

RIVERDALE PARK DISTRICT



SUMMER DAY CAMP 2019

Welcome Packet

Monday, June 10 – Friday, August 9, 2019
(Closed July 4th)

Memorial Building
151 W. 137th Street
Riverdale, IL 60827

Riverdale Park District- Summer Day Camp

Admission: Admission is open to all individuals that are interested in participating in summer camp between the ages of 4 (fully potty-trained) to 12 years old.

Payments: *Payments are to be made by the Friday prior to the start of a new week.*

A one-time administrative registration fee of \$25 per child is required.

\$650 — Early Bird— *April 1-May 1. Full payment due by 5/1/2019*

\$725 — Regular Camp one-time payment— *After May 1, 2019*

\$90 — Regular Camp/ Weekly Payment Plan

\$140 — Weekly fee w/ before and after care

\$110 — Weekly fee w/ before or after care

\$25 — Registration Fee

\$260 — per 3 week session

(1) June 10, - June 28 (2) July 1 - July 19 (3) July 22- August 9

Attendance: Regular attendance is **required**. If your child will be absent or no longer returning please be sure to call (708) 849-9853 and notify the Park District.

Arrival: Children should enter / be dropped off at the main entrance of the memorial building on 137th street. Breakfast begins at 8:00 am. **Children should not arrive at the building before 8:00. Unless in before care.** Children who do not wish to eat breakfast should arrive no later than 9:00 am unless other arrangements have been made by the parent/guardian. Kindly contact the Riverdale Park District at (708)849-9853 to discuss any changes in arrival time for your child.

Dismissal: Pick up from the regular summer program should be at 3:00 PM. Parents must enter the building and sign their children out at the desk. Riverdale Park District staff members will closely monitor adults picking up children based on the application. **NO PARTICIPANT WILL BE RELEASED TO ANYONE WHO IS NOT ON THE APPLICATION. Additionally, parents cannot call and ask for a child to be sent outside.**

Program Schedule: Each day will consist of a hour of recreation, enrichment, group activity and arts & crafts. A detailed daily schedule can be found in this pack.

Dress Code: Campers must wear *comfortable clothing as well as gym shoes and socks daily.* Additionally, on trip days all participants must wear a Riverdale Park District camp shirt. If on the day of the trip a child does not have a shirt, they can purchase one for an additional \$7.

Field Trips: Field trips will be scheduled throughout the summer Camp. Authorization for all field trips must be completed one week before the date of the trip. Some field trips may return after 3:00 pm; we will let you know our estimated time of arrival for each trip. Each field trip will include a meal. Any personal belongings or extra spending money are the responsibility of your child and must be secured.

Chaperones: We encourage parents to volunteer as chaperones for many of our field trips; however, chaperones may be responsible for paying entrance fees. Due to space limitations, we may not request any chaperones for certain trips. Likewise, we do not allow unregistered siblings or friends to accompany friends on field trips.

Late Pick Up Policy: The summer day camp program ends at 3:00 pm. Children who are not picked up on time put an extra strain on staff and add unnecessary cost to the Riverdale Park District. Therefore, any child who is picked up late on a consistent basis may be dismissed from the program. Please call as soon as you have a conflict and we will work with you to make arrangements for your child. If your child is not picked up by 5:00 pm without any contact from the parents or guardians, the Riverdale Police Department will be contacted. *A late fee of \$5.00 for every 15 minutes will be charged for parents who arrive after 4:00 pm unless in after care program.*

Emergency Numbers: On the application, we ask for a phone number for each parent/guardian as well as an emergency contact. Please make sure that the Riverdale Park District always has the most up to date contact numbers so that we can reach someone should an emergency occur.

Behavior Policy: Our main goal is to ensure all children have fun in a safe manner. Inappropriate behavior can take away from this goal. As we are transitioning to our enrichment programming schedule, many of our newly scheduled activities will be more hands on and require more detailed instruction. This becomes more difficult when we have children who are unable to behave properly. Since children attend the program for 5-6 hours each day, our staff should be recognized as a legitimate influence in your child's development.

Below is a copy of the Riverdale Park District Behavior Policy that will be strictly followed throughout the summer program to ensure each child's safety, enjoyment and well being:

First Offense	Time out away from the group activity and parents will be notified in writing.
Second Offense	A meeting with day camp staff, executive director, parents and a two day suspension.
Third Offense	Removal from the remainder of the program with no refund. notification in writing

By no means do we want to remove any child from a Riverdale Park District program. We will do our best to work with you and your child if problems arise. The safety and enjoyment of all participants is our main concern. In our program, good behavior is rewarded with leadership roles, field trips, special activities and other incentives.

This is a closed campus setting and only those patrons who have paid for summer day camp will be allowed. This is to provide the safest environment for the children and staff and to have a rewarding and enjoyable experience.



REGISTRATION FORM

Participants Name: (last, first) _____

Address: _____ City: _____ Zip: _____

Birthdate: ____/____/____ Age: ____ Grade: ____ Male / Female

Parent/Guardian Name: _____

Home #: _____ Work #: _____ Cell #: _____

Email: _____

Emergency Contact Information

Emergency Contact #1: Name _____ Phone _____

Emergency Contact #2: Name _____ Phone _____

FEES

- \$650 — Early Bird— *April 1-May 1. Full payment due by 5/1/2019*
- \$725 — Regular Camp one-time payment— *May 1, 2019*
- \$260 — Regular Camp/ Weekly Payment Plan
- \$140 — Weekly fee w/ before and after care
- \$115 — Weekly fee w/ before or after care
- \$25 — Registration Fee

Field Trips

Field trips are included with camp fees. Authorization for all field trips must be completed one week before the date of the trip. Some field trips may return after 3:00 Pm; we will let you know our estimated time of arrival for each trip. Each field trip will include a meal. Any personal belongings or extra spending money are the responsibility of your child.

T-shirt Size _____

Volunteer Information

We need your help! Volunteers are what make the difference in our programs. If you would be willing to help change lives, please give us your name and phone number.

Volunteer Name _____ Phone _____

WAIVER of LIABILITY

I hereby certify that I / my child is in normal health and capable of safe participation in this program. I assume all risks and hazards incidental to the conduct of this program. I hereby authorize the Riverdale Park District to obtain medical treatment for my child in the event parents or contacts can't be reached.

PICTURE RELEASE: I DO / DO NOT (circle one) give permission to have my/my child's picture appear in any media type coverage approved by the Riverdale Park District and Communities Creating Change.

Signature

Date

SUMMER DAY CAMP

Sample Daily Schedule—Summer Camp 2019

Ages 4- 6

Hours	Monday	Location	Tuesday	Location	Wednesday	Location	Thursday	location	Friday
8:00-8:45	Breakfast		Breakfast		Breakfast		Breakfast		Breakfast
8:45-9:00	Announcements		Announcements		Announcements		Announcements		
9:05-10:05	Arts & Crafts		Arts & Crafts		Arts & Crafts		Arts & Crafts		
10:10-11:10	Free Play		Free Play		Free Play		Free Play		
11:15-11:45	Recreation		Recreation		Recreation		Recreation		
11:45-12:00	Wash/Clean		Wash/Clean		Wash/Clean		Wash/Clean		
12:00-12:45	Lunch		Lunch		Lunch		Lunch		
12:45-1:45	Nap		Nap		Nap		Nap		
1:45-3:00	Enrichment		Enrichment		Enrichment		Enrichment		

Ages 7-9

Hours	Monday	Location	Tuesday	Location	Wednesday	Location	Thursday	location	Friday
8:00-8:45	Breakfast		Breakfast		Breakfast		Breakfast		Breakfast
8:45-9:00	Announcements		Announcements		Announcements		Announcements		
9:05-10:00	Group Activities		Group Activities		Group Activities		Group Activities		
10:00-10:45	Enrichment		Enrichment		Enrichment		Enrichment		
10:45-11:45	Arts & Crafts		Arts & Crafts		Arts & Crafts		Arts & Crafts		
11:45-12:00	Wash & Clean		Wash & Clean		Wash & Clean		Wash & Clean		
12:00-12:45	Lunch		Lunch		Lunch		Lunch		
12:45-2:00	Free Play		Free Play		Free Play		Free Play		
2:00-3:00	Recreation		Recreation		Recreation		Recreation		

Ages 10-12

Hours	Monday	Location	Tuesday	Location	Wednesday	Location	Thursday	location	Friday
8:00 - 8:45	Breakfast		Breakfast		Breakfast		Breakfast		Breakfast
8:45 - 9:00	Announcements		Announcements		Announcements		Announcements		
9:00 - 9:45	Recreation		Recreation		Recreation		Recreation		
9:45-10:30	Enrichment		Enrichment		Enrichment		Enrichment		
10:30-11:30	Group Activities		Group Activities		Group Activities		Group Activities		
11:30-11:45	Wash & Clean		Wash & Clean		Wash & Clean		Wash & Clean		
12:00 - 12:45	Lunch		Lunch		Lunch		Lunch		
12:45-2:00	Arts & Crafts		Arts & Crafts		Arts & Crafts		Arts & Crafts		
2:00 - 3:00	Free Play		Free Play		Free Play		Free Play		

Summer Camp Health Form

Riverdale Park District

The health form is kept confidential and used by our health services staff (or emergency medical personnel). **Every camper needs a completed health form to participate in any summer camp programs. Please fill out this form as completely as possible.** Thank you!

SECTION I – BASIC CONTACT INFORMATION

Camper Name _____

Birth date _____ / _____ / _____ Age _____ Gender Male Female

Home Address _____

Home Phone _____

Parent/Guardian #1 Name _____

Relationship: _____

Day Phone _____ Night Phone _____

Day Phone is Home Work Cell Night Phone is Home Work Cell

Parent/Guardian #2 Name _____

Relationship: _____

Day Phone _____ Night Phone _____

Day Phone is Home Work Cell Night Phone is Home Work Cell

Additional Emergency Contact _____ Relationship _____

(In case we can't reach YOU)

Day Phone _____ Night Phone _____

Day Phone is Home Work Cell Night Phone is Home Work Cell

Family Physician Name _____ Phone _____

Dentist/Orthodontist Name _____ Phone _____

SECTION II – INSURANCE INFORMATION

Is the camper covered by family medical/hospital insurance? Yes No

If yes, indicate Insurance Carrier _____

Group # _____ Policy # _____

Policy Holder's Name _____ Relationship to participant _____

SECTION III – MEDICATIONS

Will camper be taking medications while at camp? Yes No (Medications include prescription, over-the-counter, vitamins, inhalers, etc.)

If camper will be taking medications while at camp, it is Wisconsin state law to secure your consent for medication distribution and for the use of medical devices. The medication can be self-administered (if over 18) or administered by Health Services Staff. Please list all (prescription and non-prescription). Include the medication name, prescribing physician, physicians' phone number, and the dosage instructions. Use an additional sheet if needed. When you check-in at camp, please provide all medications (in their original packaging that identifies the prescribing physician (if prescription drug), the name of the medication, the dosage, and frequency of administration.

_____ I want the medication or medical devices self-administered. **(Age 18 and above only.)**

_____ I want the medication or medical device administered by the Health Services Staff. However, a limited amount of medication for life threatening conditions should be carried by my son/daughter/ward. (i.e. bee sting kits, inhalers)

Medication _____ Dosage _____ Take at what times _____

Reason for Taking _____

Prescribing Physician _____ Phone _____

Medication _____ Dosage _____ Take at what times _____

Reason for Taking _____

Prescribing Physician _____ Phone _____

Medication _____ Dosage _____ Take at what times _____

Reason for Taking _____

Prescribing Physician _____ Phone _____

SECTION IV – ALLERGIES

Camper does not have any Allergies

Camper is allergic to

1. Hay Fever 2. Poison Ivy/Oak 3. Insect Stings 4. Food 5. Penicillin 6. Other Drugs 7. Other

List allergy. Describe reaction and treatment

SECTION V – IMMUNIZATIONS

Please record the month and year of immunizations. If you do not know the dates or whether camper has had certain immunizations, simply leave blank.

DPT (Diphtheria, Pertussis, Tetanus)..... _____

Tetanus Booster _____

Polio..... _____

MMR (Measles, Mumps, Rubella)..... _____

HIB (Haemophilus Influenza B)..... _____

Tuberculin Test _____

Varicella (Chicken Pox)..... _____

Hepatitis B _____

SECTION VI – HEALTH HISTORY

Please know that we value your privacy. Health History information is available only to the camp health staff. The more information you provide, the better we can do our job. Thanks!

Has the camper have a history of or is prone to any of the following (Please check all that apply).

- | | | |
|--|--|--|
| <input type="checkbox"/> 1. Recent injury, illness or infectious disease | <input type="checkbox"/> 10. Hypertension | <input type="checkbox"/> 21. Fractures |
| <input type="checkbox"/> 2. Chronic or recurring illness | <input type="checkbox"/> 11. Bleeding/Clotting Disorders | <input type="checkbox"/> 22. Frequent Headaches |
| <input type="checkbox"/> 3. Asthma | <input type="checkbox"/> 12. Diabetes | <input type="checkbox"/> 23. Head Injury |
| <input type="checkbox"/> 4. Homesickness | <input type="checkbox"/> 13. Mononucleosis (in last 12 months) | <input type="checkbox"/> 24. Eating Disorder |
| <input type="checkbox"/> 5. Frequent Ear Infections | <input type="checkbox"/> 14. Chicken Pox | <input type="checkbox"/> 25. Diarrhea or constipation |
| <input type="checkbox"/> 6. Seizure Disorder or Convulsions | <input type="checkbox"/> 15. Measles | <input type="checkbox"/> 26. Frequent Stomachaches |
| <input type="checkbox"/> 7. Dizziness during or after exercise | <input type="checkbox"/> 16. German Measles | <input type="checkbox"/> 27. Wears glasses or contacts |
| <input type="checkbox"/> 8. Chest pain during or after exercise | <input type="checkbox"/> 17. Mumps | <input type="checkbox"/> 28. Been Hospitalized |
| <input type="checkbox"/> 9. Heart Defect/Disease | <input type="checkbox"/> 18. Tuberculosis | <input type="checkbox"/> 29. Wears a Medic Alert ID |
| | <input type="checkbox"/> 19. Hepatitis | |
| | <input type="checkbox"/> 20. Joint problems (knees, ankles) | |

Please list the number and provide explanation for any checked items

Date of Last Physical Exam (Recommended within 24 months of camp) _____

Physical Activities to be Limited or Restricted while at Camp

SECTION VII – AUTHORIZATION

My child has permission to engage in all prescribed camp activities except as noted. The information provided on this form is accurate to the best of my knowledge. I have indicated any special health conditions, including required medication and activity limitations which should be known to the camp staff and medical personnel. I am aware of and accept the risk inherent in the program activity. I give consent in advance for medical treatment at an appropriate facility in case of illness or injury.

Signature of Parent or Guardian X _____ Date _____