

RIVER FOREST COMMUNITY CENTER

8020 Madison Street

River Forest, Illinois 60305

www.rfcc.info

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

Registration begins March 1, 2023

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 2023

Breakfast Club (\$95) _____

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

Little Explorers (\$300) _____

Summer Scene -12:00-4:00 @RFCC (\$630) _____

Summer Scene dates are in alignment with RF summer school start and end dates. Participants will be picked up from school and will join Adventure Camp or Urban Safari depending on grade level.

Summer Scene Ext Care ___ AM ___ PM

(\$120 for AM or PM - \$180 for both)

Full Day Camps 2023

Adventure Camp _____

Urban Safari _____

Please Circle Below

Weeks Attending (Please check)	Camp Dates	Camp Only	Please Circle Below			Weekly Total
			AM Care	PM Care	AM & PM Care	
	Week 1: June 12-June 16	\$195	\$40	\$40	\$60	
	Week 2: June 19-June 23	\$195	\$40	\$40	\$60	
	Week 3: June 26-June 30	\$195	\$40	\$40	\$60	
	Week 4: July 3-July 7 <i>No Camp Tuesday, July 4</i>	\$156	\$35	\$35	\$50	
	Week 5: July 10-July 14	\$195	\$40	\$40	\$60	
	Week 6: July 17-July 21	\$195	\$40	\$40	\$60	
	Week 7: July 24-July 28	\$195	\$40	\$40	\$60	
	Week 8: July 31-Aug 4	\$195	\$40	\$40	\$60	
	Week 9: Aug 7-Aug 11 (Waitlist after 50 campers)	\$195	\$40	\$40	\$60	
	Week 10: Aug 14-Aug 18 (Waitlist after 30 campers)	\$195	\$40	\$40	\$60	
	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. from 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.

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/RELEASE FORM

Please read all sections carefully

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 _____