



# Summer Camp 2025 Enrollment Application



*Please check all that applies to your child:*

Rec Center Member:  Yes  No      Days in Attendance:  Mon  Tue  Wed  Thu  Fri

Child's T-Shirt Size:  Youth X-Small     Youth Small     Youth Medium     Youth Large  
 Adult Small     Adult Medium     Adult Large     Adult XL

My child's photo can be used in any publicity for the Rec Center:  Yes  No

### Weeks Attending:

Week 1: May 27 - May 30

Week 2: June 2 - June 6

Week 3: June 9 - June 13

Week 4: June 16 - June 20

Week 5: June 23 - June 27

Week 6: June 30 - July 3

Week 7: July 7 - July 11

Week 8: July 14 - July 18

Week 9: July 21 - July 25

Week 10: July 28 - Aug. 1

Week 11: Aug. 4 - Aug. 8

### BASIC INFORMATION:

Child's Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Best Contact Phone # \_\_\_\_\_

Birth Date \_\_\_\_\_ Grade Entering \_\_\_\_\_ School Attending \_\_\_\_\_

### IDENTIFICATION INFORMATION:

\*Mother's Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Primary Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_

Work Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Typical Work Hours/ Times \_\_\_\_\_

Is Mother Authorized to Pick Up Child?       Yes       No

\*Father's Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Primary Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_

Work Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Typical Work Hours/ Times \_\_\_\_\_

Is Father Authorized to Pick Up Child?       Yes       No

**\*Step-Mother's Name** \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Primary Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_

Work Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Typical Work Hours/ Times \_\_\_\_\_

Is Step-Mother Authorized to Pick Up Child?       Yes       No

**\*Step Father's Name** \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Primary Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_

Work Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Typical Work Hours/ Times \_\_\_\_\_

Is Step Father Authorized to Pick Up Child?  Yes       No

**EMERGENCY CONTACTS:**

Primary Physician \_\_\_\_\_

Clinic/Hospital \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**EMERGENCY CONTACTS OTHER THAN PARENTS OR DOCTOR (IN IMMEDIATE AREA):**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Authorized to Pick up Child?       Yes       No

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Authorized to Pick up Child?       Yes       No

**ALL PERSONS AUTHORIZED TO TAKE CHILD (IF YOU HAVE MORE PEOPLE TO ADD, PLEASE LET ME KNOW):**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Primary Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Primary Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

IMMEDIATE PICK-UP CONTACT Should we not be able to reach parents if child MUST leave program due to behaviors.

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Primary Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**GENERAL QUESTIONS:**

**DOES CHILD PRESENTLY HAVE ANY DISABILITIES, ALLERGIES, OR OTHER LIMITATIONS?**       Yes     No

Explain \_\_\_\_\_  
\_\_\_\_\_

**DOES CHILD PRESENTLY TAKE ANY MEDICATIONS?**       Yes     No

Explain \_\_\_\_\_  
\_\_\_\_\_

**HAS A SPECIAL DIET BEEN RECOMMENDED FOR THE CHILD?**       Yes     No

Explain \_\_\_\_\_  
\_\_\_\_\_

**DOES THE CHILD PLAY BEST WITH CHILDREN HIS/HER OWN AGE, YOUNGER, OR OLDER?**       Yes     No

Explain \_\_\_\_\_  
\_\_\_\_\_

**DOES CHILD HAVE ANY SPECIAL FEARS?**       Yes     No

Explain \_\_\_\_\_  
\_\_\_\_\_

**WHAT METHOD OF DISCIPLINE IS MOST EFFECTIVE WITH YOUR CHILD?**

\_\_\_\_\_  
\_\_\_\_\_

**WHAT DOES HE/SHE MOST LIKE DOING?**

\_\_\_\_\_  
\_\_\_\_\_

**WHAT DOES HE/SHE LEAST LIKE DOING?**

\_\_\_\_\_  
\_\_\_\_\_

**WHAT IS MOST DIFFICULT FOR YOUR CHILD?**

\_\_\_\_\_  
\_\_\_\_\_

**HOW WOULD YOU LIKE FOR US TO HELP YOUR CHILD?**

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**IS THERE ANYTHING ELSE WE SHOULD BE AWARE OF REGARDING YOUR CHILD'S DEVELOPMENT, MEDICAL CONCERNS, OR HABITS?**

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**GENERAL CONSENTS:**

**EMERGENCY FIRST AID CONSENT**

I give my consent for emergency first aid to be administered to my child by a staff member certified in first aid. In case of sickness or accident, I expect that I will be contacted. However, if I cannot be reached, I the undersigned, hereby give my consent for the attending The Rec Center staff member to provide emergency care and/or treatment for my child through a clinic, a hospital or private doctor. I give my express consent for x-rays, if the attending physician feels it is advisable or necessary. I also agree to pay all costs secured or authorized under this consent. (This agreement shall continue as long as my child is enrolled in the Summer Camp program.

**Initials:** \_\_\_\_\_

**GUIDANCE & DISCIPLINE POLICY**

I have read and understand the Summer Camp Rules and Discipline policies in the Parent Handbook and have received a separate copy of the Rec Center Summer Camp program rules.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FIELD TRIPS & EXCURSIONS PERMISSION**

I authorize The Rec Center staff to take my child on walking trips, special excursions, and to nearby public facilities. I also authorize the child to ride as a passenger in a vehicle chartered by The Rec Center for special field trips. I understand all such trips are under the supervision of The Rec Center staff and that health and safety precautions are taken in compliance with the Department of Children and Family Service standards for licensing.

**Initials:** \_\_\_\_\_

**PHOTO RELEASE**

I give permission for my child to be involved in any publicity or press releases for the Summer Camp program. This includes photographs and interviews.

**Initials:** \_\_\_\_\_

**CONSENT FOR PHYSICAL ACTIVITY**

I give permission for my child to participate in any and all physical activities offered through the Summer Camp program. These activities could include, but are not limited to, team sports such as basketball, soccer, tee-ball, group games, floor hockey, aerobics, running, tumbling, and gymnastics.

**Initials:** \_\_\_\_\_

**PAYMENT OF FEES**

I understand that all Summer Camp program payments will be drafted every Monday. I understand that no payment amount may be credited to later weeks because of child's absence. The Summer Camp program fees do not cover all field trips. I must register my child for these field trips and pay the associated fees separately.

**Initials:** \_\_\_\_\_

**CONFIDENTIAL INFORMATION**

I understand that no personal information about my child will be released without my consent. I also understand and agree that The Rec Center may exchange information regarding my child with those professional agencies or people concerned with my child's health and well-being. I fully understand that this may entail social, medical, education or psychological information.

**Initials:** \_\_\_\_\_

**WAIVER**

In consideration of my child's participation in the activities of the Summer Camp program, conducted by The Rec Center, its representative officers, employees and members, I do hereby for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages which I may have or which may hereafter accrue to me arising out of or connected with my child's participation in any of the activities of The Rec Center.

**Initials:** \_\_\_\_\_

**IMPORTANT NOTICE**

The Rec Center does not provide accident insurance for its members or participants in any Rec Center programs. Each person participates at his or her own risk and agrees to hold The Rec Center blameless for any injury incurred. It is recommended that all participants consult their personal insurance company to determine the extent of accident coverage while participant is involved in The Rec Center program or activity.

**Initials:** \_\_\_\_\_

**PARENT VERIFICATION STATEMENT**

I \_\_\_\_\_ have read and received all information issued regarding The Rec Center Summer Camp program. I understand and agree to all the requirements and grant my permission on all above consent forms marked WITH MY INITIALS OR SIGNATURE.

**Signature of Parent/ Guardian Completing Form:** \_\_\_\_\_

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

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*Complete and Sign Only if Child will be taking Medication while enrolled in the Summer Camp program*

**AUTHORIZATION TO ADMINISTER MEDICATION**

\*\*\*I give permission to the Summer Camp program Staff to administer medication to my child.

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

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

MEDICATION NAME: \_\_\_\_\_

Quantity \_\_\_\_\_ Time to Administer \_\_\_\_\_ Days to Administer \_\_\_\_\_

Prescribing Physician's Name \_\_\_\_\_

Pharmacy \_\_\_\_\_ Phone \_\_\_\_\_

**APPLICATION FORM ON REVERSE**

**PLEASE COMPLETE AND RETURN**

# Important!

## \*Policies for the 2025 Summer Camp Season

Please sign and date at the bottom of the page indicating that you have read and understood all policies.



### Technology Policy

At no time will a child be allowed to make or receive calls or send or receive text messages on a personal cell phone. If you choose to send your child to the Rec with a cell phone or other electronic devices, it will be done at your own risk. Only at these times will electronic devices be used for play (NOT personal calling or texting): 6:45 - 8:00 am and 4:30 - 5:30 pm. We are not responsible for lost/ stolen personal items. PERSONAL CELL PHONES MUST REMAIN IN THE CHILD'S BAG AT ALL TIMES. If you need to reach your child, please call the Rec Center and speak with Staff. No Streaming services of social media sites will be allowed. Staff reserves the right to take away electronics if rules are not followed.



### Signing Kids Out of the REC

For the safety of your child/ children, this is of utmost importance! A parent or guardian must physically come into the building to sign them out of the program for that day and accompany them out of the building. There are absolutely NO EXCEPTIONS to this.



### Cancellation Form

If for whatever reason you wish to remove your child/ children from our Summer Camp program, you must fill out a cancellation form, signed by both you and the director of the program. This will stop any bank drafts and ensure removal from the program.



### No Firearms!

Firearms are prohibited on the premises.



### Discipline Policy

We adhere to a strict "Three Strikes & You're Out" policy. This policy will be used in regards to all behavior and discipline problems in the program. However, in extreme behavior cases, the Summer Camp Director reserves the right to immediately remove the child. Please refer to the Handbook for more detailed information. .



### Summer Camp is a Nut Free Zone!

Summer Camp at The Rec is a nut-free program. In order to protect those with food allergies, please do not send your children with any food that contains nuts in the ingredient list. Check all ingredients carefully. Thank you for helping to keep our children safe!



### Not DCFS licensed!

The Rec facility and programs are not licensed or regulated by DCFS.

Signature: \_\_\_\_\_

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

**APPLICATION FORM ON REVERSE**

**PLEASE COMPLETE AND RETURN**





Updated February 6, 2025

To Parents/ Guardians of Summer Camp Participants:

All payments for Summer Camp will be made through EFT (electronic funds transfer) via a credit or debit card. Payments toward the Summer Camp program will be transferred on Mondays following the week of attendance, and payments will be drafted for the days your child/ children attended camp throughout the week.

Field trips will need to be paid UPON REGISTRATION at the front desk with no exceptions. Your payment will reserve your spot for the field trip. Payments for field trips can be made with cash, check or credit/ debit card.

**Authorization Agreement for Electronic Fund Transfer**

I hereby authorize the Rec Center to initiate electronic fund entries to the account below from the Financial Institution named below to debit my account.

Credit Card                       Checking Account                       Savings Account

Financial Institution: \_\_\_\_\_

City, State: \_\_\_\_\_

Routing/ Transit Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Expiration: \_\_\_\_\_

Name on Card: \_\_\_\_\_ **3 Digit Code:** \_\_\_\_\_

*This authorization remains in effect until the Summer Camp program is officially over, or until the Rec Center has received notification indicating a desire to discontinue participation in the Summer Camp program.*

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Participant(s): \_\_\_\_\_

Parent/ Guardian Name: \_\_\_\_\_

I understand that this is a continuous fee. I understand that I will be drafted weekly until the program has officially ended, or my child is done with the program, whichever ends first.

Parent/ Guardian Initials: \_\_\_\_\_

Should any membership deduction not be honored by my bank for any reason, I realize that I am still responsible for the payment, plus a service charge of no more than \$25 applied by the Rec Center. This is in addition to any service fee my bank may charge. I understand that it is my responsibility to notify the Rec Center in writing should I change my financial institution and/ or account at any time.

Parent/ Guardian Initials: \_\_\_\_\_