

## **Camp Kiddie (3-4 yr. olds) Information Sheet**

What's summer without art, nature & new friends? Activities are based on a different theme each week. This fun and exciting program will assist your child in the transition to fall preschool. The camp will be led by a Trail Blazers Preschool teacher with help from a well-qualified assistant.

- Please register early or by session deadline! There will be a 48 hour deferment period after any late registration. You will be notified within two business days if we will be able to accommodate you. No friendship requests will be granted with late registration.
- Transfers and withdrawals must be made 48 hours prior to each camp session starting date. Once a program starts, refunds will be prorated and credits will be applied to your account.
- There will be no fee adjustments for any time your child does not attend a session.
- Don't have an account? Go to [www.rtpd.org](http://www.rtpd.org) to start one today.

### **LOCATION/AGES/TIMES**

Camp meets in the Weiss Center Preschool room and uses the preschool playground outside the Weiss Community Center.

**3-4 yr. old** 9:15 – 11:15 am on Tuesday/Thursday  
**4 yr. old** 9:15 – 11:45 am on Monday/Wednesday/Friday

### **DROP OFF/PICK UP**

**Drop off:** Please wait outside the classroom until staff opens the door at 9:15am; at that point, feel free to bring your camper into the room. Remember to make your good-byes quick so their fun can begin! Sign-in by parent or guardian required.

**Pick up:** Please wait outside the classroom until staff opens the door and invites you in to get your camper. Sign-out by parent or guardian required.

### **ACTIVITIES**

There will be a theme each week and campers will have fun reading stories, painting, doing art projects and playing games that pertain to this theme. We will also play with the classroom learning centers and outside on the playground, weather permitting.

### **SNACK**

Each day the children will be enjoying a snack that parents provide for the class. Please sign up on the calendar outside the classroom for days to bring snacks. Please provide a healthy snack. Campers will have water to drink. See snack suggestions posted outside the classroom. We greatly appreciate all your help! Please, due to allergies, **nothing containing nuts.**

### **COMMUNICATION**

Session newsletters can be found in the Virtual Backpack located at [www.rtpd.org](http://www.rtpd.org) in the Camp Section.

VIRTUAL BACKPACK  
Click on the backpack to  
see all Summer Camps  
Downloads



### **TAX DEDUCTION INFORMATION**

Parents are asked to keep a tally of their camp payments for tax deduction information. The park district tax ID number is 36-6136813. You can get this online if you have set up an account with us. Please inquire at the Weiss Center.

### **ADDITIONAL CLASSES**

If your child is signed up for Snack & Swim, Camp Kiddie staff will walk your child to the pool on those days. Please have your child wear their bathing suit to camp. If your camper is signed up for Kiddie Lunch until 1:15pm, the swim instructor will walk them back to camp. If not, please pick your camper up from the pool. If your camper is signed up for Kiddie Lunch, they will remain in the classroom with staff for the duration of the program. Please pack your camper with a lunch for this program.

### **WHAT TO WEAR/BRING**

Your camper should bring a backpack and a plastic water bottle. Please print their name on everything sent to camp. We ask that your camper dress comfortably for activities and wear gym shoes each day for their safety. **No crocs, flip flops, sandals or jellies.** Send your camper with an extra change of clothes in their backpack as well. For any camper attending Kiddie Lunch that ends at 1:15 pm, please have your camper bring a lunch each day.

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 is 36-6136813.

#### Visa, MasterCard or Discover Card \$20 MINIMUM CHARGE

Card No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name/Cardholder \_\_\_\_\_

Expiration Date \_\_\_\_\_

Authorized  
Signature \_\_\_\_\_ Amt. Charge\$ \_\_\_\_\_

### 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, 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.

#### ALL PARTICIPANTS MUST SIGN

If participant is under 18 years old, parent must sign for them

SIGNATURE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

DATE \_\_\_\_\_

## 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):** \_\_\_\_\_

River Trails Park District  
847.255.1200

1500 E. Euclid Ave,  
Mt. Prospect, IL 60056

## 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   4

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

## CAMPER EMERGENCY FORM

**Please print clearly**

Camper's Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent's Last Name (if different): \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

School: \_\_\_\_\_ Grade entering in fall: \_\_\_\_\_ Age: \_\_\_\_\_

Mother's First Name: \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Father's First Name: \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

**Emergency Contact: NOT PARENT** (local friend/neighbor who can pick up child)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Relationship: \_\_\_\_\_

Does your child have any allergies? (Animals, foods, medications or plants) \_\_\_\_\_

Any health problems that would limit participation? (Asthma, nose bleeds, etc.) \_\_\_\_\_

List all medications & times taken: \_\_\_\_\_

\* Additional forms needed if medication is taken during camp hours

Does your child have special needs that require accommodations or special assistance?

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

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

**Child's swim skills:** \_\_\_\_\_ **Non-swimmer** \_\_\_\_\_ **Beginner** \_\_\_\_\_ **Intermediate** \_\_\_\_\_ **Advanced**

After camp my child will: \_\_\_\_\_ Walk home \_\_\_\_\_ Ride his/her bike home \_\_\_\_\_ Be picked up by car

\_\_\_\_\_ Attend a RTPD program other than a tag on. Program Name: \_\_\_\_\_ Dates: .

**One (1) Friendship Request:** (same age/camp session) \_\_\_\_\_

Please note this is a request, not a guarantee. You may request one friend and they must request you too. **Must be made by June 1.**

**After Camp Participants only:**

Please print the person(s) names that will be picking up your child from After Camp: