



Carol Stream Park District
KC SUMMER CAMP 2009
WELCOME INFORMATION

Welcome and thank you for your interest in the Carol Stream Park District 2009 Summer Camp Programs. In this registration packet, you will find important information and forms that must be completed in order to begin your summer camp experience. We look forward to the opportunity to provide your camper with a fun, safe and enriching summer experience.

KC Campers will enjoy many activities including: swimming, special events, field trips, arts, crafts, music, sports, drama, games and more. Summer Camp activities are designed to encourage social growth, creativity and fun. Make new friends and have a great summer full of new experiences, adventures and excitement.

INFORMATION YOU SHOULD KNOW:

- ◆ **Grades** -Entering 1st through Entering 6th, camp is divided into smaller groups by grade
- ◆ **Location** -Carol Stream Park District Building or a District 93 school
- ◆ **Days** -*5-Day Camp* - Monday—Friday
- ◆ **Swim Time** -Monday through Thursday mornings at Coral Cove; weather permitting
- ◆ **Special Events** -Tuesdays
- ◆ **Field Trips** -Fridays
- ◆ **Camp T-shirts** - one included in the cost of camp. Additional shirts available for an extra fee.
- ◆ **Hot Lunch** - advanced registration is required.
- ◆ **Receipts** - will be mailed as the registrations are processed.
- ◆ **Payment Slips** - will be available at the Simkus Center as well as mailed with the receipts.
- ◆ **Refunds** - no refunds for partial sessions or occasional absence.
- ◆ **Sessions** - ten individual weekly Summer Camp Sessions grouped into three payments.
- ◆ **Payment Schedule:**
 - Due May 1st - All June Sessions (1, 2, 3)
 - Due June 1st - All July Sessions (4, 5, 6, 7)
 - Due July 1st - All August Sessions (8, 9, 10)

FORMS CHECKLIST: submit required forms completed and signed for each child along with payment.

- √ PAGE A - Informational Pages (please keep for your reference)
- √ PAGE 1&2 - Registration *
- √ PAGE 3 - Future Camp Payments *
- √ PAGE 4&5 - Emergency Information / Contact & Release Form *
- √ PAGE 6 - KC Permission Form *

*** ALL PAGES 1-6* ARE REQUIRED**

Registration Policy:

Our goal is to accommodate as many families as possible. The Carol Stream Park District reserves the right to adjust minimums and maximums based on the availability of staff and space, in order to maintain the safety, structure, and integrity of the program as a whole.

Lack of information regarding participant's medical, emotional, psychological, and/or physical needs may adversely affect the Park District's ability to serve the needs of a participant in the program and may necessitate removal from the program.

INFO PAGE A

Simkus Recreation Center
849 Lies Road
Carol Stream, IL 60188
Phone: 630/784-6100

Aldrin Community Center
391 Illini Drive
Carol Stream, IL 60188
Phone: 630/784-6100



Carol Stream Park District
KC SUMMER CAMP 2009
 REGISTRATION FORM

Camper's First Name: _____ Last Name: _____ (one person per form)

Birth Date: _____ Age: _____ Sex: M F

2009/10 Entering Grade: 1 2 3 4 5 6 D93 School: CS CD EJ HL RD WT Other: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Email: _____

Mother / Guardian Name: _____ Work #: _____

Father / Guardian Name: _____ Work #: _____

SELECT T-SHIRT SIZE (one included with registration)		KC Camp Programs	Day Camp 8:00 am - 5:00 pm	Extended Day Camp 6:45 am - 6:30 pm	Extended Day Camp Punch Pass 6:45 pm - 6:30 pm	Hot Lunch (per lunch)	CAMP REGISTRATION									
Child Medium (10/12)	Adult Medium						KC Camp Prices	\$167 r/ \$187 nr per session	\$187 r/ \$207 nr per session	\$197 r/ \$217 nr per 5-day pass	\$3.75	Session 1	Session 2	Session 3	Session 4	Session 5
Child Large (14/16)	Adult Large															
Adult Small	Adult X-Large															
# of additional shirts: \$5 each		June 15	June 22	June 29	July 6	July 13	July 20	July 27	Aug 3	Aug 10	Aug 17					
Athletics & Fitness Camp		16541	16542	16543	16544	16545	16546	16547	16548	16549	16550					
Day Camp Fee																
Extended Day Camp Fee																
Hot Lunch Fee																
Arts & Creativity Camp		16551	16552	16553	16554	16555	16556	16557	16558	16559	16560					
Day Camp Fee																
Extended Day Camp Fee																
Hot Lunch Fee																
Adventure & Nature Camp		16561	16562	16563	16564	16565	16566	16567	16568	16569	16570					
Day Camp Fee																
Extended Day Camp Fee																
Hot Lunch Fee																
Day Camp / Extended Day Camp Session Total																
Number of Extended Day Camp 5-Day Punch Passes		**Payment For Punch Passes Due At Registration**						**Payment Due At Registration**								
		_____ →						_____ x \$197 R = \$ _____								
		_____ x \$217 NR = \$ _____														
PAYMENTS (add up sessions)																
DUE DATE		Due May 1st				Due June 1st				Due July 1st						

**Carol Stream Park District
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REGISTRATION FORM CONTINUED...**



Camper's First Name: _____ Last Name: _____

DUE AT REGISTRATION

Additional T-shirt fee \$ _____

Additional Payment \$ _____

Total Submitted \$ _____

**Please complete Payment Method below and select a Payment Option on Page 3 for Future Summer Camp Payments.*

**For Specific Registration and Payment Procedures,
Please refer to the Parent Handbook.**

Camp Registration Deadline: No later than 9 am on the prior Thursday.
Lunch Registration Deadline: No later than 9 am on the prior Thursday.
Camp Payments: Payments are due May 1st, June 1st & July 1st.
Late Fee: \$25 per family, for payments received past their required date
Schedule Change Fee: \$10 fee per change beginning with the second change.
Min/Max: As stated in the CSPD Brochure for each of the specific camps.
Program Location: Carol Stream Park District Building or District 93 building.
Age: Must follow grade requirement per camp with additional age stipulation:
 Kids Care Camp not to exceed 12 years old by June 8th.

Parent Handbook

In registering for this program, you will be required to abide by and support the policies and procedures outlined in the Parent Handbook as related to your child's participation in the in the Carol Stream Park District Summer Camp Programs, You should review and explain all applicable policies and procedures to your child in order to reinforce your support of the policies and procedures outlined in the Parent Handbook.

Waiver and Release

Please read carefully and be aware that in registering yourself or your minor child/ward in the above program, you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of the above program. I recognize and acknowledge that there are certain risks of physical injury to participants in the above program(s) and I agree to assume the full risk of any such injuries, damages, or loss regardless of severity which I or my child/ward may sustain as a result of participating in any activities connected or associated with any such program(s). I waive and relinquish all claims I or my child/ward may have against the Carol Stream Park District and its officers, agents, servants, and employees from any and all claims from injuries, damages, or loss which I or my child/ward may have or which may accrue to me or my child/ward on account of my participation or the participation of my child/ward in the above program(s). I further agree to indemnify and hold harmless and defend the Park District and its officers, agents, servants and employees from any and all claims resulting from injuries, damages, and losses sustained by me or my child/ward, and arising out, connected with, or in any way associated with the activities of any of the programs. I have read and fully understand the above program details and waiver and release of claims. I understand that my child may be photographed or videotaped while participating in the above program(s). I give permission for photos and videotape of my child/ward or me to be used to promote the Carol Stream Park District and such photos and video will be the property of the Carol Stream Park District.

Signature: _____ Date: _____

PAYMENT METHOD

Circle One: Cash Check # _____ (Payable to Carol Stream Park District) Visa/MC Only

Credit Card # _____ V-Code (on the back of card): _____

Authorized Amount \$ _____ Expiration Date: _____

Print Name as it appears on card: _____

Signature x _____ Date _____

Office Use Only

Check # _____

Cash Visa/MC

Total Received \$ _____

Balance Due \$ _____

Initial / Date _____



Automatic Payment Authorization Form

Please Print Clearly

Name _____

Home Phone _____

- New Enrollment
- Change of Information

Program:

Monthly payments for the following program are due throughout the duration of the program or membership contract. See your program's specific payment guidelines for details. Please select one of the following:

- Fitness
- Dance
- Preschool
- Before and After School Care

Electronic Funds Transfer Authorization

I hereby authorize the Carol Stream Park District to electronically transfer funds from the account listed below in the amount of my monthly program fees.

- Checking
- Savings

Bank Name: _____
 Routing #: _____
 Account #: _____

Please provide a voided check or savings account documentation at this time.

Credit Card Payment Authorization

I hereby authorize the Carol Stream Park District to process my monthly program fees by way of my credit card.

- Credit Card

Card Number: _____
 Expiration Date: ____/____
 Security Code: _____

Terms of Automatic Payment Plan:

By participating in the automatic payment plan, I understand and agree to the following terms:

- ◆ My monthly draft amount is outlined in my program's payment structure, and may fluctuate if I change my program registration in any way. The start and end dates of this monthly draft will follow the terms outlined in my program's payment guidelines.
- ◆ My draft date shall be the FIRST day of the month, however I understand it may take up to five days after the first of the month to post to my account. I agree to maintain sufficient funds in my bank account to cover each draft.
- ◆ I must provide written notice of any changes to my bank account or credit card 15 days prior to my next draft.
- ◆ Cancellation of my automatic payment plan must be requested in writing 15 days prior to my next draft. I also understand that if I choose to cancel my draft, I must make alternate payment arrangements.
- ◆ Any account that returns to CSPD as non-sufficient funds will be assessed a non-sufficient funds fee, and may result in the forfeiture of this payment option.
- ◆ CSPD reserves the right to revoke the payment plan, or an individual's participation in the payment plan, at any time.
- ◆ Carol Stream Park District will notify me in writing of any changes to the Electronic Funds Transfer/Credit Card payment option or change in monthly fees at least 30 days prior to effective date of change.

I agree to the terms of the Electronic Fund Transfer/Credit Card Authorization payment option outlined above.

Printed Name of Account Holder

Signature of Account Holder

Date

Office Use Only:

Staff Initials _____ Date Received _____ Voided Check/Savings Proof Attached

White: Finance Yellow: Customer

849 Lies Road Carol Stream, IL 60188 630.784.6100 www.csparks.org



Carol Stream Park District
KC SUMMER CAMP 2009
EMERGENCY INFORMATION FORM

Camper's First Name: _____ **Last Name:** _____ **Home #:** _____

Birth Date: _____ **Age:** _____ **Sex:** M F

2009-10 Entering Grade: 1 2 3 4 5 6 **D93 School:** CS CD EJ HL RD WT Other: _____

Address: _____ **City:** _____ **Zip:** _____

Mother's Name: _____

Work #: (_____) _____ - _____

Cell #: (_____) _____ - _____

Father's Name: _____

Work #: (_____) _____ - _____

Cell #: (_____) _____ - _____

Guardian's Name: _____

Work #: (_____) _____ - _____

Cell #: (_____) _____ - _____

Do both Parents have Custody of the Camper?

Circle One: YES NO — If no, ...

Please circle the custodial parent: **Mother / Father / Guardian**

Please indicate below any allergies/dietary restrictions, medical concerns, medications, fears or any other information you feel would benefit your child's counselors. Lack of detailed information compromises the staff's ability to successfully accommodate your child. The Carol Stream Park District is not responsible for any injuries, complications, damages or losses due to lack of information provided. Many resources and adaptations are available to assist your child.

Are your child's immunization's up-to-date? Circle One: YES NO

What is the date of your child's last tetanus shot?: _____

Allergies/Dietary Restrictions: _____

Medical Concerns/Medications: _____

(If your child's medication needs to be administered by CSPD staff, please ask for a Permission to Dispense Medication Form)

Fears/Misc. Info: _____

Does your child have special needs or need one-on-one assistance? Circle One: YES NO

If yes, please give details: _____

← **COMPLETE BOTH SIDES** →



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CONTACT & RELEASE FORM

Parents/Guardians listed on the front with custody already have authorization to pick up your child. Please list below siblings, nearest relatives or friends including parents without custody to authorize them to be able to pick-up your child. ****One contact person must live within a five mile radius of Carol Stream.** All individuals must present a picture I.D. at all times in order for your child to be released into their custody. In custodial situations, the custodial parent must approve all additions and/or changes.

Camper's Full Name: _____

1.) **Name:	Home #:
Relationship to child:	Alternate #:
2.) Name:	Home #:
Relationship to child:	Alternate #:
3.) Name:	Home #:
Relationship to child:	Alternate #:
4.) Name:	Home #:
Relationship to child:	Alternate #:
5.) Name:	Home #:
Relationship to child:	Alternate #:

List any individuals that **DO NOT** have authorization to pick up your child.

Name: _____ Relationship to Child: _____

Name: _____ Relationship to Child: _____

If unable to contact a parent/guardian and if necessary, we will call emergency services (911) and your child will be transported to the nearest hospital at the parent/guardian's expense. Please see the parent handbook for additional medical procedure information.

Primary Physician: _____ Physician Phone #: _____

Primary Hospital: _____ Hospital Phone #: _____

I do hereby authorize the Carol Stream Park District to release my child to the above listed persons in the event that I am unable to pick up my child myself. I release the Carol Stream Park District from any and all responsibility once my child has been released into the custody of these above individuals.

Print Name: _____

Signature Required: x _____ Date: _____



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PERMISSION FORM

Camper's Full Name: _____ 2009-10 Grade: _____

SWIM PERMISSION



In order to help us ensure your child's safety and proper supervision while attending Coral Cove Water Park, or another water park as a field trip, please complete the following. For your child's safety, the KC counselors are stationed in designated areas to supervise at the various water park facilities, lifeguards are on duty and the children are restricted to certain areas based on your permission below.

Please check all that apply:

- Maximum 3 feet depth—I give my permission for my child to go into the shallow end of any pool up to a maximum depth of 3 ft, including, water works sprinkler area, sand area and tubular water slide.
- Maximum 12 feet depth—I give permission for my child to go into all other deeper areas of the pool beyond the blue and white ropes, with a maximum depth of 12 ft, including drop slide and the diving board.

PG MOVIE PERMISSION



On occasion, KC Summer Camps may watch a video or go to the movies possibilities include: for Special Event on Tuesday, during a bad weather day, during After Care, as a break from the summer heat, or as special treat. Please complete the following movie permission slip.

Please check one:

- Yes, I allow my child to watch PG movies. *(Please see your counselor for specific movie selections.)*
Are there any PG movies you will not permit your child to see?

- No, I do not allow my child to watch any PG movies.

Please check if applicable:

I would prefer that my child not watch any movies at all at camp?

Print Name: _____
 Signature Required: x _____ Date: _____

Thank you for helping to make this a safe and fun Summer at the Park!

← COMPLETE THIS SIDE →