

**Registration**

Kiddie Junction Educational Institute

1619 E. Oakton St.

Des Plaines, IL 60018

847-827-5415

www.kiddiejunction.net

**For Kids Only Day Camp Contract and Consent Form**

**Enrollment/Application**

This application and deposit constitutes an enrollment agreement only when accepted by For Kids Only Day Camp in Writing and shall be construed and enforced in accordance with the laws of the State of Illinois. For Kids Only considers enrollment and/or payment as acknowledgment and acceptance of all the terms of this agreement by Parents and Campers. For Kids Only Day Camp reserves the right to accept or reject applicants.

Parents hereby state that the Camper is of sufficient maturity to properly care for his/her hygiene and participate in the Camp’s program. Completing this application implies that Parents and Camper understand that For Kids Only Day Camp has the right to dismiss any Camper whose behavior, attitude, or action, is in our judgement, contrary to the best interests of our Camp community.

This includes but is not limited to: pranks causing bodily harm, embarrassment, or destruction of property, excessive fighting or other aggressive behavior, harassment, bullying, sexual behavior, theft, excessive disobedience, or for other conduct that is ruining another Camper’s experience or is harmful to the Camp.

It is understood that For Kids Only Day Camp has the right to dismiss any Camper whose Parent shows unreasonable, irrational, or unsuitable behavior that is in our judgement contrary to the best interests of our Camp community. It is understood and agreed, by Camper and Parents, that possession or use of tobacco, alcohol, or controlled substances while enrolled in camp will bring immediate dismissal.

Possession of any weapon may also bring immediate dismissal. For Kids Only Day Camp will, if necessary, search for, confiscate and dispose of any items that violate Camp policy or are used in inappropriate ways.

**Payment Contract**

Parents understand that Camp fees are due in-full prior to the beginning of the session. Session #1: June 10-June 28, Session #2: July 1-July 19, Session #3: July 22- August 9, and the week of August 12-August 16 weekly rates apply. Payments are due by the Friday prior to the attendance week if paying weekly. A $20 late fee will be assessed for any payment received after Friday and added each day after. Parents further understand that after July 1, 2019 no refunds will be given. Parents understand that unused days are non-refundable and non-transferable. Parents understand that registration fees are non-refundable. Tuition Express is an automatic payment program that is also available for our camp families so you can avoid any late fees.

**Activities- Consent and Release**

Parents and Camper acknowledge that a wide variety of activities are conducted at For Kids Only Day Camp. Parents hereby give permission for their Camper to participate in these activities, assuming all ordinary risks normally inherent to the nature of the activities. Such activities include, but are not limited to, the following: swimming, group sports, games and scheduled field trips. Camper agrees to abide by all rules set by For Kids Only Day Camp regarding all activities, including but not limited to, rules relating to personal behavior and safety. Camper desires and consents to take part in all such activities (except when requested to be excluded for medical or religious reasons).

Camper assumes all of the ordinary risks normally inherent to the nature of the activities and events to be conducted and agrees that neither For Kids Only Day Camp nor any of its directors, officers, employees, agents or other persons conducting such activities shall be responsible for any damages or injuries resulting to Camper in absence of gross negligence.

**Transportation Consent**

By enrolling in For Kids Only, Parents hereby authorize the transportation of Camper to and from all field trips, activities, and locations that For Kids Only Day Camp deems reasonable each day.

**Photographic Consent**

By enrolling Camper in For Kids Only Day Camp, Parents hereby give their permission to For Kids Only Day Camp to photograph Camper in a reasonable and professional manner for promotional and advertising purposes (i.e. camp videos, online social media such as Facebook.com and YouTube.com, scrapbooks, brochures, picture day, etc.).

**Emergency Medical Consent**

By enrolling in For Kids Only Day Camp, Parents hereby authorize the procurement of whatever emergency medical treatment may be necessary for the Camper. Parents also authorize the removal of the Camper from Camp premises for the purpose of obtaining such emergency medical treatment if the need so arises.

Parents agree to hold For Kids Only Day Camp harmless for the nature, performance, and outcome of any such medical treatment that the determination of whether an emergency has arisen shall be left to the sole discretion of For Kids Only Day Camp.

**Medical Fees**

By enrolling the Camper in For Kids Only Day Camp, Parents hereby agree to be fully and solely responsible for all fees and costs arising from any medical conditions or treatments for the Camper’s participation in For Kids Only Day Camp, including, but not limited to, the administration of emergency medical care.

**Personal Property**

For Kids Only Day Camp assumes no liability for loss or damage to Camper’s personal property or for injury incurred as a result of use of personal property. For Kids Only Day Camp discourages all borrowing and lending among Campers or anyone working in Camp. The Camp assumes no responsibility for money or valuables brought to Camp by Campers. Campers will be held responsible for damage to property and equipment of For Kids Only Day Camp caused by Camper’s negligence and will be charged accordingly for repairs or replacement.

NO CELL PHONES ARE ALLOWED.

**Release**

For Kids Only Day Camp will not release your child(ren) to any individual (including a parent) who appears to be intoxicated or impaired by any stimulant. The local police will be contacted for assistance if necessary.

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Parent/Guardian’s Name (printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Name (signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Welcome to For Kids Only Day Camp!**

**Camp Mission:**

We believe that children work very hard throughout the school year, so when summer comes, they deserve some FUN!

That’s why Kiddie Junction Educational Institute sponsors For Kids Only Day Camp for children ages 5-14 (children must be entering Kindergarten in the Fall).

For Kids Only is a supervised day camp right in your neighborhood. With fun outdoor and indoor activities designed for all age groups, there is always plenty of excitement for everyone!

Our camp hours are from 6:00am-6:00pm.

**Swimming**

For Kids Only will obtain pool passes for Chippewa, Mystic Waters, and Iroquois Pool and have daily swimming.

**Field Trips**

Field trips are taken weekly to places such as Chicago museums, water parks, Fish Lake Beach, and the planetarium just to name a few.

**Weekly Themes**

Weekly Themes keep everyone looking forward to what’s to come. No week is the same and there is something for everyone. A few of our themes include Mighty Jungle, Space Week, Holidays Around the World, and Splish Splash.

**Registration Process**

Please fill out the following forms and return them to the Office at:

**Kiddie Junction Educational Institute**

**1619 E Oakton St., Des Plaines, IL 60018**

**Phone: 847-827-5415 Fax: 847-827-5429**

**Website: www.kiddiejunction.net**

**Camper Information:**

**Camper 1:** Name of Camper:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nickname (if applicable)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Camper 2:** Name of Camper:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nickname (if applicable)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Camper 3:** Name of Camper:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nickname (if applicable)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Information:**

1. Custodial Parent’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. Custodial or additional Parent’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Any additional comments you wish to express to the Staff of For Kids Only on behalf of your children:

|  |
| --- |
| **Camper #1 Basic Information**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  First Name Last Name Gender  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Birthday Grade (Fall 2019) School Name  T-Shirt Size: \_\_6-8 \_\_10-12 \_\_14-16 \_\_Adult Sm. \_\_Adult Med. \_\_Adult Lg. \_\_Adult XL |

|  |
| --- |
| **Camper #2 Basic Information**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  First Name Last Name Gender  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Birthday Grade (Fall 2019) School Name  T-Shirt Size: \_\_6-8 \_\_10-12 \_\_14-16 \_\_Adult Sm. \_\_Adult Med. \_\_Adult Lg. \_\_Adult XL |

|  |
| --- |
| **Camper #3 Basic Information**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  First Name Last Name Gender  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Birthday Grade (Fall 2019) School Name  T-Shirt Size: \_\_6-8 \_\_10-12 \_\_14-16 \_\_Adult Sm. \_\_Adult Med. \_\_Adult Lg. \_\_Adult XL |

**Emergency Contact Information**

Please list, in order of importance (Mother, Father, and legal guardians first) all persons (including guardians) to be contacted in case of emergency. **All emergency contacts will be authorized for pick up.**

1. Emergency Contact Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship (Mother or Father preferably) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Home Phone Work Phone Cell Phone

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Emergency Contact Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship (Mother or Father preferably) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Home Phone Work Phone Cell Phone

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Emergency Contact Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Home Phone Work Phone Cell Phone

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Camper #1 Medical Information

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

Camper First Name Last Name

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

Camper’s Physician Name Physician's Phone number

Camper Medical Checklist (please fill out if camper has a medical condition)

Does your camper have any of the following conditions?

( ) N/A ( ) Asthma ( ) Allergies ( ) Chronic Illness ( ) Diabetes

( ) Epilepsy ( ) Physical Limitation ( ) Seizures ( ) Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are the symptoms we should look for?

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

How Severe is this condition?

( ) Non-life threatening- Administer medication, call parents, observe closely

( ) Non-life threatening with the possibility of being life threatening- Administer medication, call parents, observe closely. Then call 911 immediately if symptoms continue or worsen.

( ) Immediately life threatening- Administer medication and call 911 immediately. Be prepared to administer lifesaving first aid. Monitor closely until advanced life support arrives. Call parents.

Is your camper aware of their condition? ( ) N/A ( ) Yes ( ) No

Will your camper recognize the onset of an episode? ( ) N/A ( ) Yes ( ) No

Medicine and supplies parents will be supplying (please list types and doses with appropriate doctor's note in a prescription bottle with proper dosage labeled).

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

**Sunscreen and Insect Repellent Consent**

For Kids Only has permission to apply my labeled substreen and/or my labeled insect repellent on my Child(ren) when necessary.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Camper #2 Medical Information

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

Camper First Name Last Name

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

Camper’s Physician Name Physician's Phone number

Camper Medical Checklist (please fill out if camper has a medical condition)

Does your camper have any of the following conditions?

( ) N/A ( ) Asthma ( ) Allergies ( ) Chronic Illness ( ) Diabetes

( ) Epilepsy ( ) Physical Limitation ( ) Seizures ( ) Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are the symptoms we should look for?

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

How Severe is this condition?

( ) Non-life threatening- Administer medication, call parents, observe closely

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Is your camper aware of their condition? ( ) N/A ( ) Yes ( ) No

Will your camper recognize the onset of an episode? ( ) N/A ( ) Yes ( ) No

Medicine and supplies parents will be supplying (please list types and doses with appropriate doctor's note in a prescription bottle with proper dosage labeled).

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

Camper #3 Medical Information

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

Camper First Name Last Name

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

Camper’s Physician Name Physician's Phone number

Camper Medical Checklist (please fill out if camper has a medical condition)

Does your camper have any of the following conditions?

( ) N/A ( ) Asthma ( ) Allergies ( ) Chronic Illness ( ) Diabetes

( ) Epilepsy ( ) Physical Limitation ( ) Seizures ( ) Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are the symptoms we should look for?

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

How Severe is this condition?

( ) Non-life threatening- Administer medication, call parents, observe closely

( ) Non-life threatening with the possibility of being life threatening- Administer medication, call parents, observe closely. Then call 911 immediately if symptoms continue or worsen.

( ) Immediately life threatening- Administer medication and call 911 immediately. Be prepared to administer lifesaving first aid. Monitor closely until advanced life support arrives. Call parents.

Is your camper aware of their condition? ( ) N/A ( ) Yes ( ) No

Will your camper recognize the onset of an episode? ( ) N/A ( ) Yes ( ) No

Medicine and supplies parents will be supplying (please list types and doses with appropriate doctor's note in a prescription bottle with proper dosage labeled).

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

**Tuition: For Kids Only Summer Camp 847-827-5415**

My child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Camper # \_\_\_\_\_\_of \_\_\_\_\_

Will be attending For Kids Only Day Camp for the following dates:

Session 1: \_\_\_\_\_\_\_\_\_\_(June 10-June 28) $700 (save $50)

Session 2:\_\_\_\_\_\_\_\_\_\_(July 1-July 19) $700 (save $50)

Session 3: \_\_\_\_\_\_\_\_\_ (July 22-August 9) $700 (save $50)

Final Week: \_\_\_\_\_\_\_\_(August 12-August 16) $250

**Total: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Or Weekly and Daily Schedule**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **All 5 Days** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday**  **Additional $10 for Field Trip day** | **Total # of days** |  |
| **Week 1** |  |  |  |  |  |  |  |  |
| **Week 2** |  |  |  |  |  |  |  |  |
| **Week 3** |  |  |  |  |  |  |  |  |
| **Week 4** |  |  |  |  |  |  |  |  |
| **Week 5** |  |  |  |  |  |  |  |  |
| **Week 6** |  |  |  |  |  |  |  |  |
| **Week 7** |  |  |  |  |  |  |  |  |
| **Week 8** |  |  |  |  |  |  |  |  |
| **Week 9** |  |  |  |  |  |  |  |  |
| **Week 10** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | **Total # of Selected Days** |

Weekly Rate: $250 X \_\_\_\_\_\_\_ (Total # of full weeks)

Plus $70 X (Total # Regular Days \_\_\_\_\_\_\_=\_\_\_\_\_\_\_\_\_\_\_\_\_\_

$80 (field trip days) \_\_\_\_\_\_\_\_=\_\_\_\_\_\_\_\_\_\_

Plus $70 Camper Registration Fee if paid by May 1st= $\_\_\_\_\_\_\_\_\_

*\*Each camper will receive 1 Free T-Shirt with May 1st registration*

$100 Camper Registration Fee if enrolling **after** May 1st= $\_\_\_\_\_\_

**Payment:**

Tuition Calculator

Camper #1 Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tuition Total $\_\_\_\_\_\_\_

Camper #2 Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tuition Total $\_\_\_\_\_\_\_

Camper #3 Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tuition Total $\_\_\_\_\_\_\_

**Total Camp Tuition:$ \_\_\_\_\_\_\_\_\_\_**

**Payment Option:**

( ) Pay by Session

( ) Pay Weekly

**Payment Method:**

( ) Check

( ) Tuition Express (Automatic withdrawal from bank or CC)

( ) Credit Card ( )Visa ( )MasterCard ( )Discover ( )American Express

Card Member Name on Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date: \_\_\_\_\_\_\_\_ Security Code: \_\_\_\_\_\_ Billing Zip Code: \_\_\_\_\_\_\_\_

**I have read the tuition sheet and I will be responsible for the weeks/days I have indicated for my child(ren) to attend For Kids Only Day Camp. I understand that I may make only additions to this list (if camp space permits).**

**Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**