

KIDS Summer CAMPS

BERWYN
park district



**PARENT MEETING
JUNE 6TH 5:30 PM
AT PROKSA PARK**

CAMP COUNSELORS

- CPR and First Aid Certified
- College Courses
- 1:10 Ratio
- 30 Hours of Training

EXAMPLE DAILY SCHEDULE

8:55 - 9:05 AM - Arrival
9:05 - 9:30 AM - Free Time
9:30 - 10:00 AM - Active Games
10:00 - 11:00 AM - Camper Choice
11:30 AM - 12:00 PM - Lunch
12:30 - 1:30 PM - Outdoor Exploration
1:30 - 2:30 PM - Theme Fun
2:20 - 3:30 PM - Craft/STEAM
3:30 - 4:00 PM - Clean up & Home

Swim Day, Field Trip Day schedule is based on activity scheduled times.

FUN CREATIVE ACTIVITIES PLANNED DAILY

- Outdoor Play
- Art/Craft
- Weekly Themes
- STEAM Projects
- Field Trips (Wednesdays)
- Swim Days (Tuesdays)
- Water Days (Fridays)
- Group Games

2024 BERWYN PARK DISTRICT SUMMER CAMP

NON-RESIDENT

www.berwynparks.org

Packet must be completed at Proksa Park Office for each child. \$30 deposit per week required to secure camp space.

Camper Name:

DOB:

Grade (by fall):

T-Shirt Size (check one)

YXS YS YM YL ASM AM AL AXL

Happy Camper Ages 3-5- 9am-1pm

Adventure Camp 1st-4th Grade - 9am-4pm

Teen Camp 5th-8th Grade- 9am-4pm

Freedom Park

Proksa Park

Liberty Cultural Center

Session	Dates	3 Days	5 Days	Camp Name	Deposit
1	June 10 – June 14 th <i>Payment Due: May 13th</i>	<input type="checkbox"/> M - W - F \$135 <input type="checkbox"/> M - W - F \$165	<input type="checkbox"/> M-F \$165 <input type="checkbox"/> M-F \$185	<input type="checkbox"/> Happy Campers <input type="checkbox"/> Adventure <input type="checkbox"/> Teen	<input type="checkbox"/> \$30
2	June 17 th - June 21 st <i>Payment Due: May 13th</i>	<input type="checkbox"/> M - W - F \$135 <input type="checkbox"/> M - W - F \$165	<input type="checkbox"/> M-F \$165 <input type="checkbox"/> M-F \$185	<input type="checkbox"/> Happy Campers <input type="checkbox"/> Adventure <input type="checkbox"/> Teen	<input type="checkbox"/> \$30
3	June 24 th – June 28 th <i>Payment Due: May 13th</i>	<input type="checkbox"/> M - W - F \$135 <input type="checkbox"/> M - W - F \$165	<input type="checkbox"/> M-F \$165 <input type="checkbox"/> M-F \$185	<input type="checkbox"/> Happy Campers <input type="checkbox"/> Adventure <input type="checkbox"/> Teen	<input type="checkbox"/> \$30
4	July 1- July 3 rd <i>Payment Due: June 10th</i>	<input type="checkbox"/> M - T - W \$135 <input type="checkbox"/> M - T - W \$165		<input type="checkbox"/> Happy Campers <input type="checkbox"/> Adventure <input type="checkbox"/> Teen	<input type="checkbox"/> \$30
5	July 8 th - July 12 th <i>Payment Due: June 10th</i>	<input type="checkbox"/> M - W - F \$135 <input type="checkbox"/> M - W - F \$165	<input type="checkbox"/> M-F \$165 <input type="checkbox"/> M-F \$185	<input type="checkbox"/> Happy Campers <input type="checkbox"/> Adventure <input type="checkbox"/> Teen	<input type="checkbox"/> \$30
6	July 15 th - July 19 th <i>Payment Due: June 10th</i>	<input type="checkbox"/> M - W - F \$135 <input type="checkbox"/> M - W - F \$165	<input type="checkbox"/> M-F \$165 <input type="checkbox"/> M-F \$185	<input type="checkbox"/> Happy Campers <input type="checkbox"/> Adventure <input type="checkbox"/> Teen	<input type="checkbox"/> \$30
7	July 22 nd - July 26 th <i>Payment Due: July 8th</i>	<input type="checkbox"/> M - W - F \$135 <input type="checkbox"/> M - W - F \$165	<input type="checkbox"/> M-F \$165 <input type="checkbox"/> M-F \$185	<input type="checkbox"/> Happy Campers <input type="checkbox"/> Adventure <input type="checkbox"/> Teen	<input type="checkbox"/> \$30
8	July 29 th – August 2 nd <i>Payment Due: July 8th</i>	<input type="checkbox"/> M - W - F \$135 <input type="checkbox"/> M - W - F \$165	<input type="checkbox"/> M-F \$165 <input type="checkbox"/> M-F \$185	<input type="checkbox"/> Happy Campers <input type="checkbox"/> Adventure <input type="checkbox"/> Teen	<input type="checkbox"/> \$30
9	August 5 th - August 9 th <i>Payment Due: July 8th</i>	<input type="checkbox"/> M - W - F \$135 <input type="checkbox"/> M - W - F \$165	<input type="checkbox"/> M-F \$165 <input type="checkbox"/> M-F \$185	<input type="checkbox"/> Happy Campers <input type="checkbox"/> Adventure <input type="checkbox"/> Teen	<input type="checkbox"/> \$30
Totals					

**NO makeup days. NO prorating. NO alternate attendance options. Deposit will be applied to weekly amount.
See all Rules below.**

PAYMENT METHODS

1. In-Person at Proksa Park Activity Center. 3001 Wisconsin Ave. Berwyn, IL 60402

Please Initial each below

TIMELINESS X

Please be sure to adhere to all payment deadline dates in conjunction with each registration. **If payment is not received by the deadline dates (see reverse), the child(ren) will be removed from the weekly program.** If no waitlist exists, there will be a **\$10 RE-ENROLLMENT FEE** to put the child back in the program. PLEASE PAY ON TIME AS OFTEN THERE ARE CHILDREN ON A WAITLIST FOR THE PROGRAM. Please contact Proksa Park office if you need to arrange changes due to emergency/unexpected situations.

LATE FEES X

If your payment is not received by the deadline on form (1 month prior), you will accrue a late fee of \$15.

WITHDRAWAL FROM CAMP X

Each weekly registration requires a **\$30 DEPOSIT** to secure the participant's spot. Each \$30 deposit will be applied towards the weekly balance. There will be **no penalties** for any camp withdrawals made **before May 3rd**. **Any withdrawals made after May 3rd will result in the forfeit of the weekly deposit.**

If your child needs to be withdrawn from a program, please notify Proksa Park Activity Center **before the payment deadline by emailing at bkell@berwynparks.org**. **Failing to do so will result in the loss of the weekly deposit and the prorated amount for any unattended camp days.** We appreciate your cooperation, as other children may want to fill open camp spots.

RETURNED CHECKS/NON-SUFFICIENT FUNDS X

In the event of a returned check, the responsible party will be charged a fee of **\$35 NSF FEE**. After one incident, checks will no longer be accepted. Future payment may be made with cash, cashier's check, or credit card.

CAMP T-SHIRT X

Each participant will receive 1 camp t-shirt included in their initial registration. Replacement t-shirts may be purchased for **\$15 PER SHIRT**. If a child does not have their camp shirt upon arrival on a Field Trip Day, the child will be provided with the additional shirt and a **\$15 fee will be automatically applied to the camp balance**. *Correct shirt size is not guaranteed.*

Parent/Guardian #1 _____ Cell # _____

Parent/Guardian #2 _____ Cell # _____

I, _____, hereby agree to all the aforementioned Summer Camp Payment Regulations.

Signature: _____

Date: _____

BERWYN PARK DISTRICT EMERGENCY FORM

Home Address:	Zip Code:
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CAMPER #1 (CIRCLE ONE)	HAPPY CAMPER	ADVENTURE	TEEN
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First Name:	Last Name:		
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Birthdate: <small>(MM/DD/YY)</small>	School (fall):	Grade (fall):
Allergies:		Can your child swim? YES NO	Immunizations up to date? YES NO
Does your child have any special needs, dietary restrictions or are any special circumstances we should be aware of?			Any medications we should be aware of?

CAMPER #2 (CIRCLE ONE)	HAPPY CAMPER	ADVENTURE	TEEN
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First Name:	Last Name:		
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Birthdate: <small>(MM/DD/YY)</small>	School (fall):	Grade (fall):
Allergies:		Can your child swim? YES NO	Immunizations up to date? YES NO
Does your child have any special needs, dietary restrictions or are any special circumstances we should be aware of?			Any medications we should be aware of?

CAMPER #3 (CIRCLE ONE)	HAPPY CAMPER	ADVENTURE	TEEN
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First Name:	Last Name:		
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Birthdate: <small>(MM/DD/YY)</small>	School (fall):	Grade (fall):
Allergies:		Can your child swim? YES NO	Immunizations up to date? YES NO
Does your child have any special needs, dietary restrictions or are any special circumstances we should be aware of?			Any medications we should be aware of?

Parent/Guardian Information

Parent/Guardian Name:	E-mail:		
Parent/Guardian Address: <i>(if different from camper)</i>			
Phone:	Work:	Cell:	
Parent/Guardian Name:	E-mail:		
Parent/Guardian Address: <i>(if different from camper)</i>			

Phone:	Work:	Cell:
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Emergency Contact Information

Please list emergency contacts (other than the parents). Parents will be contacted first.

Name #1:	Phone:	Can pick up my child Yes No
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Relationship to Camper:

Name #2:	Phone:	Can pick up my child Yes No
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Relationship to Camper:

Physician:	Phone:
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ALL CAMPS

Please list individuals authorized to pick your child up after camp *in addition to parents/emergency contacts* (A Photo ID is requested from the individual at pickup.):

Name	Relationship to Camper

Emergency Transportation Notice

Please note that in the event you or the designated emergency contact cannot be reached within 15 minutes of injury, the paramedics will take the camper to the local hospital. If on a field trip, the camper will be transported to the closest area hospital, by paramedics.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

I recognize and acknowledge that there are certain risks of physical injury to participants in the Berwyn Park District's Early Childhood Recreation Learning Program and I agree to assume the full risk of any such injuries, damages, or loss regardless of severity, which my child/ward or I may sustain because of participating in any activities connected or associated with any such program(s). I waive and relinquish all claims my child/ward or I may have against the Park District and its officials, employees, agents, servants, and volunteers because of participating in any of the above program(s). I hereby fully release and discharge the Park District and its officers, agents, servants, and employees from all claims from injuries, damage, 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 any of the above program(s).

I have read and fully understand the above program details and Waiver and Release of All Claims and Assumption of Risk.

Authorization

I hereby consent to the use of my photograph in the Berwyn Park District brochures, publications, slide presentations, etc.

I further agree to abide by all policies and procedures set forth by the Recreation Department in the Day Camp Parent Manual as well as the Day Camp Behavioral Guidelines. I have read and understand the parent manual and agree to follow all policies and procedures set forth in the manual.

Medical Release: In the event that no one can be reached, I hereby give my permission for my child to receive necessary emergency transportation and/or treatment. I agree to the emergency transportation notice of this form.

I, as the signee/authorized guardian, agree to all aforementioned information.

SIGNATURE: _____ **DATE:** _____



Confidential Camper Success Form

Parents, please be honest and straightforward while completing all information that will help your child have a successful and fun summer. Our camp staff is committed to your child having the best possible experience and your willingness to share information is vital.

This form helps improve communication between staff and the families we serve, to help the counselors make sure your child has a great summer. N/A is an acceptable response where applicable.

Camper's Name: _____

Nickname: _____

Check One: Happy Campers (Ages 3-5) Adventure Camp (1st-4th Grade) Teen Camp (5th-8th Grade)

What activities do they like best? _____

Special Talents or Abilities: _____

Hobbies/Special Interests: _____

Is there an activity your child particularly wants to do at camp? _____

Does your child have any serious fears? If so, please explain: _____

Are there any issues that may bother your child while at camp (homesickness, anxiety, allergies, etc...)?

List any specific health conditions for your child: _____

Does your child speak any other language other than English? Yes No

Please list if yes _____

Behavioral Information

Does your child have any behavior difficulties: Yes No

If yes, please explain: _____

What is your child's typical personality/behavior? _____

Please explain the discipline that best suits your child for inappropriate behavior: _____

Inclusion Services

Does your child qualify to receive special education services through schools? Yes No

Does your child have any communication difficulties? Yes No

Does your child receive full-time 1 on 1 assistance? Yes No

Other Information

Please provide any other information you feel may put us in a better position to understand your child and their needs: _____

Parent's Name (print) _____

Parent's Signature _____ Date: _____

Toilet Training Policy

Children enrolled in must be toilet trained before attending Summer Camp. Children must be wearing underwear. A child having accidents daily would not be considered toilet trained. Please note that wearing pull ups is NOT considered toilet trained.

Why do children have to be toilet trained before they begin Summer Camp?

- There are strict standards for changing and disposing of wet or soiled diapers/pull ups and our facilities are not equipped.
- When a counselor is changing a child's soiled clothing, it is taking away from all campers and activities they may be enjoying, and it removes one counselor from the direct supervision of and interaction with the rest of the group.

We do understand that even toilet trained children will occasionally have accidents. By definition "accidents" are unusual incidents and should happen infrequently. In these instances, the counselors will not be able to help children to change their clothes, we encourage independence as much as possible.

A toilet trained child is a child who can do the following:

- Communicate to the counselors that they need to use the restroom before they need to go
- Alert themselves to stop what they are doing, to go and use the bathroom
- Pull down their clothes and get them back up without assistance
- Wipe themselves after using the toilet
- Get on/off the toilet by themselves
- Wash and dry hands
- Postpone going if they must wait for someone who is in the bathroom or if we are away from the facility

This is an issue which protects all concerned. It is not uncommon for a child who is fully toilet trained to have a setback when they are in a new environment. Please have your child dressed in clothing that they can easily manage independently. Please send a complete change of clothes appropriate for the season. These should be labeled in their backpack in case of accidents. Parents will be notified if a child has a toileting accident. We understand that each child arrives at this milestone differently. However, if the situation is not manageable within the camp environment, we will discuss the issue with the parents and reserve the right to suspend attendance of the child at such time. A child will not be considered toilet trained for our Summer Camp program if the child continues to consistently have toileting accidents after the first week of camp. After the first week of camp, the following policies will be in place for children who have accidents:

- If one or two accidents occur in the first couple of days, the parents will be notified with the understanding that the issue needs to be addressed and corrected.
- If multiple accidents occur in one day, the parent will be notified on that day; and will have to pick child up from camp.

Toilet Training Policy

Please note that this policy is not in place to shame or punish a child or inconvenience primary caregivers. Rather, cleaning accidents in the camp setting is time consuming, and this time that counselors spend attending to and cleaning accidents is time that they are not spending interacting with children and facilitating in a safe manner. This policy is intended to ensure the safety and happiness of children and staff in the Berwyn Park District. Thank you for your cooperation and understanding.

PLEASE SIGN AND DATE BELOW INDICATING THAT YOU HAVE RECEIVED & REVIEWED THE BERWYN PARK DISTRICT TOILET TRAINING POLICY:

CHILD'S NAME: _____

PARENT'S SIGNATURE: _____ DATE: _____