



# FUN TASTIC

Adventure Camp

## 2024 Parent Application

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Time Are You Registering For (Please Circle):

A.M. Half Day

Attendance is Monday- Friday

P.M. Half Day

*\*No Camp on 7/4*

Dates	9-11:45A.M.	1:15-4PM
6/10-6/14	Week 1: Green Thumb Gardeners	Week 1: Means of Transportation
6/17-6/21	Week 2: Future Forecasters	Week 2: Under the Stars
6/24-6/28	Week 3: Adventure Land	Week 3: Welcome to the Jungle
7/1-7/5*	Week 4: Spirit Week	Week 4: Go Green for Mother Earth
7/8-7/12	Week 5: Construction Kids	Week 5: Ahoy Pirates
7/15-7/19	Week 6: Nature Explorers	Week 6: Ooey Gooey Scientist
7/22-7/26	Week 7: Imaginarium	Week 7: Dance Party
7/29-8/2	Week 8: Dynamite Dinosaurs	Week 8: Spirit Week

Who can make changes to your child's registration information if necessary (Change of name, contact information, etc)?

Name of Person: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Veterans Park District FunTASTIC Adventure Camp Enrollment Form**

**\*\*\*\*Please print and fill out all sections completely\*\*\*\***

Child's Name: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_  
City State Zip

Phone: \_\_\_\_\_ Gender M/F: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Ethnic/Racial Group: White  Black  Hispanic/Latino  Asian  American Indian/Alaskan Native   
Native Hawaiian or Other Pacific Islander (PI)  Other/Multi-racial  \_\_\_\_\_

.....  
**Mother's Name:** \_\_\_\_\_ Cell# \_\_\_\_\_ Phone# \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Address: \_\_\_\_\_ City: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Schedule: \_\_\_\_\_ Work # \_\_\_\_\_

**\*\*\*Mother's Email Address:** \_\_\_\_\_

.....

**Father's Name:** \_\_\_\_\_ Cell# \_\_\_\_\_ Phone# \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Address: \_\_\_\_\_ City: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Schedule: \_\_\_\_\_ Work # \_\_\_\_\_

**\*\*\*Father's Email Address:** \_\_\_\_\_

.....

**Marital Status:** Married  Separated  Divorced  Single Parent  Remarried

**Legal Guardian Parents Above:** Yes  No  If No, Print primary parent name: \_\_\_\_\_

.....

**Emergency Contacts/Authorized Pickup List:** Please list **3 people** to call other than parents in case of necessity and are authorized to receive their child. Persons on list must have identification:

**1. Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone#** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**2. Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone#** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**3. Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone#** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

# Veterans Park District FunTASTIC Adventure Camp

*Please print and fill out all sections completely*

## Child's Personal History

Child's Name \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Does your child speak English? Yes  No  Understand English? Yes  No

Do parents speak English? Yes  No  Language Spoken at home:

\_\_\_\_\_ Other children in family? Yes  No  If yes, list name and ages:

Child Resides with: Mother  Father  Other  specify other: \_\_\_\_\_  
(If parents are divorced, we require a copy of the current child custody agreement)

Right Handed  Left Handed  Undecided

## Child's Health History

Does your child have any **health conditions or medical needs**? If yes, please explain: \_\_\_\_\_

Does your child have any **special needs or require any accommodations**? \_\_\_\_\_

Does your child have any **ALLERGIES**? Yes  No  If yes, please explain: \_\_\_\_\_

Are there any **foods your child cannot eat**? \_\_\_\_\_

*\*\*\*If your child needs to substitute foods listed on our menus we must have a Medical Exception Statement For Food Substitution form completed by your child's physician. Please see the Preschool Director for form.*

**Child's Physician:** \_\_\_\_\_ **Office Phone#:** \_\_\_\_\_

**Office Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

## Emergency Care Release

I, \_\_\_\_\_, parent/guardian have enrolled my child in Veterans Park District preschool, and hereby authorize Dr. \_\_\_\_\_, my child's physician, or any other physician in his/her group practice, in my behalf to administer Emergency medical assistance to my child during a Park District activity. In the event the above doctor listed or any physician in his/her group practice is not available, I hereby authorize the Veterans Park District, their employees and agents to provide emergency medical assistance or to arrange for and consent to on my behalf immediate medical treatment by a licensed or certified physician or other medical personnel for my child whenever the authorized Park District personnel believe such emergency medical assistance is necessary to protect the health, safety and welfare of my child. I provided accurate and all information regarding my child's medical needs and health conditions, therefore I know no reasons why my child should not participate in activities, except as noted above.

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

## **Veterans Park District FunTASTIC Adventure Camp Fee Policy**

- The Veterans Park District sessions must be paid in full 1-week prior to the start of the session.
- \$10 non-refundable deposit is required for each registered session at time of registration.
- There are NO refunds once a session has begun. Sessions will not be pro-rated for any reason.
- NO credits given for absences, holidays, emergency closings, vacations taken by families, moving out of the area, weather, days missed due to illness or discontinuing in the middle of the session.
- Sessions can be paid by Cash, Check or Money Order (made out to Veterans Park District ONLY). We also accept Visa, MasterCard, AmEx or Discover.
- You may stop by any of the Veterans Park registration offices to pay in person. **It is strongly suggested you call before stopping in as hours and days open can vary per location.**
- Parents/guardians/designee who is late picking up their child/children will be charged \$5.00 for the first 10 minutes from time of dismissal and \$2.00 for each additional minute.

**\*\$10 deposit required for each session registration; balance due 1-week prior to the start of each session.**

<b>Deadline Dates</b>	<b>Weeks</b>
<b>June 3</b>	<b>Week 1: 6/10-6/14</b>
<b>June 10</b>	<b>Week 2: 6/17-6/21</b>
<b>June 17</b>	<b>Week 3: 6/24-6/28</b>
<b>June 24</b>	<b>Week 4: 7/1-7/5*</b>
<b>July 1</b>	<b>Week 5: 7/8-7/12</b>
<b>July 10</b>	<b>Week 6: 7/17-7/21</b>
<b>July 15</b>	<b>Week 7: 7/22-7/26</b>
<b>July 24</b>	<b>Week 8: 7/29-8/2</b>

I have read and will abide by the **FunTASTIC Adventure Camp Fee Policy**

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

## FunTASTIC Adventure Camp Discipline & Behavior Policy

Preschool aged camps play an important role in teaching children social skills and how to interact appropriately with each other. Teachers incorporate these skills in the curriculum by modeling good manners and showing children how to respect each other. They work hard at preventing behavioral problems by arranging the classroom environment, so children are able to work in small groups and have large choice of activities. Teachers are also trained to direct behavior along appropriate channels and give ample praise for appropriate behavior. All parents and staff members sign a statement of understanding in regard to the Veterans Park FunTASTIC Adventure Camp Behavior Policy, included as part of your child's enrollment packet, so that a clear understanding exists between both parties. Therefore, our behavior policy is as follows:

1. The teacher will give a **verbal reminder** of the rules and explain to the child why their behavior is not appropriate.
2. If the behavior is demonstrated again, the child will be **re-directed** to another activity.
3. If that does not deter the repeated behavior, the child will be directed to a quiet area of the classroom to **"sit and think"** about what they have done (not to exceed one minute per year of the child's age.)
4. If the action or behavior is repeated after sitting out, a behavior report will be written, and the parent/guardian will be notified of their child's behavior, which must be signed at pickup.
5. After ***three behavior reports*** are made, a meeting with the parent/guardian will be scheduled and an action plan will be drafted by the Program Director and the child's classroom teacher(s). The parent/guardian is required to attend this mandatory meeting with the Program Director and teacher(s) to discuss the behavior(s) and how to implement the details of the action plan.
6. If the inappropriate behavior(s) continue(s) after the meeting and the action plan is implemented, resulting in ***two more behavior reports*** being written, the child **will be paused from FunTASTIC Adventure Camp** under the direction of the Assistant Director of Recreation/Program Director, Director of Recreation & Executive Director.
7. If the inappropriate behavior(s) continue(s), another mandatory meeting with the parent/guardian will be held to discuss additional resources available to assist the child's behaviors. The child may be transitioned out of the program and given referrals and resources to other agencies or facilities based on the recommendation of the Executive Director.

I understand the above Behavior Policy for my child \_\_\_\_\_

*Print child's name*

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

**Veteran Park District**

**Equipment, Excursions and Public Park Facilities Consent**

**Child's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**I/We authorize Veterans Park District to take my/our child on walking trips and to nearby public park facilities. I hereby grant permission for my child to use all the play equipment and participate in all the activities of FunTASTIC Adventure Camp. I/we understand such trips are under the supervision of Veterans Park District staff and that health and safety precautions are taken in compliance with DCFS standards for licensure.**

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

**Veterans Park District**  
**FunTASTIC Adventure Camp Policy Agreement and**  
**Parent Handbook**  
**Verification of Receipt**

I read, understood, and agree to ALL the policies and procedures stated in the Veterans Park District FunTASTIC Adventure Camp Parent Handbook.

From time-to-time policies and procedures are reviewed, changed and added. If so, I understand I will receive any changes to my existing handbook.

I \_\_\_\_\_  
Parent/Guardian Name (Please print)

Parents of \_\_\_\_\_, hereby  
Child's Name (Please print)

certify that I have received a copy of the parent handbook by Veterans Park District and will abide by all policies and procedures.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

# Veterans Park District FunTASTIC Adventure Camp

## Sunscreen/Insect Repellent Authorization Form

When warm weather arrives, we ask that each child brings their own sunscreen labeled with their name. We prefer you bring **Sunscreen Spray** bottles as they are easier to apply to the children. Insect repellent is **OPTIONAL** and should also be labeled with your child's name.

We ask that you apply a coat of sunscreen on your child **before bringing them to school** and we will re-apply.

\*\*\*Please fill out below authorization with **Brand of Sunscreen** and bring labeled bottle(s)  
on the first day of class. \*\*\*

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

Brand Name of Sun Screen \_\_\_\_\_



# **Please sign the Verification of Receipt**

CFS 581 Rev. 12/2000

State of Illinois

Illinois Department of Children and Family Services

## **VERIFICATION OF RECEIPT**

I/WE, \_\_\_\_\_

Please Print Name(s)

parent(s) of \_\_\_\_\_, hereby certify that I/we have

Name(s) of Child(ren)

received a copy of a summary of licensing standards printed by the Illinois Department of Children and Family Services.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

**THIS COMPLETED FORM IS TO BE PLACED IN EACH CHILD'S FILE AT THE DAY CARE FACILITY.**