child's pattern of unacceptable behavior the entire staff shall be made aware of it and cooperate in carrying out the specific plan developed for the child.

Day Camp has developed a program of written warnings for inappropriate behavior. The child will receive a written warning for inappropriate behavior (hitting, foul language, etc.) This will be signed by the child, parent and the staff member. On the third warning, after discussing it with you and your child, your child will be given an immediate suspension from Day Camp. Reoccurring problems could result in a permanent dismissal from any future Day Camp programs

If inappropriate behavior becomes severe, the programs practice of written warnings may not be used and suspension or discharge may occur immediately.

COMMUNICATION

Communication efforts will be implemented through a variety of ways. Letters from the Recreation Supervisor will be sent home, as important information needs to be addressed.

Talking to the staff on a daily basis is another means of communication. If you have any concerns please call the Recreation Supervisor, Kristen Morrison at 815-464-5579. You may also reach her at kmorrison@frankfortparks.org.

CAMPER SUPPLIES

Each camper must bring a labeled **backpack** every day to camp. Sunscreen, swimsuit, towel, **water bottle**, snacks, money for concession stand (optional), sunglasses, etc. may be kept in the bag.

LUNCH

Campers will be responsible for bringing a sack lunch each day, which will be refrigerated until camp. **Please put your child's name on their lunch bag.** Certain field trips will include lunch. Participants will be informed on a weekly basis of the lunch schedule.

DISCHARGE POLICY

A child may be discharged from Day Camp if any of the conditions outlined below arise. Discharge is the last alternative, but will be implemented if the problem poses immediate danger to the welfare of the participants and/or is a detriment to the quality of the program operation.

1. Verification of falsified admission records. Incomplete or missing forms.
2. Participant's actions or activities endanger that the safety of self and/or the other participants and staff of the program and newly established behavior management techniques fail. This includes inappropriate behavior, action or language.
3. Repeat violations of the transportation arrangements for the child, i.e. no phone call to the program when the child will not be in attendance.
4. Repeat violations of payment policies and due dates.
5. Repeat violations by the parents in picking up their child late.
6. The childcare needs of the participant are incompatible.
7. Any additional violations or concerns deemed unacceptable by the Day Camp Staff.

NOTE: In compliance with the Americans with Disabilities Act, The Frankfort Park District and The School District 157 C will make all reasonable efforts to accommodate children with disabilities. Parents are encouraged to provide any related information to assist Day Camp staff in providing a quality service to the child.

I acknowledge that I have received a copy of the Parent Handbook outlining the policies of the Fort Frankfort Adventures Summer Day Camp Program and it meets with my approval.

Signature_____

Date_____

Please sign this page and turn in with registration documents.

Thank you.





FRANKFORT
Park District

Fort Frankfort Adventures
Summer Day Camp
Camper Information Sheet

CHILD'S NAME _____ **GENDER** _____

ADDRESS _____ **CITY** _____ **ZIP** _____

BIRTHDATE _____ **HOME PHONE ()** _____ **GRADE IN FALL 2018** _____

MOM'S CELL # _____ **DAD'S CELL #** _____

E-MAIL ADDRESS: _____

FATHER'S NAME _____ **OCCUPATION** _____

BUSINESS ADDRESS _____ **BUSINESS PHONE** _____

MOTHER'S NAME _____ **OCCUPATION** _____

BUSINESS ADDRESS _____ **BUSINESS PHONE** _____

Persons authorized to pick up your child (list parents' names & any car pools). Photo identification will be required. **Your child will not be allowed to leave the Day Camp with anyone not listed.**

	<u>NAME</u>	<u>RELATIONSHIP</u>	<u>PHONE #</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Persons to contact in case of emergency or illness. List people who are available to pick up your child, if necessary. Persons authorized to pick up your child are:

	<u>NAME</u>	<u>RELATIONSHIP</u>	<u>ADDRESS</u>	<u>PHONE #</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

OVER

DOES YOUR CHILD HAVE ANY HEALTH PROBLEMS? _____

HAS YOUR CHILD PREVIOUSLY BEEN ENROLLED IN A DAY CAMP PROGRAM?

Yes _____ No _____ Where _____

Is Your Child a strong Swimmer? Yes _____ No _____

Do you prefer that your child wears a life jacket on pool days? Yes _____ No _____

May your child have his/her picture taken while at Day Camp? Yes _____ No _____

Are your child's immunizations current? Yes _____ No _____

If no, please explain.

IS THERE ANY SPECIAL CONSIDERATIONS OR NEEDS THAT MAY COME UP AT CAMP, INCLUDING ALLERGIES AND MEDICATIONS TAKEN DURING CAMP?

All paperwork must be turned into our business office prior to starting camp!

***Founders Community Center
140 Oak Street
Frankfort, IL 60423
Phone # 815-469-9400
Fax # 815-469-9275***



Summer Day Camp Discipline Policy

The Frankfort Park District Fort Frankfort Adventures Day Camp staff would like your child to have the best experience possible while at camp this summer. Thus, all participants must understand and follow the camp guidelines and rules. These guidelines and expectations are in place to ensure the safety of your child and staff.

1. **Listen to staff.**
2. **Respect Day Camp staff and other camp participants.**
3. **Respect camp property and facility property.**
4. **Keep hands, feet, and other objects to yourself.**
5. **Participate in camp activities.**
6. **Use an inside voice when indoors.**
7. **Respect the bus and rules of the bus.**
8. **Follow staff instructions on field trip days.**
9. **Clean up after yourself.**
10. **Be positive and have fun!**

Should a participant choose not to follow any of these rules, these are the guidelines that the staff will follow to handle the situation:

Step 1: Verbal Warning.

Step 2: Time out or time away from group.

Step 3: Behavior Warning report sent home.

Step 4: Conference with Parent.

Step 5: Meeting with the Supervisor, necessary staff, parent(s), and child.

At this time, suspension or expulsion will be discussed.

- In the event that a Camp participant engages in behavior which poses a threat of bodily harm to himself, others, or facility property, an immediate meeting with the parent(s), or guardian may be called. If such behavior warrants it, an immediate suspension or expulsion may result.
- Situations that will result in an automatic Behavior Warning report are: stealing, use of profanity, excessive violence (hitting, kicking, biting, etc.) and property damage.

Please review these rules with your child. The staff will review these rules with your child at the beginning of camp. Thank you in advance for your cooperation, and we hope to have a great summer!

I have reviewed the discipline policy with my child.

Parents Signature: _____

Child's Signature: _____

Date: _____



Field Trip Permission

My child, _____ has my permission to be transported by the Lincoln Way Transportation School Bus System for field trips. I also authorize the Frankfort Park District staff to leave the camp site with my child for the purpose of field trips outside the park to different water park locations and other excursions under staff supervision.

Parent Signature

Date

Swimming Information:

Your child will be participating in two pool days per week. Both Centennial Pool in Orland Park and White Water Canyon in Tinley Park require each child to take a swim test. Inexperienced swimmers will have to wear a bracelet at the pool so the lifeguards will take special notice to ensure safety. Life jackets are also available.

Please indicate the following: *Keep in mind that all swimming activities are heavily supervised.*

My child is a strong swimmer. _____

My child can swim in deep water. _____

My child can jump off a diving board. _____

My child is comfortable on a water slide. _____

My child is not a strong swimmer. _____

My child cannot swim underwater. _____

My child should wear a life jacket at the pool. _____

Comments: _____



Consent/ Release Form

Child's Name _____

Photographs

I / we authorize photographs to be taken of my child to be used for publicity purposes.

Signature _____ Date _____
(Parent / Guardian)

Relationship to child _____

Emergency First Aid

The only measures taken at the school are as follows:

Bump or Bruise _____ Splinter _____

Cut or Scratch _____ Nose Bleed _____

If further care is needed, we will notify a parent.

Signature _____ Date _____
(Parent / Guardian)

Relationship to child _____

Field Trips

I/ We authorize the teachers of the Frankfort Park District to take my / our child on walking Trips, field trips and to nearby park facilities. A five-day notice will always be given for field trips.

Signature _____ Date _____
(Parent / Guardian)

Relationship to child _____

Name _____

Age _____

CONSENT \ RELEASE FORM

List any medical information that would be necessary for us to know to ensure proper medical treatment.

Allergies _____

Medical Condition _____

Other _____

I hereby grant authority to the Frankfort Park District and the Day Camp Staff to obtain a paramedic to give emergency treatment to my child or obtain ambulance services for my child when it is deemed necessary. I also give permission to the selected paramedic/physician to treat my child as requested by the Frankfort Park District in the event that I cannot be reached. I am aware that any expenses incurred for any of the above services will not be the responsibility of the Frankfort Park district.

Signed _____ Date _____
(Parent / Guardian)