

## River Trails Park District

Weiss Community Center  
847-255-1200

1500 E. Euclid Avenue  
Mt. Prospect, IL 60056  
[www.rtpd.org](http://www.rtpd.org)



### *Preschool Fun Days Information Sheet*

*Please fill out an emergency form at the time of registration. This sheet is important for emergency numbers and medical information. If you have any questions, please call (847) 255 - 1200.*

Welcome to Preschool Fun Days we are pleased to have your child joining us for our exciting summer program. Each session will revolve around a different theme and will include a variety of activities designed for your child to explore, discover, create and most of all have fun!

#### LOCATION

Preschool room and preschool playground at Weiss Community Center, 1500 E. Euclid Ave, Mt Prospect, IL 60056

#### TIMES

**4 yr olds** will meet from 9:15 - 11:45 am Mondays/Wednesdays/Fridays.  
**3 yr olds** will meet from 9:15 - 11:15 am on Tuesday/Thursdays.

#### DROP OFF

**Drop-off:** Please wait outside the classroom until staff opens the door at 9:15 am then feel free to bring your child into the room. Remember to make your good-byes quick so their fun can begin

**Pick-up:** Please wait outside the classroom until staff opens the door and calls your child's name.

### ACTIVITIES

We will be reading stories, painting, making crafts, playing in the classroom centers and weather permitting; we will spend time outside on the preschool playground.

### SNACK

Each day the children will also be sharing a snack together that parents provide. Each parent is asked to sign up for several days. Please sign up on the bulletin board outside the classroom door. This includes providing a snack and drink for 15 children. Please remember to make it healthy snack, see the suggestions posted outside the door when camp starts. We greatly appreciate all your help!

### WHAT TO WEAR/BRING

Your child should bring a backpack and please print their name inside. Please have your child dress comfortably for activities and wear gym shoes each day for their safety. ***No clogs, sandals or jellies.***

If your child is signed up for another class at the Weiss Center immediately after Fun Days, staff will walk your child to class on those days.

We are looking forward to having fun together.

# CAMP REGISTRATION FORM

**\*PLEASE USE ONE FORM PER CHILD**

River Trails Park District  
1500 E. Euclid Avenue  
Mt. Prospect, IL 60056

phone 847-255-1200  
fax 847- 255-1285  
www.rtpd.org

Date \_\_\_\_\_ E-mail address (please print clearly) \_\_\_\_\_

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Sex M F

Birth date \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_ Grade (Fall '10) \_\_\_\_\_ School Name \_\_\_\_\_

Parent/Guardian's Last Name (if different) \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

River Trails P. D. Resident     Prospect Hts. P. D. Resident     Mt. Prospect P. D. Resident     Non-Resident

	Code #	Fee
<b>Session 1</b>		
Camp name		
Before camp		
After camp		
Camper swim lessons		
Camper golf lessons		
	<i>Total</i>	
<b>Session 2</b>		
Camp name		
Before camp		
After camp		
Camper swim lessons		
Camper golf lessons		
Camper golf lessons		
	<i>Total</i>	
<b>Session 3</b>		
Camp name		
Before camp		
After camp		
Camp swim lessons		
	<i>Total</i>	
<b>Trails End</b>		
Camp		
Before camp		
After camp		
Camper swim lessons		
	<i>Total</i>	

TOTAL \_\_\_\_\_

**\*\* you will not be billed, payment is your responsibility.**

*Office staff only*

**1<sup>st</sup> Payment – upon registration**

Amount Due: \_\_\_\_\_

Amount Rec'd: \_\_\_\_\_

Accepted By: \_\_\_\_\_

Type of payment (circle one)

Cash    Check # \_\_\_\_\_ Credit Card

*Office staff only*

**2<sup>nd</sup> Payment - March 10, 2010**

Amount Due: \_\_\_\_\_

Amount Rec'd: \_\_\_\_\_

Accepted By: \_\_\_\_\_

Type of payment (circle one)

Cash                      Check # \_\_\_\_\_ Credit Card

*Office staff only*

**3<sup>rd</sup> Payment - April 7, 2010**

Amount Due: \_\_\_\_\_

Amount Rec'd: \_\_\_\_\_

Balance: \_\_\_\_\_

Accepted By: \_\_\_\_\_

Type of payment (circle one)

Cash                      Check # \_\_\_\_\_ Credit Card

*Office staff only*

**Balance – May 12, 2010**

Amount Due: \_\_\_\_\_

Amount Rec'd: \_\_\_\_\_

Accepted By: \_\_\_\_\_

Type of payment (circle one)

Cash                      Check # \_\_\_\_\_ Credit Card

- If payments are not received, child will not be allowed to start session.
- Please make friendship request by June 1.

The River Trails Park District welcomes individuals with disabilities into programs. Please describe any accommodations needed for successful inclusion in the program(s). \_\_\_\_\_

**For Future Payments Due**

I authorize the River Trails Park District to charge the listed credit card for remaining payments/balance(s) due for camp program(s).

YES \_\_\_\_\_

NO \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Tax Deduction Information**

Parents are responsible for keeping a tally of their camp payments for tax deduction purposes. The park district tax ID number can be obtained at the Weiss Community Center at 847-255-1200.

<u>Visa, MasterCard or Discover Card</u>	
\$20 MINIMUM CHARGE	
Card No: _____	
Name Cardholder _____	Expiration Date _____
Authorized Signature _____	Charge Amt. \$ _____
	Date _____
	Amt. \$ _____
	Date _____
	Amt. \$ _____

**WAIVER & RELEASE**

**IMPORTANT INFORMATION**

The River Trails Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The River Trails Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for the listed programs/activities must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs. You are solely responsible for determining if you or your minor child/ward are physical fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

**WARNING OF RISK**

Recreational activities/programs are intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity/program. Understandably, not all hazards and dangers can be foreseen. Depending on the particular activity, participants must understand that certain risks, dangers and injuries due to inclement weather, slipping, falling, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and all other circumstances inherent to indoor and outdoor recreational activities/programs exist. In this regard, it must be recognized that it is impossible for the River Trails Park District to guarantee absolute safety.

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

Please read this form carefully and be aware that in signing up and participating in the listed programs/activities, 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 this program/activity (including transportation services/vehicle operation, when provided). I recognize and acknowledge that there are certain risks of physical injury to participants in the listed programs/activities, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program/activity against the River Trails Park District, including its officials, agents, volunteers and employees (hereinafter collectively referred as "River Trails Park District"). I do hereby fully release and forever discharge the River Trails Park District from any and all claims for injuries, damages, or loss that my minor child/ward or I 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 the listed programs/activities. I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering on-line or via fax, your on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Revised 1/05

ALL PARTICIPANTS MUST SIGN		
If participant is under 18 years old, parent must sign for them		
SIGNATURE	PRINTED NAME	DATE
_____	_____	_____

**River Trails Park District  
Information & Medical Emergency Form**

**Preschool Fun Days**

Session \_\_\_\_\_ I \_\_\_\_\_ II \_\_\_\_\_ III  
Days: \_\_\_\_\_ T/TH \_\_\_\_\_ M/W/F

PLEASE PRINT

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

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Parent's Last Name (if different) \_\_\_\_\_

Address \_\_\_\_\_ Town/Zip \_\_\_\_\_

E-mail address \_\_\_\_\_ Phone \_\_\_\_\_

Please print clearly

Parent Name \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Parent Name \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Pager ( ) \_\_\_\_\_ Cell phone ( ) \_\_\_\_\_

**Emergency Contact:** ( *must be able to pick up child, if necessary* )

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone \_\_\_\_\_ Hand my child uses (circle one) Right Left

List previous preschool experiences: \_\_\_\_\_

Will your child attend preschool in the Fall? Where: \_\_\_\_\_

Does your child have trouble separating? (circle one) No Yes

Language spoken at home \_\_\_\_\_

Does your child have any allergies? (food, plants, animals or medication) \_\_\_\_\_

Is your child on any medication? No \_\_\_\_\_ \*Yes \_\_\_\_\_ Please list each type.

\_\_\_\_\_  
\*additional form needed

Please list any conditions/behaviors we should be aware of: \_\_\_\_\_

Does the camper have special needs that require special accommodations or assistance?

No \_\_\_\_\_ Yes \_\_\_\_\_ Please explain: \_\_\_\_\_

Please list each person that may pick your child up from camp:

\_\_\_\_\_

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255-1200

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## EMERGENCY TREATMENT RELEASE

**My Minor Child is:**

**Last name** \_\_\_\_\_ **First name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

As a parent and/or guardian, I authorize that in a medical emergency regarding my minor child, that the local emergency medical service be contacted. If, as determined by the local emergency medical service, my child needs immediate care and needs to be transported to an emergency care center, I authorize treatment and transportation. If in the opinion of the attending physician at the emergency care center that further treatment is necessary, I authorize the treatment of my child.

I recognize that time is important during an emergency situation and I authorize emergency medical treatment for my child. However, a reasonable effort should be made to contact myself and/or if needed, the alternate emergency contacts listed below.

I declare that I exercised my own judgment in deciding whether to sign this agreement and I further declare that my decision to sign was not based on or influenced by any declarations or representations of the River Trails Park District or its employees, agent or instructors. In addition, I agree that I will be responsible for payment for any and all medical services provided.

**Date** \_\_\_\_\_

**Signature of Parent/Guardian** \_\_\_\_\_

**Please print name** \_\_\_\_\_

### EMERGENCY CONTACTS:

**Name** \_\_\_\_\_ **Phone: (H)** \_\_\_\_\_ **(W)** \_\_\_\_\_

**Name** \_\_\_\_\_ **Phone: (H)** \_\_\_\_\_ **(W)** \_\_\_\_\_

**Name** \_\_\_\_\_ **Phone: (H)** \_\_\_\_\_ **(W)** \_\_\_\_\_

**BEHAVIORAL STANDARDS CONTRACT**

The following standards have been adopted by the River Trails Park District to be used uniformly as a guideline for disciplining any child enrolled in our Day Camp programs:

**GENERAL INAPPROPRIATE/UNACCEPTABLE BEHAVIORS:**

1. Abusive language
2. Disrespectful behavior towards staff and/or fellow participants.
3. Continuous disruptive behavior
4. Any aggressive behavior (slapping, punching, kicking, biting, etc.), whether it is initiated or in retaliation.

**FIRST WARNING:**

The first time any inappropriate/unacceptable behavior occurs, the parent will be notified by phone (or written letter if parent is not reachable). Documentation of this behavior will be kept on file at the park district. If that behavior occurs again within the same day, the parents will be called to come and remove the child from the program for the remainder of the day. \*\*

**SECOND WARNING:**

If a child continues to display inappropriate/unacceptable behavior after a first warning has been given, the child will receive a written letter of second warning. This letter will state the child's inappropriate/unacceptable behavior and notify the parent(s) that one more incident of such behavior could lead to the child's last warning and possible removal from the program. This letter must be signed by a parent and returned. One copy will remain at the park district and one copy will be given to the parent. \*\*

**REMOVAL FROM THE PROGRAM**

After the first and second warnings have been issued and an inappropriate behavior is displayed, a parent will be contacted by phone and a written notice that the child will be removed from the program for a certain period of time or permanently. (depending on the severity of the behavior). \*\*

\*\*In an extreme case of unacceptable behavior that is threatening to other participants or staff, the first two warnings can be omitted and the child will be removed from the program immediately with the final warning. \*\*

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*Please Print*

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

Camp \_\_\_\_\_ Session: 1 2 3 Trails End

I have read, understand, and accept the above Behavioral Standards Contract and procedures.  
I will also go over these Behavioral Standards with my child.

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

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

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### **A Special Note** *Regarding Personal Information about Your Child*

Some parents hesitate to provide child care providers with personal information about their child's behavior or past experience. Some fear the information may be misused, while others are concerned about their child being labeled, singled out or treated differently. All parents want to see their child have a fresh start in a new program, unencumbered by past performance.

As seasoned program providers, we appreciate these concerns. We also know how *invaluable* such information can be in assisting us to help your child make as smooth and happy adjustment to our program as possible—something we know all parents want, too! Remember, we only have 8 weeks to get it right! We need your help!

Having prior knowledge about learning difficulty, ADHD or a recent loss or major change in the family or child's life makes a tremendous difference in helping us be sensitive to your child's need for patience, understanding and reassurance—especially in the first few days of our program!

This is especially true for children who have an attention problem or who are nervous about new situations. Many parents fear some programs will not accept their child if they are completely open. The truth is that, *children need us to be partners with you in order for them to have a safe and successful experience.*

Furthermore, children often use their behavior rather than their words to tell us something is bothering them. Having advance knowledge of areas that might be difficult for your child helps us understand the message in his or her actions. The better we understand your child, the more we can assure you of a better experience.

Our commitment is to use such information only to help your child adjust to our program. It will never be used unless necessary and then only with the greatest of discretion and your prior knowledge.

Remember, when faced with challenges, we can help your child have great success if you help us. We encourage you to make us a full partner in planning for your child's success.