



# **FUNSHINE CAMP!**

## **Parent Guide and Registration Packet 2018**

**3 yrs. – Entering Kindergarten**

(As of Fall 2018)

9:00 AM until 1:00 PM

Wood Dale Park District · 111 E. Foster Ave. · Wood Dale, IL 60191

Phone (630) 595-9333 · Fax: (630) 595-9699

[www.wdparks.org](http://www.wdparks.org)

## **Table of Contents:** **Page 2**

---

<b>Welcome to Camp Letter</b>	<b>Page 3</b>
<b>Drop Off and Pick Up Procedures</b>	<b>Pages 4 - 5</b>
<b>Late Fees and Payment Procedures</b>	<b>Page 5</b>
<b>Lunch, Medication, Health, Parking Information</b>	<b>Page 6</b>
<b>Parent/Camper Code of Conducts and Disciplinary Actions</b>	<b>Pages 7 - 8</b>
<b>Additional Information (Field Trip Info.), Session Dates, and Refunds</b>	<b>Page 9 - 10</b>
<i>(Parents Need to Return the following pages - by First Day of Camp*)</i>	<b>Pages 11 – 17</b>
<b>Registration Form and Waiver &amp; Release</b>	<b>Page 11 &amp; 12</b>
<b>Active Net Codes for Registration</b>	<b>Page 13</b>
<b>Emergency Treatment Release Form &amp; Emergency Contacts</b>	<b>Page 14 -15</b>
<b>Permission to Dispense Medication &amp; Food Allergy Action Plan Form</b>	<b>Pages 16 - 17</b>

## **Attention Parents and Guardians,**

Welcome to Wood Dale Park District's Funshine Summer Day Camp. We have oodles of fun planned for all ages this summer, which include: arts and crafts, sports, and fun and exciting little field trips. These are some of the memories we hope to provide for campers in a fun, safe, and exciting environment.

Read this packet carefully and review the park district rules with your child(ren). The booklet provides you with important information about some of the activities the children will be involved in throughout the summer. Camp fees pay for counselors, transportation, pool admission, field trips, snacks, craft supplies, and much more!

Our camps are offered on a weekly basis. This allows you to customize your child's camp time to your family's schedule. We hope that you find this format more convenient for your busy family summer. New this summer we are allowing you to customize 5, 3, or 2 days each week.

Thank you for participating in our Funshine Summer Day Camp program. We are looking forward to meeting new campers and visiting with returning campers from past summers. Wood Dale Park District is sure to make this summer another memorable one for all the campers!

If you have any questions, please contact us at (630) 595-9333 ext.1006.

Sincerely,

**Arturo Segura**  
Deputy Director of Recreation

**Vince Esposito**  
Camp Director



# PARENT GUIDE SUMMER FUNSHINE CAMP 2018

Please note the information contained in this guide is camp specific.

<p><b><u>IMPORTANT PHONE NUMBER</u></b> Recreation Complex (630) 595-9333</p>
---

---

**WELCOME TO SUMMER FUNSHINE CAMP!**

---

## **DROP OFF PROCEDURES**

### **9:00 am Drop Off**

Campers enrolled in Summer Funshine Camp, should enter through the main entrance, and proceed to Playschool Room A. Campers will not be permitted in the building without parent supervision until 8:55 a.m.

**Parents will be expected to sign their child in with their child's counselor.**

## **PICK UP PROCEDURES**

### **Sign out**

Campers must be signed out by a parent or authorized pick up at the conclusion of their camp day at 1:00 pm. to avoid late fees. If you need to pick up your camper prior to 1:00 pm you will need to consult the sign posted on the door of Playschool Room A, because camp activities may be located at the playground, gym, etc.

### **Authorized pick ups**

The registration form asks for names of people who are authorized to pick your child up from camp. **IMPORTANT:** Campers will only be released to the people listed on the Authorized Pick Up list, unless you contact the Recreation Supervisor or the Camp Director to make other arrangements. All individuals authorized to pick up your child will be required to show a picture ID.

### **Late fees**

Participants must be picked up by 1:00 p.m. to avoid late fees. The pick up times will be strictly enforced. If you are unable to pick your child up on time, it is your responsibility to make other arrangements. Because we realize that work or traffic conditions are sometimes beyond your control, we will allow for one late pick up, up to 15 minutes, each session. If you are more than 15 minutes late or you have already used your one free late pick up, late fees will be charged per day as follows: If a parent is more than an hour late, the police may be notified.

Late Fees: Late fees must be paid at the Front Desk before the camper returns the next day.

\$ 5 for 0 – 15 minutes late

\$10 for 16 – 30 minutes late  
\$15 for over 30 minutes late

### **Payments**

Payments can be made at the front desk during office hours or placed in the payment drop-off box located to the right of the elevator. When using the payment box, please place the payment in an envelope clearly labeled with the child's name and what camp session and days you are registering for. The payment box is checked before the building closes at the end of the day.

**Payment is due at the time of registration. If you would like to sign up for AUTO-PAY you have to contact the Recreation Supervisor or Camp Director and they will hold your credit card information and run the payments the Friday before the next session begins at 12:30PM.**

**\*Registration and payment are due every Friday by 12:00pm for the following week of Daycamp.**

**\*Registration and payments made after this time will be subject to Recreation Supervisor or Camp Director approval.**

### **Refunds**

Refund requests for camp must be made in writing, a minimum of 3 business days prior to the start of each week. All refunds will be subject to a \$5 processing fee. Refunds will not be granted if they are received within 3 business days of the start of a new week. Refunds will not be prorated for vacation or missed days of camp.

### **Attendance**

You are encouraged to call the Recreation Complex at (630) 595-9333, if your child will be absent. The office does not open until 8:30 a.m., but you may leave a message prior to opening. Staff will not be making regular phone calls home due to absences.

### **Medication**

If your child needs to take medication during camp hours, it will be stored in a safe, which is located in the camp rooms. Please fill out a "Permission to Dispense Medication" form at the end of the registration packet. Medication must be submitted in its original bottle. Parents are expected to provide a doctor's note for prescribed medications. Participants are not permitted to store any type of medication in their lunchbox, bags, or pockets. This includes cough drops, inhalers, epi-pens, over the counter medications, and prescription medications. If your child has a food allergy, your child's physician will be expected to complete a food allergy action plan. Forms are available upon request.

### **Health**

For the health and safety of all participants and staff, the following health regulation is required. Please notify us if your child has a communicable illness so that we may inform other parents (send out a note) to watch for symptoms.

Recreation Complex Staff has the authority to refuse any child that may show signs of any

contagious illness. In such cases, the judgment of the staff is final and refusal to come pick up the child will result in dismissal from that camp session. If your child had a fever, they must be fever free for 24 hours in order to return back to camp. Staff also has the authority to request that you provide a note from your child's doctor stating that the child is able to safely return to the program.

### **Custody situations**

Both parents will be allowed to pick up their child at any time unless you provide legal documentation such as court orders explaining your custody arrangement. Please bring your most current documents to the office and we will copy the sections pertaining to custody. Documents from past school years need to be re-submitted.

### **Parking**

Parking is not permitted in the bus/emergency lane. In this area, drivers must remain in the car in order to move their vehicle immediately if a bus or emergency personnel arrive. Cars left unattended in the bus/emergency lane may be ticketed or towed.

### **Parent Communication with Children**

Parent/adults are not allowed to speak to children other than their own regarding that child's behavior. If there is a problem between your child and another, please bring it to the attention of staff or have your child do so. Only Park District Staff is permitted to discipline or question a child in their care during camp hours.

If a parent must reach their child at camp due to an emergency, please call 630-595-9333 and ask for a Recreation Supervisor or Camp Director. They will locate your child and bring them to the phone. Please remember the staff's responsibility is supervising the children, so we ask that phone calls are kept to a minimum and only made in emergency situations.

### **Parent/Guardian Code of Conduct**

Parents/Guardians are expected to exhibit appropriate behavior at all times while participating in any day camp session, event, or activity with the Wood Dale Park District. It is recommended that parents discuss with their children that activities are planned for groups and while their child may wish not to participate in a specific activity, he/she is still expected to make an effort to be a part of the program. The following guidelines are designed to provide safe and enjoyable activities for all participants. Additional rules may be developed for particular programs and athletic programs as deemed necessary by staff.

Parents/Guardian shall:

- Show respect to all campers and Staff, and take directions from staff if necessary.
- Refrain from using abusive or foul language.
- Refrain from causing bodily harm to self, other participants or staff.
- Show respect to equipment, supplies, and facilities.
- Take direction from day camp staff and supervisors.

The Wood Dale Park District, it's counselors, supervisors, and administrative staff, reserves the

right to suspend or deny participation in or viewing of any day camp session, event or facility to any person whose behavior materially interferes, or disrupts the quality of those offerings, the enjoyment of them by other participants, or the ability of staff to conduct or manage the activities or facility.

### **Disciplinary Action**

The Park District day camp STAFF will follow a progressive form of discipline, when deemed appropriate. This will be discussed on the first day of camp\*. We do have the right to remove your child from a certain camp session depending on the continued behavior displayed.

## **CAMPER'S RESPONSIBILITIES**

### **Code of Conduct**

Campers are expected to exhibit appropriate behavior at all times.

Participants shall:

1. Show respect to fellow campers and all staff.
2. Take directions from staff.
3. Refrain from using abusive or foul language.
4. Refrain from causing bodily harm to self, other campers, or staff.
5. Show respect to equipment, supplies, and facilities.

Participants who do not conform to these rules risk extended time outs, removal from class into the office, suspension or dismissal from the program.

### **Discipline**

The purpose of discipline is to help a child develop self-control and learn to assume responsibility for his/her own actions. It is also necessary for the safety of all campers and staff. Campers are encouraged to follow the six pillars of the Character Counts program. We use corrective statements and "time-outs" to redirect negative behavior. Recurring or major problems will be documented through an incident report and discussed with the parent/guardian. The Recreation Supervisor and the Camp Director have the right to dismiss any camper that has continued to misbehave during a camp session and there will no refund given upon dismissal.

### **Bathroom training**

Children must be bathroom trained to participate in this camp. We encourage parents to send a change of clothing with their child to camp, in the case of a bathroom accident. Campers will be responsible for changing their own clothing.

## **ADDITIONAL INFORMATION**

### **Items From Home**

Participants should leave all toys, electronic games, cell phones, MP3 players and other items at home. Unauthorized items will be stored in the camp office and must be signed out by a parent. *The Wood Dale Park District is not responsible for any lost or stolen items.*



### Appropriate Attire

Make sure your child wears gym shoes and play clothes to camp each day. Be aware that some activities include painting or being outdoors. Campers who are not wearing gym shoes will not be allowed to participate in activities that include running.

### Lunch

Campers will need to bring a sack lunch and drink with them every day. Vending machines, refrigerators, and microwaves are NOT available during lunch hours. Food sharing will not be permitted due to food allergies.

We understand that occasionally, a child will forget a lunch at home. The Park District will provide your child with a sandwich, snack and drink. If this becomes an ongoing problem you will be contacted by the Recreation Supervisor or the Camp Director to discuss the matter.

### Extra Supplies

Parents are encouraged to apply sunscreen and bug repellent to campers before arriving at camp. Camp Counselors are only allowed to apply sunscreen if it is spray so please send spray on sunscreen for the younger aged campers. Campers will need to apply extra sunscreen and bug repellent every so often to eliminate sunburn and stings if possible. Parents may complete a sunscreen/bug repellent permission slip which allows the Wood Dale Park District staff to provide sunscreen or bug repellent for your child to apply. **Campers are also encouraged to bring bottled water to camp every day. They will be allowed to bring the water on field trips, on walking trips and to activities. Water bottles must be filled with regular water only. No flavored waters, juices, etc. will be permitted. Please be sure to label your child's water bottle.**



### Camp Activities

A wide variety of structured activities will be planned during camp. Activities may include: arts n' crafts, science/nature experiments, active games, songs and more! Campers are expected to participate in the planned activities.

### Field Trips

Participants enrolled in Summer Funshine Camp may occasionally take a walking field trip to the Fire Station, Library, Franzen Grove, etc. Parents will receive a note home regarding any field trips.

### Snack

A daily snack will be provided during camp. Participants are not allowed to use the drink or



food vending machines. Food sharing is not permitted.



**Abuse/Neglect**

In accordance with the procedures set forth in the Abused and Neglected Child Reporting Act, the Wood Dale Park District personnel, having reasonable cause to believe that a child known to them in their professional capacity may be an abused or neglected child, shall immediately report the matter to their supervisor. The proper authorities will then be notified.

**WOOD DALE PARK DISTRICT STAFF**

If you have any questions or comments about Summer Camp,  
Please feel free to contact the following staff members at 630-595-9333 ext.1011

**Arturo Segura**

Deputy Director of Recreation

**Vince Esposito**

Camp Director

To ensure that you have all of the information you need, please make sure that you read everything in your Registration Packet above. If you didn't save your Registration Packet, they are available at the Wood Dale Park District Recreation Complex front desk or online at [www.wdparks.org](http://www.wdparks.org).

<b>2018 Camp Dates</b>	
<b>Week</b>	<b>Dates</b>
1	June 11 - June 15
2	June 18 – June 22
3	June 25 – June 29
4	July 2 – July 6 * No camp July 4 <sup>th</sup>
5	July 9 – July 13
6	July 16 – July 20
7	July 23 – July 27
8	July 30 – August 3

**\*Registration Deadline is the Friday before the start of the next session by 12:00 noon\***

**WOOD DALE PARK DISTRICT**  
**2018 Summer Camp Registration Form**  
**Funshine Summer Camp**

<b>Camper Information</b>			
Last Name:	First Name:	Home Phone:	
Address:	City:	State:	Zip:
Child's Birth Date: ____/____/____	Child's Age: _____	Grade in <b>Fall 2018</b> : ____	Sex: ___ M ___ F

<b>Parent/Guardian Information #1</b>	<b>Parent/Guardian Information #2</b>
<input type="checkbox"/> Ms. <input type="checkbox"/> Mr.	<input type="checkbox"/> Ms. <input type="checkbox"/> 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:	Email Address:
T-shirt Size: Youth S____ YM____ YL____      Adult M____ A-L____ A-XL____	

<b>District #7 Summer School</b>
<input type="checkbox"/> <b>Yes! My child will be attending District #7 Summer School!</b> **Please see summer school registration page**

**Camper Pick-up Authorization**

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 the list, you may do so at any time in writing.

MOTHER: \_\_\_\_\_ FATHER: \_\_\_\_\_

NAME: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

NAME: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

**WAIVER & RELEASE OF ALL CLAIMS & ASSUMPTION OF RISK**

Please read this form carefully and be aware that in signing up and participating in day camp, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with day camp.

- I recognize and acknowledge that there are certain risks of physical injury associated with participating in day camp, and I voluntarily agree to assume the full risk of any injuries, damages or loss, regardless of severity, that I or my minor child/ward may sustain as a result of such participation.
- I understand that the selection of sessions and days shall be my responsibility, and that the Wood Dale Park District, including its officials, employees, agents and volunteers (hereinafter collectively "District") shall not be liable for any claims, demands, injuries, damages, or loss to person or property arising out of or in connection with the use of the services and facilities contemplated by this agreement.
- I further agree to waive and relinquish all claims I or my minor child/ward may have or which may accrue to me and/or my minor child/ward as a result of participation in day camp.
- I do hereby fully release and forever discharge the District from any and all claims for injuries, damages or loss that I or my minor child/ward may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with day camp.
- I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims.

X \_\_\_\_\_  
Signature of Parent/Guardian 18 years old and older

\_\_\_\_\_  
Date

**RECEIPT OF PARENT GUIDE**

I have received the Parent Guide and agree to read and abide by the policies detailed above and discussed with the Recreation Supervisor and the Camp Director.

Parent Signature: X \_\_\_\_\_

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

**Funshine Summer Camp Registration Information: helpful guide as we Enroll in Active Net\***

<b>Camper Information</b>			
Last Name:	First Name:	1 <sup>st</sup> Phone #:	
E-mail Address:		2 <sup>nd</sup> Phone #:	

**3 years to Entering Kindergarten**

**Please Circle all sessions you would like to enroll in...**

- |              |                    |
|--------------|--------------------|
| W1 – 33956AA | 5 Day              |
| W1 – 33960AA | 3 Day M-W-F Only   |
| W1 – 33961AA | 2 Day TU & TH Only |
| <br>         |                    |
| W2 – 33956AB | 5 Day              |
| W2 – 33960AB | 3 Day M-W-F        |
| W2 – 33961AB | 2 Day TU & TH      |
| <br>         |                    |
| W3 – 33956AC | 5 Day              |
| W3 – 33960AC | 3 Day M-W-F        |
| W3 - 33961AC | 2 Day TU & TH      |
| <br>         |                    |
| W4 - 33956AD | 5 Day              |
| W4 –33960AD  | 3 Day M-W-F        |
| W4 - 33961AD | 2 Day TU & TH      |
| <br>         |                    |
| W5 – 33956AE | 5 Day              |
| W5 – 33960AE | 3 Day M-W-F        |
| W5 – 33961AE | 2 Day TU & TH      |
| <br>         |                    |
| W6 – 33956AF | 5 Day              |
| W6 – 33960AF | 3 Day M-W-F        |
| W6 – 33961AF | 2 Day TU & TH      |
| <br>         |                    |
| W7 – 33956AG | 5 Day              |
| W7 – 33960AG | 3 Day M-W-F        |
| W7 – 33961AG | 2 Day TU & TH      |
| <br>         |                    |
| W8 – 33956AH | 5 Day              |
| W8 – 33960AH | 3 Day M-W-F        |
| W8 – 33961AH | 2 Day TU & TH      |

---

\*Fees: 5 Days = \$80 R/ \$84 Corp./ \$86 NR

3 Days = \$48 R/ \$51 Corp./ \$54 NR

2 Days = \$32 R/ \$34 Corp./ \$36 N

# **Emergency Treatment Release Form**

The emergency release treatment form enables the parent/guardian to authorize the provision of emergency treatment for children who become ill or injured while under the Wood Dale Park District's authority, when parents or guardians cannot be reached.

*Emergency Release*

- In the event that I cannot be reached by phone, I hereby give my consent for the administration of any medical treatment

deemed necessary for \_\_\_\_\_, by a licensed medical professional.  
(Print Child's First & Last Name)

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

X \_\_\_\_\_ Date  
Signature of Adult/Parent/Guardian 18 years old and older

<i>Medical Information</i>		
<b>Family Physician:</b>		<b>Physician Phone #</b>
<b>Insurance:</b> Yes or No (Circle One)	<b>Insurance Company:</b>	<b>Group #</b>

Please list any medications, special needs, allergies (i.e. food, animals, medication etc. or other information that the staff or emergency personnel should be aware of:

---



---



---



---

*Please indicate **NONE** if your child has no allergies, medical conditions or medication.  
Do not leave blank.*

## **EMERGENCY CONTACTS**

People (other than parents) that live in the area and can be contacted if a parent can't be reached:

<b>Name</b>	<b>Phone Number</b>	<b>Relationship to Camper</b>
1.		
2.		
3.		
4.		

**Permission to Dispense Medication  
Waiver and Release of All Claims**

The Wood Dale Park District will not dispense prescription or over-the-counter medication to a minor child or other participant until the Permission and Waiver to Dispense Medication and Medication Information Form have been fully completed by a parent or guardian.

Reference: Participant Name: _____  Program Participating In: _____
--

I, \_\_\_\_\_,  
the parent/guardian of  
(Print Parent/Guardian Name)

\_\_\_\_\_ give permission to the Wood Dale  
Park District staff to  
(Print Participants Name)

Administer the following;

\_\_\_\_\_  
(Print name of medication)

I understand it is my responsibility to give the medication directly to the program staff in individual dosage containers or original prescription containers clearly labeled with the following information.

Participants Name: \_\_\_\_\_

Name of Medicine and Complete Dosage Instructions:

\_\_\_\_\_  
\_\_\_\_\_

In all cases the recommended dosage of any medication will not be exceeded. If after administering medication there is an adverse reaction, I give my permission to the Wood Dale Park District to secure from any licensed hospital physician and/or medical personnel any treatment deemed necessary for immediate care. I agree to be responsible for payment of any medical services rendered.

I recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medication to my minor child. Such risks include, but are not limited to, failing to properly administer the medication, failing to observe side effects, failing to assess and/or recognize an adverse reaction, failing to assess and/or recognize a medical emergency and failing to recognize the need to summon emergency medical services.

In consideration of the Wood Dale Park District administering medication to my minor child, I

do hereby fully release or discharge the Wood Dale Park District, and its officer, agents, volunteers and employees from any and all claims from injuries, damages and losses I or my child may have (or accrue to me or my minor child), and arising out of, connected with, incidental to or in any way associated with the administering of medication.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**Medication Dispensing Information:**

This form must be completed for each program session or when medication changes.

**BACKGROUND INFORMATION:**

<b>Camper Information</b>			
Last Name:		First Name:	Age:
Address:		City:	State:
			Zip:
Program Name:			
<b>Parent/Guardian Information #1</b>		<b>Parent/Guardian Information #2</b>	
<input type="checkbox"/> Ms.	<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Mr.
First & Last Name:		First & Last Name:	
Home Phone:	Work Phone:	Home Phone:	Work Phone:

<b>Doctor's Information</b>
First & Last Name:
Work Phone:

**MEDICATION INFORMATION:**

1. Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ Time: \_\_\_\_\_

Dispensing & Storage Instructions:  
\_\_\_\_\_  
\_\_\_\_\_

Possible Side Effects:  
\_\_\_\_\_



---

2. Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ Time: \_\_\_\_\_  
Dispensing & Storage Instructions:

---

Possible Side Effects:

---

---

3. Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ Time: \_\_\_\_\_  
Dispensing & Storage Instructions:

---

Possible Side Effects:

---

---

OTHER INFORMATION:

---

---

I understand it is my responsibility to give the medication directly to the program staff with full instructions in individual dosage containers or original prescription containers clearly labeled.

In all cases, medication dispensing can only be changed or modified by completing another Permission and Waiver to Dispense Medication Form and Medication Information Form.

I hereby acknowledge that the above information provided for the dispensing of medication for my minor child, guardian ward, or other family member is accurate. I also understand that it is my responsibility to inform the agency if any changes in the dispensing of medication change.

---

Signature of Parent or Guardian

---

Date