

# River Forest Community Center Half-Day Summer Camp



Parent Handbook  
2024

# River Forest Community Center

## Half-Day Summer Camp ~ Parent Handbook 2024

On behalf of the summer camp staff, I would like to take this opportunity to welcome you and your child to the 2024 Summer Camp Program. For your information, we have listed below general camp information and many of the camp policies and procedures which should help you and your child prepare for camp. If you have any other questions or concerns about the camp program please feel free to contact the Early Childhood Camp Director at the Community Center at (708) 771-6159 ext. 207.

### **GENERAL INFORMATION**

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

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.

### **ABSENCES**

If your child will not be attending camp for any reason, please call the Community Center at 771-6159 prior to 9:00 AM so the instructors can be notified. Please remember that there are no refunds for days absent.

### **CALENDAR**

A calendar will be handed out to each participant on the first day of camp. Please refer to the calendar for trip/water play days, and other events.

### **REFUNDS**

Any participant who cancels out of camp 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 camp 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.

No refunds for any days absent.

### **INSURANCE INFORMATION**

The River Forest Community Center is unable to assume responsibility for injuries, accidents, or loss of personal property occurring at programs, activities, parks or facilities. The Community Center does not carry hospitalization insurance for program participants. Such insurance would make program and user fees prohibitive. It is recommended that each participant have a health care policy to adequately cover his or her medical needs.

### **MEDICAL CONCERNS**

If your child needs medication, has any physical limitation, needs special attention, please alert the child's counselor to the situation. A Medication Release form must be completed for any administration of medication.

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### ILLNESS/INFECTIOUS DISEASE

The Community Center is currently following the Covid-19 Exclusion Guidance Guidelines as stated by the Illinois Department of Public Health. Current guidelines will be made available before the start of camp.

### RFCC/CDC/STATE OF ILLINOIS PUBLIC HEALTH GUIDELINES

All participants are required to follow RFCC/CDC/IDPH Guidelines in response to the Covid-19 Pandemic.

### 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.**

**Thank you for choosing our program.  
We look forward to having an enjoyable summer!**

# 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, 2024*

**Child's Name:** \_\_\_\_\_

**Grade Entering:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

**T-Shirt Size: (Please Circle One – Full-Day Campers Only):**

**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 2024

**Breakfast Club: (\$105)** \_\_\_\_\_

Caregiver & Tots – 15 months – 2 Years  
M/W: 9:00 am – 10:00 am

**Little Explorers: (\$300)** \_\_\_\_\_

3 & 4 yr olds  
Mon-Thurs: 10:15 am – 12:15 pm

## Summer Scene:

**Summer Scene - 12:00 pm - 4:00 pm @ RFCC (\$695)** \_\_\_\_\_

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  
(**\$180 for AM or PM - \$280 for both**)

## Full Day Camps 2024

**Adventure Camp:** \_\_\_\_\_ **Urban Safari:** \_\_\_\_\_

*Please Circle Below*

Weeks Attending (Please check)	Camp Dates	Camp Only	AM Care	PM Care	AM & PM Care	Weekly Total
	<b>Week 1: June 10-June 14</b>	\$210	\$60	\$60	\$90	
	<b>Week 2: June 17-June 21</b>	\$210	\$60	\$60	\$90	
	<b>Week 3: June 24-June 28</b>	\$210	\$60	\$60	\$90	
	<b>Week 4: July 1-July 5</b> <i>No Camp Thursday, July 4</i>	\$168	\$48	\$48	\$72	
	<b>Week 5: July 8-July 12</b>	\$210	\$60	\$60	\$90	
	<b>Week 6: July 15-July 19</b>	\$210	\$60	\$60	\$90	
	<b>Week 7: July 22-July 26</b>	\$210	\$60	\$60	\$90	
	<b>Week 8: July 29-Aug 2</b>	\$210	\$60	\$60	\$90	
	<b>Week 9: Aug 5-Aug 9</b> (Waitlist after 50 campers)	\$210	\$60	\$60	\$90	
	<b>Week 10: Aug 12-Aug 16</b> (Waitlist after 30 campers)	\$210	\$60	\$60	\$90	
	<b>Totals:</b>					

**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 \_\_\_\_\_

**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 \_\_\_\_\_

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



**2024 SUMMER CAMP ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR CREDIT CARD**

We are excited to offer the safety, convenience and ease of our Monthly Credit Card Billing Program, a payment processing system that allows secure, on-time summer camp fee payments to be made from your credit card. Please complete the form below to participate in our electronic payment processing program.

I hereby authorize The River Forest Community Center to initiate credit card charges to the below referenced credit card account **(Section A)**. I accept that electronic payments will be initiated according to the **RFCC Summer Camp Payment Schedule**. I am aware that I will be assessed a \$40.00 Credit Card Decline Fee. To properly affect the cancellation of this agreement, I am required to give 10 days written notice.

\_\_\_\_\_  
**Customer's Signature**

\_\_\_\_\_  
**Date**

**SECTION A (Credit Card - Visa, MasterCard, Discover)**

\_\_\_\_\_  
Cardholder Name

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Cardholder Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
CW#

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Date

**CAMPER INFO SECTION**

Child's Name: \_\_\_\_\_

Camp: Breakfast Club, Little Explorers, Summer Scene, Young Voyagers, Adventure Camp or Urban Safari (circle)

Thank you for your cooperation. All information will be kept confidential.

**For Official Use Only**

Date Received

Employee Signature