



## Frankfort Adventures Summer Half Day Camp

**For Office Use Only**

Staff: \_\_\_\_\_ Date: \_\_\_\_\_

Cash

Check # \_\_\_\_\_

Charge Card

Payment Plan

Camper's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone (Mom) \_\_\_\_\_ (Dad) \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade (as of September, 2022) \_\_\_\_\_ Age \_\_\_\_\_

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

**Campers may purchase a camp T-shirt to wear to camp. \$8.00 per shirt (Optional)**

Shirt Size                    6/8   10/12   14/16   AS   AM   AL   AXL

Campers may register for the entire camp or one session (two-week commitment). Bi-weekly payment plans are available. Space will be limited. Please put a check by the session(s) your child will attend camp. Please be aware of registration deadlines.

**PLEASE NOTE:** The Half Day Camp will be held at the Susan A. Puent Building located at 400 W. Nebraska.

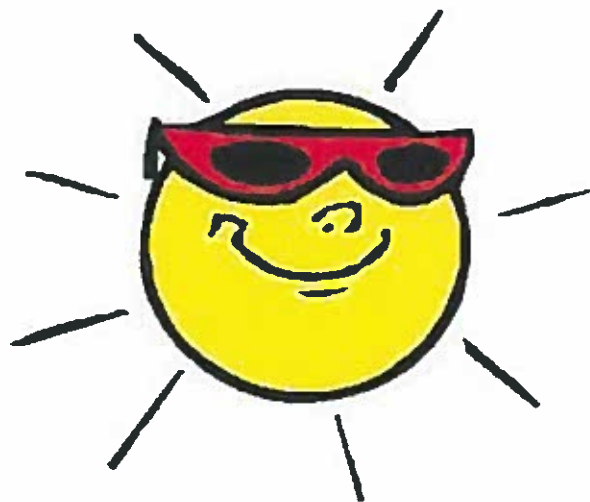
*Please put a check in the box of the session(s) your child will attend camp.*

**\*\*Save 10% if you register for all 4 (2-week) sessions.\*\***

Sessions (2 weeks)	Time	Fee: R \$200/ NR \$225** R \$180/NR \$205 (Session 2)
Session 1: June 13 – 24 <i>Registration deadline: June 9</i>	9 am – 1 pm	
Session 2: June 27 – July 8 (No Camp 7/4)* <i>Registration deadline: June 23</i>	9 am – 1 pm	
Session 3: July 11 – 22 <i>Registration deadline: July 7</i>	9 am – 1 pm	
Session 4: July 25 – August 5 <i>Registration deadline: July 21</i>	9 am – 1 pm	



# Frankfort Adventures Summer Day Camp



# Parent Handbook

## **Full Day Camp**

Grand Prairie Elementary School  
10480 Nebraska  
Frankfort, IL 60423

## **Half Day Camp**

Susan A Puent Building  
400 W. Nebraska  
Frankfort IL 60423



## **TABLE OF CONTENTS**

### ***Page 3***

- Day Camp Site Location
- Day Camp Contact Information

### ***Page 4***

- Purpose
- Procedures and Programming
- Dates and Hours
- Location
- Arrival and Departure Procedures

### ***Page 5***

- Absences
- Fees, Payments, and Penalties
- Clothing
- Camper Supplies
- Lunch
- Cell Phones
- Personal Belongings

### ***Page 6***

- Sunscreen Policy
- Emergency Medical and Health Policy
- Medication

### ***Page 7***

- Behavior Requirements
- Remedy Procedures
- Communication

### ***Page 8***

- Discharge Policy
- ADA
- Inclusion Support

### ***Page 9***

- Parent Signature Approval



## **Day Camp Site Location Contact Information**

**Full Day Camp**  
Grand Prairie Elementary School  
Frankfort, IL 60423  
815-641-2458 (Day Camp Cell #)

**Half Day Camp**  
Susan A Puent Building  
400 W. Nebraska  
Frankfort IL 60423  
815-464-5579

**Preschool Office # 815-464-5579**

**Park District Main Office # 815-469-9400**

**Recreation Supervisor: Kristen Morrison**

**[kmorrison@frankfortparks.org](mailto:kmorrison@frankfortparks.org)**

***Please contact Day Camp staff for any questions about scheduling.***

### **PURPOSE**

The goal of 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 at their scheduled time.

**Day Camp:** Regular hours for Day Camp will be 9:00 am - 4:00 pm. Please be on time for Day Camp.

**Half Day Camp:** Regular hours for the Half Day Camp are 9:00 am - 1:00 pm.

### **LOCATION**

The Full Day Camp will be held at Grand Prairie Elementary School at 10480 Nebraska, Frankfort. The Half Day Camp will be held at the Susan Puent Building at 400 West Nebraska Street, Frankfort.

### **ARRIVAL AND DEPARTURE PROCEDURES**

Arrival/Departure Procedures:

- Before arrival, parents must do a health screening on their own child and be on the alert for any symptoms (fever, cough, shortness of breath, etc.) and keep children home if showing signs of COVID-19. Please take child's temperature daily. Staff members will also conduct their own screening.
- Staff will greet children outside as they arrive while keeping a 6-foot distance.
  - Parents will be given a large name card to be placed in their window/windshield at arrival/pick up.
  - Parents/Guardian and other guests will not be allowed in the building, unless there is an emergency.
  - A designated staff member will walk children to their camp area, and at the end of the day, walk them back to their cars.
  - Staff should discourage congregation at arrival/pick up.
- If possible, the same parent or designated person should drop off and pick up their child every day. Avoid designating those at high risk such as elderly grandparents who are over 65 years of age.
- Hand sanitizer will be available at the entrance of the facility. Staff will provide guidance for the use of hand sanitizer upon arrival and departure each day. Hand washing with soap and water as well as the use of hand sanitizer will be practiced frequently throughout the day.

**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 Puent Building at 815-464-5579. There are no refunds due to non-attendance.

**FEES, PAYMENTS AND PENALTIES**

**Online registration will be available for the 2022 Day Camp season. Registration may also be done at the Founders Community Center, 140 Oak Street.** 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. Please put a check by the session(s) your child will attend camp. Payments will be due at the time of registration. Weekly payment plans are available - in person registration must be done for this option. Campers may register for the entire camp or one session (two-week commitment). One week options are also available for the Full Day Camp. You may not switch around weeks in the sessions. Space will be limited. Please be aware of registration deadlines.

**Arriving to Day Camp without pre-registration will not be permitted. 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. Repeated violation for late pick up may result in a discharge from the program.

Face masks are required at camp and must be worn when social distancing cannot be maintained. **If a camper forgets their face mask, a disposable mask will be provided by staff.**

**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. **No flip flops or water shoes.**

**CAMPER SUPPLIES**

Each camper must bring a labeled **backpack** every day to camp. Lunch, sunscreen, **water bottle**, snacks, sunglasses, face mask, hand sanitizer, etc. may be kept in the bag.

**LUNCH**

Campers will be responsible for bringing a lunch each day in an insulated lunch container. **Please put your child's name on their lunch bag.**

**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.

**PERSONAL BELONGINGS**

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

### **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 camper's name on it.
- We will remind campers to apply sunscreen throughout the day.
- Assistance in applying sunscreen will be provided if students provide the spray style sunscreen.

### **EMERGENCY MEDICAL & HEALTH POLICY**

Day Camp will always try to provide a safe environment for your children, but occasionally a child may get 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 is ill or has a fever (100.4°F or above), please do not bring them to camp. Please do not send a camper who has any of the following the morning of camp: fever, diarrhea, vomiting, runny nose, pink eye, etc. If we are made aware of a contagious disease that was brought to camp, such as chicken pox, strep throat, lice or pink eye, we will notify you as soon as possible and we will respect your confidentiality in reporting the illness. Please keep in mind, a signed doctor's note will be required for a camper to return to camp if they were out due to a contagious disease/illness.

If a child becomes ill during camp, a parent will be notified and asked to pick up the child immediately. If a parent is unavailable, the emergency contact will be called. **Children who are not feeling well during camp, will be quarantined in a designated area and must be picked up from camp immediately. Parents should be available to pick up their child in a timely manner.**

**PLEASE BE ADVISED:** In the event of a COVID-19 outbreak your child's camp group will have to be dismissed from camp and self-quarantine at home until further notice.

**ALL CHILDREN MUST BE TOILET TRAINED. CHILDREN MAY NOT WEAR PULL - UPS. *Frequent accidents will result in a dismissal from the program.***

### **MEDICATION**

If your child takes medication regularly, please let the staff know. If possible we encourage parents to give their child the medication prior to camp. If your child needs to take medication during the camp day, staff must receive a completed medical permission form which is included in your packet. The form is also available on our website. Time and dosage of the medication must be indicated on the permission form.



### **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 and no refunds given. 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](mailto:kmorrison@frankfortparks.org).

### **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 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. Parents/Guardians that cause a disruption by using foul language, violent behavior or verbal abuse towards participants or staff.
8. Any additional violations or concerns deemed unacceptable by the Day Camp Staff.

### **ADA**

In compliance with the Americans with Disabilities Act and the Frankfort Park District will make all reasonable efforts to accommodate children with disabilities. Parents are encouraged to provide any related information to assist Day Camp in providing a quality service to the child. It is the responsibility of the parent/guardian to notify the Park District of any medical, physical and/or mental condition that may require special consideration. Confidentiality will be respected.

### **INCLUSION SUPPORT**

LWSRA is prepared to continue to provide the Inclusion support that is requested by current LWSRA participants. **At this time, LWSRA will not be accepting any new participants.** Per the CDC guidelines and State COVID-19 Mandates, below are the guidelines in place for inclusion support:

#### **Camper Participation Guidelines or Safety Protocols**

1. Participant & Staff must wear a mask and keep it on for the duration of camp
2. Participant needs to Social Distance 6' throughout the day
3. Participant needs to be able to follow directions with minimal intervention by staff
4. Participant must be able to be successful with a 6:1 stalling and devoid of emotional outbursts requiring 1:1 stalling support.
5. Participant must be independent in managing personal care including toileting, feeding, personal hygiene.
6. Participants must follow the behavior policy set in place by the Park District.

Should your child be in need of inclusion services, it is your responsibility to complete the appropriate forms provided by the Park District, so a request can be made to review and process the participant's inclusion needs. This process will take up to two weeks. Lincolnway Special Recreation Association will make contact with the parent/guardian after a review is complete and decisions have been made on the best course of action concerning your child's needs.

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*

**Frankfort Adventures Summer Half-Day Camp  
Camper Information Sheet**

**CHILD'S NAME** \_\_\_\_\_ **GENDER** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**BIRTHDATE** \_\_\_\_\_ **GRADE IN FALL 2022** \_\_\_\_\_

**MOM'S CELL #** \_\_\_\_\_ **DAD'S CELL #** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**FATHER'S NAME** \_\_\_\_\_ **BUSINESS NAME** \_\_\_\_\_

**BUSINESS ADDRESS** \_\_\_\_\_ **BUSINESS PHONE** \_\_\_\_\_

**MOTHER'S NAME** \_\_\_\_\_ **BUSINESS NAME** \_\_\_\_\_

**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>HOME #</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

**(O V E R)**

Does your child have any health problems? \_\_\_\_\_

\_\_\_\_\_

Has your child previously been enrolled in a Day Camp program?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, where? \_\_\_\_\_

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?

\_\_\_\_\_

\_\_\_\_\_

*I give my permission for my child to participate in all the activities of this program. After being given notice, I will send a written notice if I do not want my child to go on a specific field trip.*

**PARENT / GUARDIAN SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**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**



### Recurring Payment Authorization Form

Complete and sign this form to set up recurring payments to be automatically charged to your card bi-weekly. Payments will be taken out the Thursday before the camp session begins. Any changes to your card will need to be done in-person at the Founders Center office or call at (815)469-9400.

There will be a \$25.00 charge if the recurring payment is declined for any reason.

**Here's How Recurring Payments Work:**

You authorize regularly scheduled charges to your credit card. You will be charged the amount allocated for the program you registered for each billing period. A receipt for each payment will be emailed to you. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 3 days prior to the payment being collected.

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**Please complete the information below:**

I \_\_\_\_\_ authorize Frankfort Park District to charge my credit card  
(full name)

on the Thursday prior to the week of service until program is paid in full.

Child's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration: \_\_\_\_\_ CVC: \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Frankfort Park District in writing of any changes in my account information or termination of this authorization at least 5 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

I understand that if my recurring payment is rejected for any reason, the Frankfort Park District will attempt to process the charge again, and I agree to an additional charge of \$25.00 which will be initiated as a separate transaction from the authorized recurring payment. Second attempt for payments will be processed 48 hours after the scheduled payment. There will be a \$25.00 charge for each attempt. If my account has multiple declined transactions, I will be required to pay the remaining balance due for the program or can be subject to possible release from the program with no refund issued.

**By signing I agree with all terms stated above.**

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_



## MEDICAL CONSENT/RELEASE FORM

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Allergies

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Medical Condition

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Other

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I hereby grant authority to the Frankfort Park District and the staff 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.

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Signature Parent/Guardian

Date



## Consent/ Release Form

Child's Name \_\_\_\_\_ Camp Name \_\_\_\_\_

### Photographs

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

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Relationship to child \_\_\_\_\_

### Emergency First Aid

The only measures taken at the camp are as follows:

Bump or Bruise \_\_\_\_\_ Splinter \_\_\_\_\_

Cut or Scratch \_\_\_\_\_ Nose Bleed \_\_\_\_\_

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

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Relationship to child \_\_\_\_\_

### Field Trips

For field trips that require transportation, I/We authorize my/our child 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 walking field trips outside the park to different water park locations and other excursions under staff supervision.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Relationship to child \_\_\_\_\_





## 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!

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I have reviewed the discipline policy with my child.

Parents Signature: \_\_\_\_\_

Child's Signature: \_\_\_\_\_

Date: \_\_\_\_\_