

RIVER FOREST COMMUNITY CENTER

8020 Madison Street

River Forest, Illinois 60305

www.rfcc.info

Phone (708) 771-6159 Fax (708) 771-8958

Registration for current RFCC participants & RF Residents begins March 4, 2019

Open Registration begins March 11, 2019

Child's Name: _____

Grade Entering: _____ Birth Date: _____ Age: _____ Sex: _____

T-Shirt Size: (please circle one):

Children's (XS 2-4) (S 6-8) (M 10-12) (L 14-16) (XL 18-20)

or

Adult's S M L XL

If you register after May 1st you are not guaranteed to get the size specified.

Half Day Camps 2019

Breakfast Club (\$95) _____

Summer Scene (\$345) _____

Three for All (\$165) ___ I ___ II

Summer Scene Ext Care ___ AM ___ PM

Little Explorers (\$300) _____

(\$105 for AM or PM - \$170 for both)

Full Day Camps 2019

Adventure Camp _____

Urban Safari _____

Please Circle Below

Weeks Attending (Please check)	Camp Dates	Camp Only	AM Care	PM Care	AM & PM Care	Weekly Total
	Week 1: June 10-June 14	\$150	\$35	\$35	\$50	
	Week 2: June 17-June 21	\$150	\$35	\$35	\$50	
	Week 3: June 24-June 28	\$150	\$35	\$35	\$50	
	Week 4: July 1-July 5	\$120	\$28	\$28	\$40	
	Week 5: July 8-July 12	\$150	\$35	\$35	\$50	
	Week 6: July 15-July 19	\$150	\$35	\$35	\$50	
	Week 7: July 22-July 26	\$150	\$35	\$35	\$50	
	Week 8: July 29-Aug 2	\$150	\$35	\$35	\$50	
	Week 9: Aug 5-Aug 9	\$150	\$35	\$35	\$50	
	Week 10: Aug 12-Aug 16	\$150	\$35	\$35	\$50	
	Week 11: Aug 19-Aug 23	\$150	\$35	\$35	\$50	
	Totals:					

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1 _____

Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email Address _____

Place of Employment _____

Parent/Guardian #2 _____

Address (if different from above) _____

Home Phone _____ Work Phone _____

Place of Employment _____

Cell Phone _____ Email Address _____

My child lives with: Mother _____ Father _____ Other _____

Is either parent prohibited by court order from access to child? _____
If yes, please attach legal documents.

EMERGENCY INFORMATION

Physician Name _____ Phone _____

Preferred Local Hospital _____

Emergency Contact (if parent is not available)

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

AUTHORIZATION FOR CAMPER TO WALK HOME ALONE

I authorize my child to be released from the River Forest Community Center Summer Camp program by either walking or riding a bike without an adult. I understand that my child will be released at 4:00 p.m. for the camp program.
(This waiver does not apply to Tot Camp or Young Voyagers participants)

Signature of Parent/Guardian _____

AUTHORIZATION TO PICK UP CHILD

List below the name, address and phone number of any adults authorized to pick up your child from the program. Your child will be released ONLY to those people listed below:

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

CHILD DEVELOPMENTAL HISTORY

Please complete the following information to help your child's counselors become acquainted with your child and his/her family.

Household family unit (siblings & ages, grandparents, etc.) _____

What are your child's favorite activities? _____

List all known allergies (Asthma, Hayfever, Medications, etc.) _____

Is there any special information about your child that you think might help us care for him/her? Major family changes, past or present? Behavior or personality characteristics?

Specify any physical disabilities/special needs/health problems your child has, including difficulties with speech, hearing, vision or balance _____

Other comments: _____

I certify that the facts in this enrollment form are true and complete to the best of my knowledge and understand that if my child is accepted into the RFCC camp program, false statements on this enrollment can be grounds for dismissal. At the time of application to the program, I received a Parent Handbook and agree to abide by all stated program policies as adopted by the River Forest Community Center.

Signature of Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____ Date _____

ALL INFORMATION CONTAINED IN THIS ENROLLMENT FORM SHALL BE HANDLED CONFIDENTIALLY.

GENERAL

The River Forest Community Center does not discriminate on the basis of age, race, religion, gender or ethnic background.

AUTHORIZATION/RELEASE FORM

Please read all sections carefully.

I/We the parents of or legal guardians for _____ hereby consent to her/him participating in the above designated program. I understand that by its very nature, any program involving minors involves some risk to the participants. I have read the program description and/or spoken with a representative of RFCC to understand the risks involved, I/we further understand that not every risk cannot be fully specified or articulated. In partial consideration for enrollment in the program, I/we assume all risk and hazards incidental to such participation and do hereby waive, release absolve the RFCC, its employees, volunteers and agents from any and all claims sustained and arising from, connected with, or associated with the participation in said program. I/we also agree to indemnify and hold harmless the RFCC, its employees, volunteers and agents from any and all claims sustained and/or arising out of, connected with or associated with participation in said program. This indemnity provision includes the cost of litigation, including reasonable attorney's fees.

Signature of Parent/Guardian _____ Date _____

I/we authorize the RFCC staff to take emergency measures, which are judged necessary for the care and protection of my child. RFCC staff will first attempt to contact parents/guardians or other person(s) listed on the application as emergency contacts before such measures are taken. I/we will be responsible for the emergency medical charges upon receipt of the statement.

PLEASE NOTE THAT HOSPITALS GENERALLY DO NOT PROVIDE MEDICAL TREATMENT (except in serious emergency cases) UNTIL A PARENT PERSONALLY SIGNS A RELEASE.

Signature of Parent/Guardian _____ Date _____

I/We authorize the RFCC staff to take my child on either walking or bus driven trips/excursions. All trips are under the supervision of the RFCC staff and all health and safety precautions are taken.

Signature of Parent/Guardian _____ Date _____

I/We authorize RFCC Summer Camps, its staff or agents, to take pictures, movies or videos of my child for use in presentations and other reasonable advertising promotions, and educational activities, without compensation.

Signature of Parent/Guardian _____ Date _____