



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

CHILD'S NAME _____ **GENDER** _____

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

BIRTHDATE _____ **GRADE IN FALL 2024** _____

PARENT 1 CELL # _____ **PARENT 2 CELL #** _____

E-MAIL ADDRESS: _____

PARENT 1 NAME _____ **BUSINESS NAME** _____

BUSINESS ADDRESS _____ **BUSINESS PHONE** _____

PARENT 2 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? _____

Does your child have an IEP or 504 Plan at school? Yes _____ No _____

If yes, please explain. _____

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

If no, please explain. _____

ARE 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**



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

Medical Condition

Other

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.

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!

I have reviewed the discipline policy with my child.

Parents Signature: _____

Child's Signature: _____

Date: _____

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!

