

River Forest Community Center Young Voyagers Summer Camp 2021

General Information:

Child's Name: _____

Grade Entering: _____ Birth Date: _____ Age: _____ Gender: _____

Enrollment Date: _____ Discharge Date: _____ (*office use only*)

Sessions Attending:

Camp hours 10:00 AM – 4:00 PM
\$460 per session

Session I: June 14 – July 2 _____
Session II: *July 6 – July 23 _____
Session III: July 26- August 13 _____

**No Camp July 5th*

Extended Care:

AM Care 7:00 AM – 10:00 AM - \$105/Session
PM Care 4:00 PM – 6:00 PM - \$105/Session
Both AM & PM Care - \$165/Session

Session I: AM _____ PM _____
Session II: AM _____ PM _____
Session III: AM _____ PM _____

How did you hear about our camp?

RFCC Brochure: _____

Flyer: _____

Enrolled last year: _____

Internet Search: _____

Other (please specify): _____

RFCC Office Use Only

Enrollment Checklist

_____ Enrollment Form

_____ Background Information Forms

_____ Authorization/Release Forms

_____ Financial Policies & Agreement Forms

_____ * Medical Forms

_____ *Certified Copy of Birth Certificate

_____ First Session Attending – Paid In Full

_____ \$50.00 deposits for each additional session

**Birth Certificates and Medical Forms must be received prior to starting in the program*

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CHILD'S FULL NAME: _____

Name child prefers to be called if different from above _____

Child lives with _____

PARENT/GUARDIAN #1 Information

Name: _____

Home address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell Phone: _____

Place of Employment: _____ Occupation: _____

Address of Employment: _____

Work phone: _____ E-mail Address: _____

Driver's License #: _____ Expiration Date: _____

PARENT/GUARDIAN #2 Information

Name: _____

Home address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell Phone: _____

Place of Employment: _____ Occupation: _____

Address of Employment: _____

Work phone: _____ E-mail Address: _____

Driver's License #: _____ Expiration Date: _____

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AUTHORIZATION TO PICK UP CHILD

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

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Relationship</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FAMILY INFORMATION

Other Household Members (siblings, grandparents, etc.)

<u>Name</u>	<u>Relationship</u>	<u>Age</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list other children not living at home: _____

Have parents lived apart during child's lifetime? _____ If so, how old was the child at the time? _____

Parent's Marital Status: Single _____ Married _____ Divorced _____
Separated _____ Widow _____ Widower _____

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

EMERGENCY CONTACT/MEDICAL INFORMATION

In case of emergency which parent should be contacted first? _____

Emergency contact (if parent is not available)

Name: _____ Address: _____

Phone: _____ Relationship: _____

Child's Physician: _____ Phone Number: _____

Address: _____

Insurance Company: _____

What arrangement will you make for your child's care during illness? _____

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BACKGROUND INFORMATION

SPECIAL RELATIONSHIPS

Has your child been in childcare before? _____

If yes, please list previous childcare centers: _____

How does child react to people he/she does not know well? _____

New situations? _____

What makes your child upset? _____

What frightens your child? _____

What is your way of handling your child's behavior - your preferred method of discipline?

What are your child's favorite toys and activities?

Circle the following which best describe your child:

Happy

Impulsive

Friendly

Dependent

Attentive

Stubborn

Quiet

Good body control

Affectionate

Active

Independent

Shy

Aggressive

Able to sit quietly for periods of time

Puts away own belongings

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DEVELOPMENTAL

Birth weight: _____ Is your child adopted? _____

At what age? _____ Does your child know he/she is adopted? _____

Age child began talking: _____ Any difficulties speaking? _____

Please list language(s) child speaks: _____

Has your child ever had problems with:

Hearing _____ Vision _____ Speech _____ Balance _____

Does your child use any special words to express needs? _____

Does your child suck thumb or fingers? _____

Does your child have a "fussy" time? _____ When? _____

How do you handle this time? _____

When was child toilet trained? _____

HEALTH

Does anyone in the immediate family have health problems? _____

If yes, briefly describe: _____

Has child ever been hospitalized? _____ Reason: _____

Any physical disabilities or limitations? _____

Are there any other behaviors and/or circumstances that the Community Center should be aware of in order to provide a quality child care experience for your child? _____

If yes, please explain: _____

List all known allergies (Asthma, Hayfever, Medications, Foods...)

Do you restrict your child's diet in any way, or provide a special diet? _____ If yes, please describe:

What special instructions are there if your child becomes ill? _____

Is child taking any medications regularly? _____ Reason: _____

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Positive Guidance & Discipline Policy

Our goal is to help children develop self-control, take responsibility for their behavior and understand the value of appropriate behavior. We encourage children to learn how to grow independently and make appropriate choices to manage and self-regulate their behavior.

The environment is designed to promote positive and enjoyable learning experiences for each child and emphasis is placed on the following as preventive measures to minimize issues or concerns:

- Room arrangement
- Choice of age appropriate materials and learning activities
- Consistent schedule and predictable routines
- Age appropriate expectations
- Positive staff-child interaction
- Active adult supervision.

Staff set clear, consistent, and reasonable limits and then follow through enforcing these limits. We remind children of the expected behavior and use simple language to explain reasons for the limits. To help achieve goals, our staff utilizes supportive, positive guidance and discipline techniques which help children acknowledge their behavior, make choices about the solution and accept responsibility for consequences.

Specific positive guidance and discipline techniques include:

- Using redirection and distraction rather than negative reinforcement
- Changing the learning environment when it interferes with positive behavior
- Helping children verbalize their feelings and needs
- Using logical or natural consequences by stating the cause and effect of behavior and allowing the child to choose
- Modeling and teaching problem solving techniques

When a child's negative behavior involves frequent hitting, pushing, biting, or harm to himself or other children or equipment, the child shall be removed from the situation for problem solving, re-direction and/or quiet time alone. This technique differs from the punitive time-out by helping a child learn to regain control and learn socially appropriate ways to express strong emotions. Parents will be informed of recurring inappropriate behavior and the discipline measures used at the time. Staff may ask parents to discuss a problem behavior with the child at home.

The Community Center believes ongoing discussions between parents and staff are the most effective way to address a concern and will use this approach in order to develop a solution together. At times, the Community Center may consult with other professionals or identify other resources which may be beneficial for a child. If a reasonable solution cannot be reached, the Community Center reserves the right to make a determination regarding the dismissal of a child from the program. No adult (including a parent) may ever use corporal punishment or other frightening or humiliating disciplinary techniques in a DCFS licensed program. **Under the Abused and Neglected Child Reporting Act [325 ILCS 5/4], RFCC staff are required to report to the child abuse hotline (1-800-25A-BUSE), whenever there is reasonable cause to believe that a child may be abused or neglected.**

I have read the RFCC guidance and discipline policies and agree to abide by them.

Parent/Guardian Signature

Teacher Signature

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GENERAL

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

WAIVER/RELEASE

It is acknowledged that I/we are parent(s) or legal guardian(s) of the participant(s) which have been enrolled in this RFCC program and consent for him/her to participate in this designated program. It is understood that, by its very nature, any program involving minors involves some risk to the participants and I/we have read the program description and/or spoken with a representative of the RFCC to understand the risks involved. I/we further understand that it would be impossible to fully specify or articulate every risk. 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/or 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.

AUTHORIZATION TO DISPENSE APPROVED MEDICATIONS

I/we authorize the RFCC Early Childhood program, its staff or agents, to administer prescribed medicine to my child as specified in written instructions.

Signature of Parent/Guardian _____

Date _____

AUTHORIZATION TO TAKE EMERGENCY MEASURES

I/we authorize the RFCC Early Childhood program its staff or agents, to take emergency measures which are judged necessary for the care and protection of my child. RFCC 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 _____

FIELD TRIP AUTHORIZATION

I/we authorize the RFCC Early Childhood program its staff or agents, to take my child on walking or van/bus driven trips/excursions. All such trips are under supervision of the RFCC staff and all health and safety precautions that are taken are in compliance with DCFS standards for licensure. Prior written notice will be given for all van/bus trips/excursions.

Signature of Parent/Guardian _____

Date _____

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PROMOTIONAL PARTICIPATION AUTHORIZATION

I/we authorize the RFCC Early Childhood program 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 _____

AUTHORIZATION TO EXCHANGE INFORMATION

I/we authorize the RFCC Early Childhood program to exchange information regarding my child with those professional agencies or people concerned with my child's education and health. I fully understand that this may entail psychological, social, medical or educational information and will be kept strictly confidential.

Signature of Parent/Guardian _____

Date _____

STUDENT DIRECTORY AUTHORIZATION

I/we give permission to have name/address/home phone information used in a student directory for the RFCC Early Childhood program. I understand that this directory will be distributed to all program participants.

Signature of Parent/Guardian _____

Date _____

DAILY PROCEDURES & LATE PICK-UP FEES

- I understand that I must sign my child in and out of the program each day.
- I agree to pay a late pick-up fee as stipulated in the Young Voyagers Parent Handbook.
- I agree to call (708) 771-6159 by 8:30 a.m. to report my child absent.
- I understand if someone other than me or person designated on the enrollment form will be picking up my child, that I will notify the Community Center prior to their arrival.

Signature of Parent/Guardian _____

Date _____

I have received and understand the information in the Parent Handbook. I agree to abide by all RFCC policies as stated in the Parent Handbook and in this Enrollment Agreement.

Signature of Parent/Guardian _____

Date _____

Signature of Parent/Guardian _____

Date _____

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FINANCIAL POLICIES

PAYMENT POLICIES/PROCEDURES

- All camp sessions must be paid in full before the session begins. A \$10.00 late payment fee will be assessed to any past due payments.
- Tuition is not pro-rated for absences.
- Any participant who cancels out of Yong Voyagers two weeks prior to the beginning of a session will receive a full refund, minus a \$50.00 cancellation fee.
- Any refund for cancellation later than 2 weeks before the start of a session will receive a household credit that can be used towards any program offered by the Community Center including future sessions of summer camp, early childhood programs, after school programs, recreation programs, special events, room rentals or birthday parties.

OTHER

Checks that are returned from the bank for any reason will be charged a processing fee of \$40. The outstanding balance must be paid in full before the child may return to the program.

A child may be suspended from the program if tuition is not paid in full by the specified due date.

**FALSIFICATION OF ANY INFORMATION PROVIDED IN THIS APPLICATION MAY RESULT IN
SUSPENSION FROM THE RFCC EARLY CHILDHOOD PROGRAM.**

*****UNSIGNED APPLICATIONS WILL NOT BE ACCEPTED*****