



# Summer Day Camp Parent Packet

*Updated 2/27/19*

Welcome to the first ever Four Seasons Health Club Summer Day Camp. Our staff is ready for a fun and exciting summer with your children. Please read this packet carefully as you will find important information in it. Our goal is to provide a fun and safe camp experience while creating memories for your child. You may register for camp online using your child's myiclub account. The Summer Day Camp is only offered to Four Seasons members.

**Registration opens Wednesday, April 3<sup>rd</sup> starting at 8:00 am.**

In this packet you will find detailed information about our Summer Day Camp. Listed below are all of the necessary forms needed to ensure your child's safety. These must be completed and returned BEFORE the first day of camp. You will not be permitted to drop off your child until these forms are completed and turned in.

- Camper Information
- Parent Agreement
- Emergency Medication Authorization

## 1. STAFF

Recreation Manager, Samantha Fleming, 309-663-2022 ext. 123

The camp staff are mature college and high school students. We maintain a camper to staff ratio of 8:1. Staff have been given a background check, completed training in CPR, first aid, AED, and Lifeguard training.

## 2. SUMMER 2019 SCHEDULE

Summer Camp will run daily Monday-Friday 6:30 AM until 6:00 PM. The first day of camp is Monday, June 3 and the last day is Wednesday, August 14. There will be no camp on Thursday, July 4.

## 3. LOCATION

Four Seasons I on 904 Four Seasons Road in Bloomington, IL 61701

Age Groups: Grades K-2 (RED), Grades 3-5 (YELLOW), Grades 6-8 (BLUE). Please register based on the grade your child is entering in the fall. Meeting locations for the age groups will be announced on the Brightwheel App.

## 4. TYPICAL DAILY SCHEDULE

Morning free time begins at 6:30 AM until approximately 8:30 AM. From 8:30 AM. – 3:30 PM, time is spent at Four Seasons I, including lunch time. Children will have the opportunity to participate in a variety of organized activities in small groups or as a camp. Each group will swim, participate in The PIT or group fitness class twice a week (additional fees for Swim Lessons, Group Fitness, and The PIT will apply).

A schedule will be available every Friday afternoon outlining each day's activities for the upcoming week. Schedules can be found at the front desk of FSI or on the Brightwheel App. They are printed on the same colored paper as your child's group name (Red, Yellow, Blue).

## 5. FIELD TRIPS

Campers will participate in a field trip with Camp every week. Field trips are usually taken on Fridays and the cost is included in the camp fee. Make sure to check the weekly schedule for each field trip time. In some cases, morning and afternoon free time may be adjusted to accommodate travel time. Campers must arrive at least 30 minutes before the departure time to participate in the field trip. **Campers are expected to wear their provided Day Camp T-shirts on field trip days.** Campers will receive only one camp shirt for the summer. Additional shirts will be sold for \$7 each.

## 6. DROP OFF AND PICK-UP PROCEDURES

Each day your child should be dropped off at Four Seasons I between the hours of 6:30 AM and 8:30 AM Upon arrival, your child will check in at the front desk and will immediately go to the gym unless told otherwise. You must always check-in at the front desk, even if joining camp later in the day. Your child can be picked up from the gym unless told otherwise between the

hours of 4:00 and 6:00 PM. Only those adults listed on the Brightwheel App will be allowed to pick up your camper. You must come inside the gym to sign-out the children unless told otherwise.

If you need to pick-up or drop-off your child at another time, please see the schedule for our location and call the front desk at FSI to make arrangements. Informing the staff ahead of time is helpful so they can have your child prepared. *\*Please refrain from parking by the front doors when dropping off and picking up your child.*

## **7. LATE PICK-UP POLICY**

The Day Camp Staff will supervise children who are left beyond the scheduled pick-up time (6:00 PM) until a parent or authorized adult on the pick-up list arrives. However, late pick-ups will result in a fee. Payment of the late fee (\$20) will be charged on the card on file. If you have any questions, please call Samantha Fleming at 309-663-2022 ext. 123 or email at [samantha@4seasons-club.com](mailto:samantha@4seasons-club.com). *\*If a child is left consistently (3 times) after 6pm, the child/children will be terminated from the program. If a participant is left more than 30 minutes after the end of camp and we are unable to reach a parent or other pick-up person, the police department will be contacted.*

## **8. UNAUTHORIZED DEPARTURE**

In the event that a camper leaves or runs away from the Day Camp program without authorization, the following steps will be taken.

1. Day Camp Staff will encourage the child to return voluntarily.
2. The Police will be called to locate the child because Day Camp Staff are not permitted to leave the grounds when children are present.
3. The parent/guardian will be contacted. If they are not available the emergency contact will be called.
4. Camper may be subject to discipline action for reoccurring unauthorized departures.

## **9. FOOD**

Please have your child eat breakfast *prior to arriving at camp*. Campers are required to bring a labeled water bottle and labeled sack lunch daily. The Day Camp Staff will provide an afternoon snack. Please note, Four Seasons is a peanut free environment so please refrain from packing foods that contain peanuts. Also, please pack a morning snack if your child will need it. Four Seasons has vending machines and some field trip locations offer concessions, so you may send your child with money if you wish. Parents may also load money onto your child's pre-pay account. *The day camp staff is not responsible for any money while at camp!*

## **10. ATTIRE**

Due to the active nature of day camp, all participants are required to wear tennis shoes daily. Flip flops may be packed for swim and water days. Slip-on tennis shoes, back-less tennis shoes

or those with zippers rather than shoelaces do not provide adequate ankle support and participants are not encouraged to wear them to camp. Dress should be appropriate for play and active/outdoor activities. Please do not send your child in brand new clothes. Skirts and dresses are also discouraged. Be aware of daily weather conditions and send your child appropriately dressed. Please pack swim wear every day in case we play water games.

## **11. PERSONAL PROPERTY**

Please note that the Day Camp Staff is not responsible for camper's property while at camp, so items such as money, gaming cards, electronics, etc., are brought at your own risk.

## **12. DISCIPLINE PROCEDURES**

Campers are expected to treat everyone with respect. Disruptive behavior, physical confrontation, theft, vandalism, and verbal abuse will not be tolerated.

1. Verbal warning from staff
2. Time-out (various length) enforced by staff
3. Staff will speak to program supervisor and supervisor will meet with participant
4. Staff or program supervisor will speak to participant's parents or participant may be written up (3 maximum)
5. After 3 behavior reports, supervisor will contact parents to let them know participant will not return to program and no refunds will be given.

Physical aggression/inappropriate touching towards staff or other participants will not be tolerated at camp and the camper will be suspended and possibly removed from camp depending on circumstances!

## **13. CONCERNS**

Any trouble or changes your child has at home may affect behavior during camp. Please keep the staff informed of any unusual circumstances so we can be sensitive to your child's needs. If necessary, feel free to discuss issues privately with a staff member away from your child, staff or others in the program.

## **14. COMMUNICATION**

If you have any concerns regarding the program and/or your child, please speak to the Recreation Manager, Samantha Fleming. Any questions concerning fees can be directed to the front desk of FSI.

Summer Day Camp will be using the Brightwheel App for all communication over the summer. Parents must download this app in order to check-in/out your kids as well as stay informed of the weekly schedule and any announcements. More information about how to work the app will get sent out closer to the start date of camp.

## **15. ILLNESS**

Any child who shows signs of illness will not be allowed to attend camp. Children will not be admitted if they display any of the following symptoms:

1. Temperature of 100 degrees Fahrenheit or higher
2. Vomiting
3. Diarrhea
4. Redness in whites of eyes, or discharge from eyes
5. An unexplained rash
6. Signs of bodily pests, such as lice
7. Unusual discomfort/irritability/exhaustion
8. Discharge of mucus from nose that is not clear in color
9. A persistent or phlegm-resonating cough

If a child becomes ill while at Camp, a parent will be notified, and must remove his/her child from Camp. The child must be symptom free for 24 hours from the onset of symptoms before his/her return.

If your child contracts a contagious illness (Strep, Chickenpox, etc.), and has recently been present at Camp, please alert the Camp Counselors or the Recreation Manager immediately.

## **16. PROGRAM PLAN CHANGES**

In the event that a change must be made to the weekly schedule, Day Camp staff will notify parents as soon as possible. If time allows, a message will get sent out on the Brightwheel App.

In the case of inclement weather on field trip days, parents will be notified of changes as soon as possible.

## **17. EQUAL ACCESS**

No eligible participant shall, on the bases of race, sex, creed, national origin, or disability be denied equal access to programs, activities, services or benefits or be limited in the exercise of any right, privilege, advantage or opportunity.

Upon registration or entry into the program, the parent/guardian will be required to inform Day Camp staff of any special accommodations needed.

## **18. CAMP FEES**

Weekly Rate- \$150

Members will be putting a \$150 deposit when they register online. Online registration guarantees a spot in the program for the entire summer. After members register online, they will need to come into FSI to set-up their monthly payment plan. The remaining 10 weeks is broken up into 4 total payments. 1 of the 4 is paid when you come into the front desk and the other 3 will be auto deducted from the child's account. Spots are full the full 11-week program Monday-Friday and

enrollment online ensures members a spot in the program. Members will have until the end of April to come in and set up their payment plan (April 30).

#### **19. GENERAL INFORMATION**

1. Bring a sack lunch everyday to camp unless specified otherwise in the weekly schedule.
2. Your child will receive a weekly schedule on Friday for the following week.
3. Bring a swimsuit, and towel every day as well as extra clothes.
4. Be sure to download the Brighwheel App to stay up-to-date on everything!
5. Do not send valuable or special toys to Camp with your child.
6. Label everything that your child brings. We recommend you send your child with a backpack to carry their belongings.
7. Lost & found is located by the front desk if your child should lose something.
8. Send a note with your child if they will not be following the regular camp schedule.
9. Dress should be appropriate to be around paint, markers, etc., and to play inside/outside.
10. Please have your child wear their camp t-shirt on field trip days.
11. Please have your child wear lace-up tennis shoes!
12. As a reminder, lunch will begin at 11:30 AM every day. Please be sure your child eats breakfast before coming to camp.

# Camper Information

(One form PER CAMPER)

Child's First & Last Name: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

Age: \_\_\_\_\_

Gender: M    F    Grade Entering Fall 2019: \_\_\_\_\_

T-Shirt Size (circle one): YS   YM   YL   YXL   AS   AM   AL

Address: \_\_\_\_\_ City: \_\_\_\_\_

**Guardian #1 First & Last Name:** \_\_\_\_\_

Relation (circle one): Mother    Father    Grandparent    Other: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Guardian #2 First & Last Name:** \_\_\_\_\_

Relation (circle one): Mother    Father    Grandparent    Other: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Emergency Contact-** *Please list contacts in order you would like us to call.*

Emergency Contact #1: \_\_\_\_\_ Preferred #: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_ Preferred #: \_\_\_\_\_

Emergency Contact #3: \_\_\_\_\_ Preferred #: \_\_\_\_\_

**Preferred Hospital:** \_\_\_\_\_



# Parent Agreement

(One form PER CAMPER)

Child's First & Last Name (printed): \_\_\_\_\_

As the parent or guardian of this camper, my initials below indicate I acknowledge the following statements.

## Policies

\_\_\_\_\_ I have read the Day Camp Parent Packet and Discipline Policy. I understand this policy is designed to ensure the safety and well-being of each camper. I further understand that any violation of this policy will result in consequences outlined in the Parent Packet and Discipline Policy, including possible suspension or expulsion from the Day Camp program.

\_\_\_\_\_ I have explained the Day Camp Discipline Policy to my camper and educated them on expectations of their behavior while they are at camp.

\_\_\_\_\_ I authorize Four Seasons to transport my child to/from field trips.

\_\_\_\_\_ I understand that my child (ren) may be photographed while participating in Four Seasons Health Clubs Programs. I give permission for photos of my child (ren) to be used to promote Four Seasons.

\_\_\_\_\_ I allow the day camp staff to apply bug spray on my child if and when needed.

## Sunscreen

The Summer Day Camp participants are often outside in the sun. Therefore, sunscreen is very important and should be applied frequently to prevent sunburn. You may send your child with their own sunscreen with their name clearly printed on the bottle. Your child should be able to apply sunscreen on their own, however, the staff will be available to assist your camper if you wish. Please check if you would like staff to apply sunscreen on your child when outside in the sun for extended periods of time. Please check no if you do not want the staff to apply sunscreen on your child.

\_\_\_\_\_ Yes, please apply sunscreen on my child.

\_\_\_\_\_ No, please do not apply sunscreen on my child.

Parent/Guardian's Name (printed): \_\_\_\_\_

Parent/Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Emergency Medication Authorization

(One form PER CAMPER)

**Child's First and Last Name Printed:** \_\_\_\_\_

I have received a copy of the Childcare Guidelines and understand I am responsible for adhering to them.

**Parent or Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Please check the statement that applies – Box 1, 2, and/or 3:

1  My child has allergies but does not require the use of an epinephrine auto injector (EPI-PEN) or inhaler.

Allergies:

\_\_\_\_\_

2  My child uses an epinephrine auto injector (epi pen) or inhaler (physician signature is required, see below).

3  My child has special needs that I wish to be taken into consideration when under Childcare supervision.

Special Needs:

\_\_\_\_\_

**Parent or Guardian Signature:** \_\_\_\_\_

If your child uses an EPI-PEN, please continue to fill out this form. If they do not use an EPI-PEN, you are finished.

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I give permission for \_\_\_\_\_ to **SELF-ADMINISTER** the medication as prescribed above. I agree to the terms of the procedure as stated on the reverse side of this request. It is understood that in instances where the member self-administers medication, Four Seasons Association, staff, or designee shall not in any way be responsible that said member administers the proper medication or dosage. A member who self-administers medication shall be solely responsible for the administration of the proper dosage, and the parent(s) or legal guardian agree to save and hold harmless, completely release and excuse Four Seasons Association and its employees of any liability or obligation of any kind and/ or nature.

**Parent or Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **TO THE LICENSED PRESCRIBER:**

When it is necessary for a member to receive medication according to the procedure on the reverse side of this form, the following information **MUST** be provided:

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medication & Dosage: \_\_\_\_\_ Time to be given: \_\_\_\_\_

Diagnosis of Disease or Injury: \_\_\_\_\_

Desired Benefits of Medication: \_\_\_\_\_

Other Medication Member is Receiving: \_\_\_\_\_

**Physician's Name:** \_\_\_\_\_

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

**Physician's Signature:** \_\_\_\_\_

**Phone:** \_\_\_\_\_