



**Parent Handbook
and Emergency Forms
2018-2019**

ATTENTION PARENTS: Upon completion, please keep Pages 1-5 for your future reference.

**Hazel Crest Park District
2600 W. 171st Street
Hazel Crest, IL 60429
708-335-1500, Ext. 127**

AGES SERVICED: 3-14 Years Old

HOURS OF OPERATION: Monday through Friday -- 6:30-6:00pm

The Hazel Crest Park District is a service oriented- organization dedicated to enhancing the quality of life for the citizens of Hazel Crest. It is our mission to provide quality recreation opportunities and maintain park facilities that are available to all residents. To promote and maintain community partnerships, intergovernmental and corporate relationships while providing quality employment opportunities at the Hazel Crest Park District. Above all, we are committed to offering you the highest level of service possible.

POLICIES AND PROCEDURES

1. Children must be in attendance between the hours of operation.
2. No child may be dropped off prior to the specified hours.
3. All children need to be dropped off on or before 9:00am. If not, parents will be required to drop off their child at the location their group is present at.
4. Please call if your child will be absent, picked up early or picked up after 6:00pm.
5. Any child picked up after specified closing time will be charged **\$2** a minute.
6. Payment is **required** at time of pickup.
7. Please set your watch to the clock at the Community Center.
8. No refunds will be given for days that your child does not attend unless due to a documented medical condition.
9. Transferring of days is not allowed unless requested at least one week prior to scheduled registration days.

Payment/Fees Information -- \$30 Registration Fee Per Family

\$400/4-Week Session 1st Child – Residents

2nd Child -- \$375 – Resident

3rd Child -- \$380 -- Resident

\$125/Weekly Fee – Resident

2nd Child -- \$100 – Resident

3rd Child -- \$105 – Resident

\$410/4-Week Session – Non-Residents

2nd Child -- \$385 – Non-Resident

3rd Child -- \$390 – Non-Resident

\$135/Weekly Fee – Non-Resident

2nd Child -- \$110 – Non-Resident

3rd Child -- \$115 – Non-Resident

DCFS and Childcare Initiative Vouchers are accepted. Please ensure that your benefits include the Hazel Crest Park District as your provider. A copy of your certification letter must accompany your registration packet.

All participants receiving assistance will be required to make a \$200 per child per month payment as their co-payment or the greater amount than \$200 per child as determined by the State of Illinois at the time of camp registration.

VACATIONS/HOLIDAYS

The Summer Camp Program will be closed on Wednesday, July 4, 2018. Please make alternate arrangements for these days.

EMERGENCY CLOSINGS:

If Summer Camp must be cancelled due to unforeseen circumstances, information will be posted on the Park District's Website and Facebook Page. **We suggest that all parents provide their email address for inclusion in an email blast to participants to provide weather related or other updates necessary.**

MEDICAL EMERGENCIES:

In the event of a medical emergency, parents or another responsible party listed on the emergency forms will be notified **IMMEDIATELY**. If your child requires immediate medical attention, paramedics will be called to provide transportation to the nearest hospital.

For any child having a fever, vomiting, rash, etc. parents will be contacted to have the child pick up within 20 minutes. Any child having a serious illness or communicable disease (i.e., ring worm, pink eye, etc.) may not return without a doctor's return statement. Parents will be notified if any communicable diseases within the program to observe their child for any symptoms.

MEDICATIONS:

Medications of any type cannot be dispensed without written consent from a parent. Medications must be brought in original containers with the amount to be dispensed clearly indicated. No child will be allowed to dispense his/her own medication.

All camper records are confidential. Parents are free to look over any records regarding their child.

All staff either has prior work experience, college credits directly related to children or both. The staff is trained in CPR and first aid, defensive driving and attends other training as necessary.

DROP OFF/PICK UP

Please be advised that children must be signed in and out by an authorized person daily. This policy is in effect as a protection for all children in the program. If your child participates in other programs, arrangements must be made in advance for your child's instructor to sign him/her out. No recreational leaders will assume such responsibility.

EMERGENCY FORMS:

All children must have emergency forms on file. **No child will be allowed to begin Summer Camp without this information.** All records are confidential and will be kept in a secured area.

MEAL/SNACKS

Note that both breakfast and lunch are included in your Summer Camp fees. Be sure to inform us of any special dietary needs when completing the Summer Camp Information packet. Provide your child with a small afternoon snack each day together with a drink, if you choose, other than their water bottle. Our Summer Camp will have available for purchase at low cost healthy snacks and beverages not requiring more than \$2 per day. **In addition, we request that your child bring a water bottle every day (clearly marked with their name on it.** We encourage all children to eat the breakfast and lunch provided and not bring a separate breakfast or lunch. Also, we ask that you refrain from sending your child with soft drinks.

WHAT TO BRING/WEAR

- Daily Water Bottle (Clearly Marked)
- Closed -Toe Shoes (Flip Flops/Sandals may be unsafe during outdoor activities and walks.)
- Sunscreen (Clearly Marked)
- Swim Days (Swimsuit/Flip Flops/Towel). They can wear their swimsuit under their clothing, but should change out of their swimsuit into dry clothes when they return.
- Your child is required to wear their camp T-shirt for ALL field trips and camp outings.

All campers will be responsible for keeping track of their own possession. Please make sure that items are clearly marked. To help in this, we ask that your child bring a small backup to ensure all items are kept together. The Park District does have for sale at customer service a string back pack that would be perfect to use. The backpacks are available at a minimal cost from Customer Service at the Community Center.

ELECTRONIC DEVICES/CELL PHONES

In order for all children to appreciate and take part fully in our Summer Camp program and its activities, we do recommend that children not utilize electronic devices during camp hours. If a parent needs to reach their child, we ask that you contact the main number at 708.335.1500 and we will quickly and easily have your child get in touch with you. If you approve of your child being able to use electronic devices, please keep in mind that we will offer limited “free” time” at which time they can use their devices.

PERMISSION SLIPS/TRANSPORTATION

Permission forms must be signed by parents for any trips off premises. Transportation will be provided in insured vehicles by defensive driving trained staff with adequate seating space for all children.

For younger children, based on Illinois State law, booster seats must be provided by the parent. Please label clearly the booster seat with your child’s name. If possible, please provide a booster seat that can be stored at the Park District.

DISCIPLINE:

Children will not be verbally or physically abused but will be redirected to another activity more appropriate for the child. Parents will be informed of any child causing discipline problems and after three parent conferences, they will be asked to seek alternate placement more suitable for their child’s needs. Consistent disruptive behavior will be document and filed for future use if necessary.

CHILD ABUSE:

In accordance with the laws of the State of Illinois, all staff members are mandated reporters. All suspected cases of abuse and/or neglect or any child in the program must be reported to the proper authorities.

SUMMER CAMP

Quick Reference Sheet



PLEASE PRINT CLEARLY	Participant First/Last Name: #1	Participant First/Last Name: #2	Participant First/Last Name: #3
Participant's Age:			
Participant's Grade:			
School Name:			
Food Allergies (Please List)			
Parent/Guardian First/Last Name:			
Primary Contact Numbers:	Name: _____ Relationship: _____ Cell: _____		
	Name: _____ Relationship: _____ Cell: _____		
	Emergency Contact: Name: _____ Relationship: _____ Cell: _____		
Email Address:			

HEALTH HISTORY AND EMERGENCY FORM (PLEASE PRINT LEGIBLY)

General Information

Camper's Name: _____ Age: _____

Home Address: _____ City: _____ Zip Code: _____

Parent/Legal Guardian: _____

Primary Number: _____ (Cell) Secondary Name/Number: _____

Address: _____ City: _____ Zip Code: _____
(If different from above)

Allergies: _____ Medication Needed: _____

Physician Information

Name of Physician: _____ Telephone: _____

Address: _____ City: _____ Zip Code: _____

Name of Dentist: _____ Telephone: _____

Address: _____ City: _____ Zip Code: _____

Authorization for Emergency Medical Treatment

As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the following minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed.

Name of minor: _____

Relationship: _____

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Parent/Legal Guardian Signature: _____ Date: _____

Print Name:

HEALTH HISTORY DETAIL

The parent/legal guardian must fill in the following information. The intent of this information is to provide personnel the background for appropriate care. Keep a copy of the completed form for your records.

Allergies – List all Known (Food and Medication)

1. _____
2. _____
3. _____
4. _____

Describe Reaction and Management of Reaction

Other Allergies (Please List -- include insect stings, hay fever, asthma, animal dander, etc.)

Restrictions: (The following restrictions apply to this individual.)

PARTICIPANT DOES NOT EAT: (Please Circle)

Peanut

Seafood

Pork

Eggs

Poultry

Other (describe) _____

My child is up-to-date on his/her immunizations and tetanus shots **YES** **NO**

Parent/Legal Guardian Authorization: This health history is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities, except as noted.

Parent/Legal Guardian Signature: _____

Print Name: _____ Date: _____

SUMMER CAMP

Medication Dispensing Information

This form must be completed for each session or when medication changes.

Parental Procedures and Responsibilities

The parent/guardian **must**:

- Complete and sign this *Medication Dispensing Information* form
- Complete the *Permission to Dispense Medication/Waiver and Release of All Claims*
- Deliver all medication to the agency office in the original prescription bottle or in clearly marked containers which include the person's name, medication, dosage, and time of day medication is to be given
- Verbally communicate with agency staff regarding specific instructions for medication.

Background Information

Participant's Name: _____ Age: _____

Address: _____

Parent's/Guardian's Name(s) _____

Daytime Phone: _____ Alt. Phone: _____

Doctor's Name: _____ Phone: _____

Medication Information (PLEASE PRINT)

Name of Medication: _____ Dose/Dispense: _____

Dispensing & Storage Instructions: _____

Possible Side Effects: _____

Name of Medication: _____ Dose/Dispense: _____

Dispensing & Storage Instructions: _____

Possible Side Effects: _____

Medication Dispensing Information (cont.)

Other Information

I understand that it is my responsibility to give the medication directly to program staff with full instructions in individual dosage containers, clearly labeled envelopes, or in original prescription bottles.

In all cases, medication dispensing can only be changed or modified by completing another Permission and Waiver to Dispense Medication Form and Medication Information Form.

I hereby acknowledge that the above information provided for the dispensing of medication for my minor child, guardian, ward, or other family member is accurate. I also understand that it is my responsibility to inform the agency if any changes in the dispensing of medication change.

Signature of Parent or Guardian

Date

(PRINTED PARENT/GUARDIAN NAME)

SUMMER CAMP DISCIPLINE POLICY

8 Golden Rules

- No profanity and/or teasing.
- No horse play, fighting or bullying of any type or form.
- Be respectful to all staff and peers.
- Be respectful of others personal space. (arm's length away).
- No inappropriate touching.
- No wandering away from camp group or during field trips.
- No misuse of equipment.
- Take responsibility for your own actions.

Depending on the Offense, Consequences may include the following:

1. Warning and Redirection to an Alternative Activity
2. Parent-Supervisor Conference.
3. Parent-Child-Director Conference (2-day Suspension).
4. Expulsion from Program.

I hereby acknowledge that the above information has been read to and explained to my child and my child and myself agree to abide by the rules and regulations as explained and written above.

Signature of Parent or Guardian

Date

(PRINTED PARENT/GUARDIAN NAME)

SUMMER CAMP PICK-UP AUTHORIZATION

Please specify those persons who are authorized to pick up your child/children from Summer Camp. Please be advised that only those persons specifically listed on this form will be allowed to pick up your child/children unless previously notified by the parent/guardian. Also note that proof of identification will be requested at time of pick up. **All individuals listed on this form will be responsible for paying the late fee after 6:01.**

Camper Name(s): _____

Parent's Name: _____ Phone _____

Name: _____ Relationship _____

Phone Number: _____

Name: _____ Relationship _____

Phone Number: _____

Name: _____ Relationship _____

Phone Number: _____

PHOTO RELEASE WAIVER

I hereby grant the Hazel Crest Park District permission to use my child's photograph in any and all publications, including website or social media entries, without payment or any other consideration. I understand and agree that these materials will become the property of the Hazel Crest Park District and will not be returned.

I hereby hold harmless and release and discharge the Hazel Crest Park District from all claims, demands, and causes of action which I or any other person acting on my behalf may have by reason of this authorization.

I have read this release before signing below and I fully understand the contents, meaning of this release.

(Parent's Signature)

Date

(Printed Name)

Date



My Child(s) **MUST NOT** be featured in any Park District printed promotion or social media formats.

Camper Name(s): _____
