



Summer Camp 2026 Enrollment Application



Please check all that applies to your child:

Rec Center Member: Yes No Days in Attendance: Mon Tue Wed Thu Fri

Child's T-Shirt Size: Youth X-Small Youth Small Youth Medium Youth Large
 Adult Small Adult Medium Adult Large Adult XL

My child's photo can be used in any publicity for the Rec Center: Yes No

Weeks Attending:

Week 1: June 1 - June 5 Week 5: June 29 - July 3 Week 9: July 27 - July 31
 Week 2: June 8 - June 12 Week 6: July 6 - July 10 Week 10: Aug 3 - Aug 7
 Week 3: June 15 - June 19 Week 7: July 13 - July 17
 Week 4: June 22 - June 26 Week 8: July 20 - July 24

BASIC INFORMATION:

Child's Name _____ Male _____ Female _____
Address _____ City _____ State _____
Best Contact Phone # _____
Birth Date _____ Grade Entering _____ School Attending _____

IDENTIFICATION INFORMATION:

*Mother's Name _____
Home Address _____ City _____ State _____
Primary Phone _____
Place of Employment _____
Work Address _____ Work Phone _____
Typical Work Hours/ Times _____
Is Mother Authorized to Pick Up Child? Yes No

*Father's Name _____
Home Address _____ City _____ State _____
Primary Phone _____
Place of Employment _____
Work Address _____ Work Phone _____
Typical Work Hours/ Times _____
Is Father Authorized to Pick Up Child? Yes No

***Step-Mother's Name** _____

Home Address _____ City _____ State _____

Primary Phone _____

Place of Employment _____

Work Address _____ Work Phone _____

Typical Work Hours/ Times _____

Is Step-Mother Authorized to Pick Up Child? Yes No

***Step Father's Name** _____

Home Address _____ City _____ State _____

Primary Phone _____

Place of Employment _____

Work Address _____ Work Phone _____

Typical Work Hours/ Times _____

Is Step Father Authorized to Pick Up Child? Yes No

EMERGENCY CONTACTS:

Primary Physician _____

Clinic/Hospital _____

Address _____ Phone _____

EMERGENCY CONTACTS OTHER THAN PARENTS OR DOCTOR (IN IMMEDIATE AREA):

Name _____ Relationship _____

Address _____ Phone _____

Authorized to Pick up Child? Yes No

Name _____ Relationship _____

Address _____ Phone _____

Authorized to Pick up Child? Yes No

ALL PERSONS AUTHORIZED TO TAKE CHILD (IF YOU HAVE MORE PEOPLE TO ADD, PLEASE LET ME KNOW):

Name _____ Relationship _____

Address _____ City _____ State _____

Primary Phone _____ Work Phone _____

Name _____ Relationship _____

Address _____ City _____ State _____

Primary Phone _____ Work Phone _____

IMMEDIATE PICK-UP CONTACT Should we not be able to reach parents if child MUST leave program due to behaviors.

Name _____ Relationship _____
Address _____ City _____ State _____
Primary Phone _____ Work Phone _____

GENERAL QUESTIONS:

DOES CHILD PRESENTLY HAVE ANY DISABILITIES, ALLERGIES, OR OTHER LIMITATIONS? Yes No

Explain _____

DOES CHILD PRESENTLY TAKE ANY MEDICATIONS? Yes No

Explain _____

HAS A SPECIAL DIET BEEN RECOMMENDED FOR THE CHILD? Yes No

Explain _____

DOES THE CHILD PLAY BEST WITH CHILDREN HIS/HER OWN AGE, YOUNGER, OR OLDER? Yes No

Explain _____

DOES CHILD HAVE ANY SPECIAL FEARS? Yes No

Explain _____

WHAT METHOD OF DISCIPLINE IS MOST EFFECTIVE WITH YOUR CHILD?

WHAT DOES HE/SHE MOST LIKE DOING?

WHAT DOES HE/SHE LEAST LIKE DOING?

WHAT IS MOST DIFFICULT FOR YOUR CHILD?

HOW WOULD YOU LIKE FOR US TO HELP YOUR CHILD?

IS THERE ANYTHING ELSE WE SHOULD BE AWARE OF REGARDING YOUR CHILD'S DEVELOPMENT, MEDICAL CONCERNS, OR HABITS?

GENERAL CONSENTS:

EMERGENCY FIRST AID CONSENT

I give my consent for emergency first aid to be administered to my child by a staff member certified in first aid. In case of sickness or accident, I expect that I will be contacted. However, if I cannot be reached, I the undersigned, hereby give my consent for the attending The Rec Center staff member to provide emergency care and/or treatment for my child through a clinic, a hospital or private doctor. I give my express consent for x-rays, if the attending physician feels it is advisable or necessary. I also agree to pay all costs secured or authorized under this consent. (This agreement shall continue as long as my child is enrolled in the Summer Camp program.

Initials: _____

GUIDANCE & DISCIPLINE POLICY

I have read and understand the Summer Camp Rules and Discipline policies in the Parent Handbook and have received a separate copy of the Rec Center Summer Camp program rules.

Signature: _____ Date: _____

FIELD TRIPS & EXCURSIONS PERMISSION

I authorize The Rec Center staff to take my child on walking trips, special excursions, and to nearby public facilities. I also authorize the child to ride as a passenger in a vehicle chartered by The Rec Center for special field trips. I understand all such trips are under the supervision of The Rec Center staff and that health and safety precautions are taken in compliance with the Department of Children and Family Service standards for licensing.

Initials: _____

PHOTO RELEASE

I give permission for my child to be involved in any publicity or press releases for the Summer Camp program. This includes photographs and interviews.

Initials: _____

CONSENT FOR PHYSICAL ACTIVITY

I give permission for my child to participate in any and all physical activities offered through the Summer Camp program. These activities could include, but are not limited to, team sports such as basketball, soccer, tee-ball, group games, floor hockey, aerobics, running, tumbling, and gymnastics.

Initials: _____

PAYMENT OF FEES

I understand that all Summer Camp program payments will be drafted every Monday. I understand that no payment amount may be credited to later weeks because of child's absence. The Summer Camp program fees do not cover all field trips. I must register my child for these field trips and pay the associated fees separately.

Initials: _____

CONFIDENTIAL INFORMATION

I understand that no personal information about my child will be released without my consent. I also understand and agree that The Rec Center may exchange information regarding my child with those professional agencies or people concerned with my child's health and well-being. I fully understand that this may entail social, medical, education or psychological information.

Initials: _____

WAIVER

In consideration of my child's participation in the activities of the Summer Camp program, conducted by The Rec Center, its representative officers, employees and members, I do hereby for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages which I may have or which may hereafter accrue to me arising out of or connected with my child's participation in any of the activities of The Rec Center.

Initials: _____

IMPORTANT NOTICE

The Rec Center does not provide accident insurance for its members or participants in any Rec Center programs. Each person participates at his or her own risk and agrees to hold The Rec Center blameless for any injury incurred. It is recommended that all participants consult their personal insurance company to determine the extent of accident coverage while participant is involved in The Rec Center program or activity.

Initials: _____

PARENT VERIFICATION STATEMENT

I _____ have read and received all information issued regarding The Rec Center Summer Camp program. I understand and agree to all the requirements and grant my permission on all above consent forms marked WITH MY INITIALS OR SIGNATURE.

Signature of Parent/ Guardian Completing Form: _____

Date: _____

.....
Complete and Sign Only if Child will be taking Medication while enrolled in the Summer Camp program

AUTHORIZATION TO ADMINISTER MEDICATION

***I give permission to the Summer Camp program Staff to administer medication to my child.

Child's Name _____

Parent's Signature _____ Date _____

MEDICATION NAME: _____

Quantity _____ Time to Administer _____ Days to Administer _____

Prescribing Physician's Name _____

Pharmacy _____ Phone _____



Updated February 20, 2026

To Parents/ Guardians of Summer Camp Participants:

All payments for Summer Camp will be made through EFT (electronic funds transfer) via a credit or debit card. Payments toward the Summer Camp program will be transferred on Mondays following the week of attendance, and payments will be drafted for the days your child/ children attended camp throughout the week.

Field trips will need to be paid UPON REGISTRATION at the front desk with no exceptions. Your payment will reserve your spot for the field trip. Payments for field trips can be made with cash, check or credit/ debit card.

Authorization Agreement for Electronic Fund Transfer

I hereby authorize the Rec Center to initiate electronic fund entries to the account below from the Financial Institution named below to debit my account.

___ Credit Card ___ Checking Account ___ Savings Account

Financial Institution: _____

City, State: _____

Routing/ Transit Number: _____

Account Number: _____

Expiration: _____

Name on Card: _____

3 Digit Code: _____

This authorization remains in effect until the Summer Camp program is officially over, or until the Rec Center has received notification indicating a desire to discontinue participation in the Summer Camp program.

Authorized Signature: _____

Date: _____

Program Participant(s): _____

Parent/ Guardian Name: _____

I understand that this is a continuous fee. I understand that I will be drafted weekly until the program has officially ended, or my child is done with the program, whichever ends first.

Parent/ Guardian Initials: _____

Should any membership deduction not be honored by my bank for any reason, I realize that I am still responsible for the payment, plus a service charge of no more than \$25 applied by the Rec Center. This is in addition to any service fee my bank may charge. I understand that it is my responsibility to notify the Rec Center in writing should I change my financial institution and/ or account at any time.

Parent/ Guardian Initials: _____

Important!

*Policies for the 2026 Summer Camp Season

Please sign and date at the bottom of the page indicating that you have read and understood all policies.



Technology Policy

At no time will a child be allowed to make or receive calls or send or receive text messages on a personal cell phone. If you choose to send your child to the Rec with a cell phone or other electronic devices, it will be done at your own risk. Only at these times will electronic devices be used for play (NOT personal calling or texting): 6:45 - 8:00 am and 4:30 - 5:30 pm. We are not responsible for lost/ stolen personal items. **PERSONAL CELL PHONES MUST REMAIN IN THE CHILD'S BAG AT ALL TIMES.** If you need to reach your child, please call the Rec Center and speak with Staff. No Streaming services of social media sites will be allowed. Staff reserves the right to take away electronics if rules are not followed.



Signing Kids Out of the REC

For the safety of your child/ children, this is of utmost importance! A parent or guardian must physically come into the building to sign them out of the program for that day and accompany them out of the building. There are absolutely **NO EXCEPTIONS** to this.



Cancellation Form

If for whatever reason you wish to remove your child/ children from our Summer Camp program, you must fill out a cancellation form, signed by both you and the director of the program. This will stop any bank drafts and ensure removal from the program.



No Firearms!

Firearms are prohibited on the premises.



Discipline Policy

We adhere to a strict "Three Strikes & You're Out" policy. This policy will be used in regards to all behavior and discipline problems in the program. However, in extreme behavior cases, the Summer Camp Director reserves the right to immediately remove the child. Please refer to the Handbook for more detailed information.



Summer Camp is a Nut Free Zone!

Summer Camp at The Rec is a nut-free program. In order to protect those with food allergies, please do not send your children with any food that contains nuts in the ingredient list. Check all ingredients carefully. Thank you for helping to keep our children safe!



Not DCFS licensed!

The Rec facility and programs are not licensed or regulated by DCFS.

Signature: _____

Date: _____