



Homewood-Flossmoor Park District Emergency Information Form

Dear Parents:

In order to better serve both you and your child, especially in the case of an emergency, we would like you to fill out the information requested below. This will help us contact you or a close friend or relative if necessary. This will also give us an emergency release form for your child if an attempt to reach you or your emergency numbers fail. Please fill out the information and return it to your child's program leader immediately. If any information changes on this form please update this form immediately or ask to fill out a new one. Thank you.

Tracey Anderson
Superintendent of Recreation

What program will your child participate in (circle one or both): **Stomping Grounds** / **Before/After Camp**

Name of Child (first) _____ (last) _____

Home Address _____ City _____

Home Phone _____ Cell Phone () _____

Mother's Name (first) _____ (last) _____

Mother's Place of Work _____ City _____

Phone _____ Cell () _____

Father's Name (first) _____ (last) _____

Father's Place of Work _____ City _____

Phone _____ Cell () _____

1. Close Friend/Relative: Name _____

Address _____

Daytime Phone _____ Cell () _____

2. Close Friend/Relative: Name _____

Address _____

Daytime Phone _____ Cell () _____

3. Close Friend/Relative: Name _____

Address _____

Daytime Phone _____ Cell () _____

Is your child presently on any medication? _____ Yes _____ No

If yes, what kind? _____

Does your child have any allergies? _____ Yes _____ No

If yes, what kind? _____

Can one of the above close friends or relatives pick up your child from a Park District program? Yes _____ No _____

EMERGENCY RELEASE FORM

IN THE EVENT OF ANY EMERGENCY, I AUTHORIZE DISTRICT OFFICIALS TO SECURE FROM ANY LICENSED HOSPITAL, PHYSICIAN AND/OR MEDICAL PERSONNEL ANY TREATMENT DEEMED NECESSARY FOR ME OR MY MINOR CHILD/WARD'S IMMEDIATE CARE AND AGREE THAT I WILL BE RESPONSIBLE FOR PAYMENT OF AND ALL MEDICAL SERVICES RENDERED.

Camper's Name _____ Camp Site Location _____ Time & Date _____

I, the child's parent, have authorized, in advance, all emergency treatment.

Parent Signature _____

TO CASHIER: Please accept our insurance _____ or bill us.

Parent Signature _____

Address _____ City _____ Zip code _____

Daytime Phone(____) _____ Cell Phone (____) _____

If paramedics have a choice, which hospital would you prefer your child receive treatment:

Please provide family physician: Name _____ Phone _____

PROGRAM RELEASE INFORMATION

I, _____, parent/guardian of _____ will drop off and pick up my child from *Stomping Grounds and/or Before/After Camp*. In the event that I am unable to do so, I give authorization for:

Name _____ Home phone _____ Daytime phone _____ Cell phone _____

Name _____ Home phone _____ Daytime phone _____ Cell phone _____

to pick up my child. The above persons are the only people with whom my child is allowed to leave from the Park District activity. I understand any changes from this must be in advance and in writing to the Homewood-Flossmoor Park District staff/instructor.

OR

I, _____, parent/guardian of _____ give permission for my child to (circle) WALK / RIDE BIKE to and from *Stomping Grounds and/or Before/After Camp*. I understand any changes from this must be made in advance and in writing to the Homewood-Flossmoor Park District staff/instructor.

Parent/Guardian Signature _____ Date _____



Tell Us About Your Child

Please return this form before beginning camp

Camper Name:		Age at Camp:	
Level:		Location:	
<i>Can your child swim?</i>		<i>Have they taken swim lessons before?</i>	

Please use this form to provide information that will help your child's camp counselors better understand their needs while attending day camp.

1. Has your child attended any camp before (day camp or overnight camp)?
If yes, what kind of camp:
2. How does your child relate socially? Describe your child's relationship with siblings and peers (*including those who may be attending camp at the same time*):
3. Has your child experienced any serious events in their life this year (*such as: parental marriage/separation/divorce, family illnesses or loss, etc.*)?
4. Has your child had any behavior difficulties at home, school or elsewhere?
If yes, please explain:
5. Please list any foods your child cannot eat due to allergies or sensitivity.
6. Does your child have any fears (*ex: thunderstorms, animals, loud noises*)?
7. Is your child taking any medications? *If yes, when do they take the medicine?*

Any other information about your child you feel would be beneficial for our staff to be aware of:



Homewood-Flossmoor Park District

Stomping Grounds 2010

Rules and Guidelines Agreement

Stomping Grounds is designed for all campers to have a fun, safe and enjoyable summer. Below are the rules and guidelines to be followed during the program. If these rules and guidelines are not followed the child will be dismissed from the program. The Park District appreciates your cooperation and understanding of these rules.

Rules:

- No outside toys allowed into program (**ex: Yu-Gi-Oh Cards, PSP, Cell Phones, etc.**).
- Show respect to all children, staff, equipment, supplies, facilities, and Park District guests (ex: enrichment instructors, library storytellers)
- Refrain from using offensive and profane language (**including teasing & demeaning language**)
- Refrain from aggressive behavior that could cause bodily harm (**ex: hitting or play fighting**)
-Fighting will automatically result in a minimum suspension of one day.
- Refrain from inappropriate touching and body language.
- Listen to all rules and instructions given by the Site Director and Camp Counselors.
- Stealing of equipment or child/staff belongings will not be tolerated and will result in immediate dismissal from program.

Discipline procedures:

- *First infraction:* Warning, timeout, parent notification
- *Second infraction:* 1-Day suspension, parent conference with Site Director
- *Third infraction:* 2-Day suspension, parent conference with Rec. Supervisor and Site Director
- *Fourth infraction:* 1-week suspension (no refunds)
- *Fifth infraction:* Dismissal from program (no refunds)

The Recreation Supervisor and Site Director will interpret these rules. It is at the discretion of the Site Director to implement the discipline procedures, and the discretion of the Recreation Supervisor to suspend a child in violation of the above agreement.

Homewood-Flossmoor Park District
Stomping Grounds 2010
Rules and Guidelines Agreement

Please read and explain these rules and guidelines to your child. Sign and return this agreement to your child's Site Director. **The attached copy of the agreement is for you to keep.**

I have read and agree with the above rules and guidelines.

Parent Signature: _____ Date: _____

Child's Name/Signature: _____ Date: _____