

2019 Rock River Day Camp

Who: School age kids, 4K graduates to 5th grade graduates

Where: All camp activities will be based out of Riverside Park Lower Pavilion

When: Monday-Thursday 9am-4pm, Friday 9am-12noon

Extended Care: Monday-Friday (7:30-9 am) and Monday-Thursday (4-5:30 pm)

Fees: \$95 weekly session fee (includes all program, admission, field trip, etc. fees) *Tax Included*
 \$15 extended care weekly fee
**Late fee of \$10/week if not paid on time.*

Weekly session fees MUST be paid prior to start date.

Session Dates: Weeks of: June 10, 17, 24 July 8, 15, 22, 29 August 12

Special Needs: The department will make every effort to comply with the regulations associated with the Americans with Disabilities Act (ADA). In the space provided in the registration packet, please list any special needs that the participant may have that would benefit his/her participation in this program. The department will attempt to accomodate these needs and will contact you to discuss your participation.

2019 Rock River Day Camp

<u>Name</u>	<u>Age</u>	<u>Birthdate</u>
<u>Address</u>	<u>City</u>	
<u>Phone</u>	<u>Grade</u>	<u>Email</u>
<u>Parent/Guardian Signature</u>		<u>Date</u>

		Weekly Sessions				# Weeks	Weekly Fee	Total
<i>Weeks Available (check dates)</i>	June	___ 10	___ 17	___ 24	_____	x \$95	\$ _____	
	July	___ 8	___ 15	___ 22	_____	x \$95	\$ _____	
	August	___ 12			_____	x \$95	\$ _____	
		Extended Care Sessions				# Weeks	Weekly Fee	Total
<i>Extended Care (check dates)</i>	June	___ 10	___ 17	___ 24	_____	x \$15	\$ _____	
	July	___ 8	___ 15	___ 22	_____	x \$15	\$ _____	
	August	___ 12			_____	x \$15	\$ _____	
							Total:	\$ _____
							Amount Paid:	\$ _____
							Total Due:	\$ _____

(All Fees Include Tax)

2019 EMERGENCY CONTACT INFORMATION

Camper's Name	Age	Birthdate
Address	City	Zip
Mother's Name	Cell Phone	
Daytime Phone	Evening Phone	
Father's Name	Cell Phone	
Daytime Phone	Evening Phone	

Emergency Contacts (in case parents cannot be reached):

1. Name	Phone
2. Name	Phone
3. Name	Phone
Family Physician	Phone

Medications that the camper is currently taking and for what purpose:

1. _____

2. _____

3. _____

Please list any known allergies and treatment:

Other pertinent medical information that camp staff have a need to know as it pertains to the camper's daily activities:

2019 ROCK RIVER DAY CAMP REQUIRED FORMS

PERMISSION:

I give permission for my child to...

Please circle

Go on field trips	Yes	No
Put bug spray on	Yes	No
Put sun lotion on	Yes	No

Parent/Guardian Signature _____

Date _____

BEHAVIOR EXPECTATIONS:

I have read and understand Rock River Day Camp's expectations for my child's behavior.

I understand what is expected of my behavior at Rock River Day Camp. I will follow the camp rules which are listed below:

1. Treat my counselors with respect and dignity.
2. Keep my hands and feet to myself at all times.
3. Respect the property of others.
4. Treat other campers as I would like to be treated.

Parent Signature _____

Date _____

MEDICATION INFORMATION AND RELEASE:

My child _____, has my permission to take the following medications with the following directives:

Name of Medication:

Purpose:

Special Directions:

S/he needs assistance in taking medications: ___ Yes ___ No

Please send all medications in a labeled container with name of medication, dosage and how the medication is to be taken in a ziplock bag. Please label the medication and the ziplock bag with camper's name. Please send along a utensil to take medication with. Unless otherwise indicated, all medications shall be kept in the refrigerator.

Parent/Guardian Signature _____

Date _____

Comments: