All forms Checked\_\_\_\_\_\_\_\_\_\_ Manager Reviewing \_\_\_\_\_\_

Special needs reviewed \_\_\_\_\_\_\_Date of Final Review\_\_\_\_\_

Medications reviewed\_\_\_\_\_\_\_\_

Final Payments made (Initial next to section) \_\_\_\_\_\_\_\_\_

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**2022 Summer Day Camp Registration Form**

**Belvidere Explorers Camp (5-12 years)**

**\*Must have completed Kindergarten**

|  |
| --- |
| **Camper Information** |
| Participant’s Name:       | Home Phone:       |
| Address:       | City:       | State:       | ZIP:        |
| Child’s Birth Date:      **/**     **/**      | Child’s Age:       | Sex: [ ]  M [ ]  F |

|  |  |
| --- | --- |
| **Parent/Guardian Information #1** | **Parent/Guardian Information #2** |
| [ ] Ms.  | [ ] Mr.  | [ ] Ms.  | [ ] Mr.  |
| First & Last Name:       | First & Last Name:       |
| Home Address:       | Home Address:       |
| City, State, Zip:       | City, State, Zip:       |
| Home Phone:       Work Phone:       | Home Phone:       Work Phone:       |
| Email Address for Confirmation:       | Email Address for Confirmation:       |
| Emergency Contact Name:       | Emergency Contact Phone #:       |
| **In an emergency situation, every effort will be made to reach a parent first. The emergency contact will only be called if a parent cannot be reached in a reasonable period of time.** |
| T-Shirt Size: Youth: S [ ]  M [ ]  L [ ]  | Adult: S [ ]  M [ ]  L [ ]  XL [ ]  |

|  |
| --- |
| **REGULAR CAMP (9AM-4PM): Select the desired weeks from the table below. Before and After Care also available.** |
| **Week** | **Dates****Monday-Friday** | **Program # - Fee** | **Select** | **Before Care** **(7-9am)** | **Select** | **After Care** **(4-6pm)** | **Select** |
| **1** | 6/6-6/10 | 30501202-1A$139/$165 | [ ]  | 30501214-1A$30 | [ ]  | 30501224-1A$30 | [ ]  |
| **2** | 6/13-6/17 | 30501202-2A$139/$165 | [ ]  | 30501214-2A$30 | [ ]  | 30501224-2A$30 | [ ]  |
| **3** | 6/20-6/24\*\*No Camp 6/20 | 30501202-3A$129/$155 | [ ]  | 30501214-3A$25 | [ ]  | 30501224-3A$25 | [ ]  |
| **4** | 6/27-7/1 | 30501202-4A$139/$165 | [ ]  | 30501214-4A$30 | [ ]  | 30501224-4A$30 | [ ]  |
| **5** | 7/4-7/8\*\*No Camp 7/4 | 30501202-5A$129/$155 | [ ]  | 30501214-5A$25 | [ ]  | 30501224-5A$25 | [ ]  |
| **6** | 7/11-7/15 | 30501202-6A$139/$165 | [ ]  | 30501214-6A$30 | [ ]  | 30501224-6A$30 | [ ]  |
| **7** | 7/18-7/22 | 30501202-7A$139/$165 | [ ]  | 30501214-7A$30 | [ ]  | 30501224-7A$30 | [ ]  |
| **8** | 7/25-7/29 | 30501202-8A$139/$165 | [ ]  | 30501214-8A$30 | [ ]  | 30501224-8A$30 | [ ]  |
| **9** | 8/1-8/5 | 30501202-9A$139/$165 | [ ]  | 30501214-9A$30 | [ ]  | 30501224-9A$30 | [ ]  |

**\*Discounted Price due to days off.**

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**This form MUST be completed and returned as part of your registration packet.**

**Child Pick-up Authorization:**

 ***Print Participant Name***

Please list everyone authorized to pick-up your child from camp. This includes parents! Your child will only be released to those individuals on this list. **Government ID is required at pick-up.** If you need to add or remove a person from this list, you may do so at any time in writing.

Name:

Relationship to Child:       Phone Number:

Name:

Relationship to Child:      Phone Number:

Name:

Relationship to Child:       Phone Number:

Name:

Relationship to Child:       Phone Number:

Name:

Relationship to Child:       Phone Number:

Name:

Relationship to Child:       Phone Number:

**Authorization To Participate**

* I authorize this child to participate in the Waukegan Park District Summer Day Camp Program and any on-site and off-site activities that are included. \_\_\_\_\_\_\_ **(Initials)**
* I agree to pay any payment balances and fees by the deadlines set forth in the Waukegan Park District (WPD) Brochure. I understand that failure to make payments on time or violations of any procedures set forth in the WPD Brochure can result in forfeit of my deposits and any reserved spaces in the WPD Summer Camps. \_\_\_\_\_\_\_ **(Initials)**
* In the event of an emergency, I authorize Park District staff to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my minor child/ward and agree that I will be responsible for the payment of any and all medical services rendered.

\_\_\_\_\_\_\_ **(Initials)**

* I have provided all **Special Care and Consideration** **Section** information as required by the Waukegan Park District to ensure the best care of my child while attending camp. \_\_\_\_\_\_\_ **(Initials)**

**Parent/Guardian Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name**:

**Parent Checklist of Forms Attached**

[ ]  General Medical Information Form – Completed

[ ] Special Care/Consideration Section - Completed



**GENERAL MEDICAL INFORMATION FORM**

**Please check or X the appropriate box:**

[ ]  My child **DOES** **NOT** take medicine during camp hours. \_\_\_\_\_ **(Initials)**

[ ]  My child **WILL** need to take medicine during camp hours.\*\* \_\_\_\_\_ **(Initials)**

 \*\*I understand I will need to complete the ***required*** additional medical paperwork which can be found at waukeganparks.org/camp or picked-up at the Belvidere Recreation Center.

**Is the child on any medication(s) that we would need to inform paramedics in the case of an emergency?**

**[ ]  No** **[ ]  Yes**

If yes, please state what to inform paramedics of:

**PROGRAM:**

**Participant’s Name:**

**Age:**

**Address:**

**Parent’s/Guardian’s Name:**

**Daytime Phone:**

Other Phone:

**Doctors Name:**

**Doctor’s Phone Number:**

(Other numbers on the Emergency Contact form can be referenced)

In order for your child to have the best possible program experience, it is helpful for us to know if your

child has ADD, ADHD, BD, learning disability, asthma, seizures, food allergies or anything else which

might affect his/her experience. Please use the **Special Care/Consideration** **Section** page to provide the information needed to assist staff.



**Special Care/Consideration Section**

Waukegan Park District is committed to meeting your unique, individual leisure needs.  **It is the responsibility of the parent or participant to request any Special Care/Consideration needed for any conditions that affects your child physically, psychologically, emotionally or socially.** This is for everyone’s protection, and your confidentiality will be respected.

**Please keep in mind that not all personal care needs can be met by the District.**

* Any requests for inclusion services or personal care services should be made a minimum of TWO weeks prior to the start of camp; a delay in making request may delay the start date or require a parent to assist with administration of care during camp.
* Once requested parent/guardian **MUST** have a conversation with a Recreation Specialist or another Management Staff prior to the start of camp to confirm the requested Special Care/Consideration can be administered/provided by Staff member.
* The Park District does NOT have trained, certified, or licensed healthcare providers on staff.
* Requests for accommodation are evaluated on a case-by-case basis by any one or combination of Park District staff.
* Please note that Park District staff are unable to make medical diagnoses and/or to perform invasive medical procedures.
* When a participant or parent/guardian requests personal or medical care potentially outside the scope of the reasonable accommodation under the ADA, District staff will utilize the established “Participant Care Guidelines” to review the request to help ensure the safe involvement of the participant in Park District or SRSNLC programs.
* Additional information from the participant’s doctor may be needed to assist staff in determining if the request for additional care/consideration can be accommodated.
* Once a request is approved, a meeting may be required to allow parent to train staff and/or to discuss plans to best accommodate the participant.

**Please list below or attach a description of any special care/accommodations you are requesting to your registration form.  This procedure will help ensure your enjoyment of our program.**

**Participant Name:**

**Program participating in**: