

West Chicago Park District
Before and After School Program, Summer Day Camp, Spring and Holiday Camp
Confidential Information Sheet and Health Form

Household Information:

Name _____ Home Phone _____
Primary Address _____
Birthday _____ Grade entering Fall 2010 _____ Gender _____
Child's School _____
Child Lives with _____
Mom's Name, Cell and Work Number _____ c _____ w
Mom's e-mail address _____
Dad's Name, Cell and Work Number _____ c _____ w
Dad's e-mail address _____

Child's Medical Information:

Doctor's Name _____
Doctor's Phone Number _____
Doctor's Address _____
Is your child currently taking any medication _____ If yes what? _____
_____ Are there any side effects to these medications
_____ If yes please explain _____
_____ Is your child prone to headaches _____ If yes will you be keeping Tylenol or Advil
at ASP/Camp _ Does your child have asthma _____ If yes Have they been trained how and when
to use their inhaler? _ Will they be carrying their inhaler at ASP/Camp _____
Does your child have any food allergies _____ If yes please list _____
What is your child's reaction to the food allergies _____
Is your child allergic to any medications _____ If yes please list _____
What is your child's reaction to the medications _____
What is the date of your child's last tetanus shot _____
Is your child up to date on all age appropriate immunizations? _____

Your Child:

Child's Height _____ child's Weight _____ Eye Color _____
Hair Color _____ Birthmarks _____
What is your child looking forward to in this program? _____
As the parent what are your expectations for your child and the program? _____

Does your child have any special needs that staff should be aware of? _____

Is your child:
_____ Shy _____ Quiet _____ Aggressive _____ Energetic
_____ Leader _____ Follower _____ Indifferent

Please list your child's favorite activities _____

In the summer is your child a strong swimmer? _____ Will your child need help
putting on sun block? _____

Emergency Contacts:

Your emergency contacts should be a list of people you are allowing to pick up your child from ASP, BSP, KK, Camp if you are unable to pick up your child. Please include spouses or child's other parent. Children under 16 years old will not be allowed to sign out any camper.

Name _____
Address _____
Phone _____ Relation to child _____

Name _____
Address _____
Phone _____ Relation to child _____

Name _____
Address _____
Phone _____ Relation to child _____

Name _____
Address _____
Phone _____ Relation to child _____

I _____ have read and understand the following:

- 👉 The rules and consequences listed in the parent handbook.
- 👉 After and Before School Program payments must be received by the 5th of the month or I will receive a \$35 late payment fee to be paid with the monthly payment. If this becomes a habitual problem full payment will be requested for the remainder of the school year.
- 👉 **Summer Day Camp, Spring and Holiday Camp** my child is not registered for the program unless the Park District has received payment. Credit Cards will not be automatically charged I must call the office to make a payment.
- 👉 If my child is going to be absent for any reason I must call the Park District office 630.231.9474 or e-mail Denise at dscott@we-goparks.org.
- 👉 My deposit is non-refundable and non-transferable. My deposit will be used towards my last month's payment ONLY IF I have notified the Park District prior to making my last month's payment.
- 👉 Paperwork must be received PRIOR to my child starting the program.

Parent's Signature

Date

PARENT'S AUTHORIZATION

My child is a participant in the West Chicago Park District's Summer Day Camp, Holiday Camp, Spring Break Camp, After School Program, Before School Program and I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages or loss which may be sustained as a result of participating in any and all activities connected with or associated with such program.

I agree to waive and relinquish all claims I may have as a result of my child's participating in the program against the Park District and its officers, agents, servants and employees.

I do hereby fully release and discharge the Park District and its officers, agents, servants and employees from any and all claims from injuries, including death, damage or loss, which may have or which may accrue to my child on account of my child's participation in the program.

I further agree to indemnify and hold harmless and defend the Park District and its officers, agents, servants and employees from any and all claims resulting from injuries, including death, damage or losses, by my child and arising out of connected with or in any way associated with the activities of the program.

In the event the undersigned cannot be reached in an emergency, permission is hereby granted to the West Chicago Park District Staff to allow paramedics to transport my child to Central DuPage Hospital* and for the staff at Central DuPage Hospital to perform any treatment necessary to keep my child alive.

I have read and fully understand the above Program Details and Waiver and Release of All Claims.

Parent or guardian signature _____ Date _____

*If you do not wish your child to be transported to Central DuPage Hospital, please specify the hospital desired. It must be in the service range of the West Chicago Fire Protection's paramedics. By listing a different hospital, you give their staff permission to treat your child.

Please sign the following waivers

Emergency Medical Care

This authorizes the West Chicago Park District personnel to secure EMERGENCY medical care for my child when I/we can not be immediately reached at the time of an emergency. I/we understand that we will be responsible for the emergency medical charges upon receipt of the statement. Some instances may include, but are not limited to, possible broken bone, allergic reactions, stitches, asthma attacks, life or death procedures _____ (please initial)

Day Camp Rules & Agreement

I have read and understand the rules and disciplinary measures used in the West Chicago Park District Day Camp Parent Handbook. I have discussed these rules with my child/ren _____. I understand that if my child is dismissed from the program for disciplinary reasons I WILL NOT RECEIVE A REFUND OF PROGRAM PAYMENT. _____(please initial)

Camp Field trips

I give my child _____ permission to go on any West Chicago Park District Day Camp Field Trips assigned to my child's camp. I understand that I will be notified at least one day prior to any field trip and that all field trips will be taken in a Park District vehicle or be a walking field trip. _____Please initial

Photo Release

I understand that my child/ren _____ while being at camp will have their picture taken, and that this picture may be used for marketing Camp with for the West Chicago Park District. These pictures will not be given to any outside group/organization. _____(please initial)

Movie Waiver

I allow my child/ren _____ to watch movies that are rated: _____G only _____G or PG

Please sign below stating that you agree with the Emergency Medical Care, Field trip & Camp rules paragraphs.

Parent Signature

Date

Three strikes and you're out

Being guests in Wegner School West Chicago Park District Day Camp staff does expect the children to treat each site with respect, and to uphold all regular school rules. The following rules have been put into place to assure the emotional and physical safety of the children while at the program.

If your child fails to follow one of the following rules they will receive a warning. They will be given several warnings, and then they will be given a strike. (See below for strike consequences) After each warning the incident will be written down on a parent communication form to be signed by the parent at the end of each day.

At the site:

No talking when staff is talking.
Keeps hands to self - NO Hitting, Biting, etc. of other children or staff.
No play **fighting** or **wrestling**
Follows directions and leadership of staff.
Respects the right of all others in program.
Stay out of restricted areas at Host Site.

On the Bus:

Sitting facing forward.
Seat belt buckled if available.
No loud talking or yelling.
No eating or drinking.
No throwing things.
Keeping hands and feet to yourself

The following incidents will be cause for **immediate strike and suspension** from the program until a parent/child conference is held:

- Any negative physical contact.
- Stealing
- Intentionally destroying Park District or School Property.
- Entering restricted areas of Host Site.
- Disrespect towards the staff
- **Foul or abusive language.**

If a child is continuously having a discipline problem, they will miss out on a field trip or a pool day, and will spend that day at the Park District office. If after the in program suspension there continues to be a discipline problem the child will be given:

A one day out of program suspension

A 3 day out of program suspension

1 week out of program suspension

Removal from the program

THERE WILL BE NO REFUND OF ANY KIND IF THE CHILD IS DISMISSED FROM
THE PROGRAM!

*The rules & consequences are not limited to those listed above. If there is a problem the
Recreation Coordinator will determine an appropriate consequence.*

I have read (or have had read to me) and understood the rules and consequences
for undesirable behavior.

Parent's signature

Date

**In accordance with School District #33 ZERO TOLERANCE policy bringing weapons,
real or fake, to Day Camp will result in a minimum of a one week suspension and a
maximum of being removed from the program. It is up to the discretion of the
Recreation Coordinator as to the final consequence.**