2017 FLORISSANT SUMMER PLAYGROUND
INFORMATION AND POLICIES

CAMP LOCATIONS		**CAMP DATES/TIMES**
		June 5 – July 14, 2017
James J. Eagan Center	**(300)**	**9:00am – 3:00pm**
Koch Park	**(320)**	**No camp July 4th**

All Prices Subject To Change Registration Begins April 3rd for Residents and May31st for Non-Residents

CAMP FEES:	**RESIDENT**	**NON-RESIDENT**
1ST CHILD	$120.00	$275.00
EACH ADDITIONAL CHILD	$ 80.00	$275.00
Before Care	**$ 45.00**	**$ 50.00**
After Care	**$ 75.00**	**$ 85.00**
Before & After Care	**$100.00**	**$110.00**

Florissant Summer Playground program is for children ages 6-12 years. (All Children Age 6 Will Be Required To Show A Birth Certificate Or Baptismal Record At Registration). A current Florissant Resident Card is required to complete registration. To receive a resident card the child must be listed on the Occupancy Permit. **Non-Resident registration begins on May 31st on a space available basis. Registration Deadline will be June 3rd**, at this time no more registrations will be taken. A child must be 6 years old by July 31st to participate and may not turn 13 before July 31st.

FULL PAYMENT IS DUE AT REGISTRATION. There are no discounts **or** pro-rated fees throughout the program. **There will be no refunds after June 3rd . <u>No refunds for cancellation or expulsion</u>.** Cash, Check**,** Visa, Discover or MasterCard is accepted for payment anytime that the Customer Service Desk is staffed.

ALL CHILDREN SUPPLY THEIR OWN LUNCH AND DRINK.
Swimming days are Tuesdays and Thursdays. (Due to capacity reasons, some children from the James J. Eagan Center Camp will be transported to Bangert Park Pool.

The City does not accept responsibility for children who leave the playground without the permission of their counselors. Children are allowed to leave the playground **<u>ONLY</u>** with a parent or guardian, unless a release is received in writing. **<u>Children must be signed out in the office if leaving prior to 3:00pm.</u>** Identification may be required when picking up a child early.

The parent/guardian will be notified by phone immediately in case of accident, injury, illness or a child leaving camp without permission. **<u>PLEASE BE SURE THE CAMP HAS ALL NECESSARY DAYTIME PHONE NUMBERS OR E-MAIL ADDRESSES. WE WILL ATTEMPT TO REACH YOU IF THERE IS A PROBLEM.</u>**

ALL CHILDREN SHOULD WEAR CLOSED-TOED SHOES TO PREVENT INJURY.
TENNIS SHOES OR ATHLETIC SHOES ARE PREFERRED.
All personal articles brought to camp should be marked with the child's name. The City is not responsible for personal possessions lost or stolen at camp. Children will not be allowed to carry phones during camp hours. If they need to have a phone for after camp activities, the phone will need to be checked into the camp office. All bike riders should have their bikes locked. NO SKATE BOARDS ALLOWED.

HEAT: These camps are considered outdoor camps. We try to get each group inside 1 hour a day. During extreme heat feel free to keep you children home if you are concerned about the temperatures. We can not guarantee that they will be able to come inside, however, we will take extra measures to keep children safe.

DROP OFF & PICK-UP: Children should not be dropped off before 9:00am and must be picked up by 3:00 pm. **A penalty fee will be assessed or camp expulsion may be imposed for early Drop-offs or late Pick-ups**. The City does not accept responsibility for any children who arrive before 9:00am or remain after 3:00pm. (Please remind children if they are being picked up or if they are walking).

FLORISSANT PARKS AND RECREATION DEPARTMENT

RULES AND REGULATIONS FOR DAY CAMP

Call JFK at 921-4250 or JJE at 921-4466 for additional information on camp or registration.

Discipline rules: To insure a safe summer there are some guidelines and rules that need to be followed. All rules will be explained to the children. If there are behavior problems the counselor will first try to handle them. Severe and/or repeated misbehavior will be handled by the Assistant Director or the Director:

IN SEVERE SITUATIONS A CHILD WILL AUTOMATICALLY BE SUSPENDED. Florissant does have and enforce a zero tolerance policy on violence. If a Camper strikes or bullies another Camper, an immediate suspension may be issued. The Camper who is struck or bullied is not to strike back, but should immediately report this to their Counselors for their own safety. Violence is not answered with violence, or that individual will also be suspended. Registration in Camp indicates that the parents agree with this policy. If you have any questions about camp, call or see the camp director during session or contact Janice Steib, Center Director I at phone # 839 -7671.

CAMP OFFICE PHONE NUMBERS:

James J. Eagan Center Camp ------- 921-4470
Koch Camp ---------- 830-3732

MEDICATION POLICY: Any child taking medication must be capable of taking his/her own medication. UNDER NO CIRCUMSTANCES WILL ANY PLAYGROUND PERSONNEL BE ALLOWED TO DISTRIBUTE ANY MEDICATIONS OTHER THAN HANDING IT FROM THE LOCKBOX TO THE CHILD.

SUNSCREEN POLICY: It is the Parent's responsibility to apply sunscreen on their children, or to send sunscreen with them for the children to apply themselves whenever the necessity arises. The children are participating in a day camp program involving activities that may involve exposure to the sun, such as swimming and athletic games. Parents are to make sure that the children know how and when to apply sunscreen and when to wear a T-shirt when required. The children will be rotated between outdoor activities, shade activities and inside activities dependent upon the specific camp site location.

CITY OF FLORISSANT
PARKS AND RECREATION DEPARTMENT
2017 SUMMER PLAYGROUND APPLICATION FOR RESIDENTS BEGINS APRIL 3rd.

There will be no discounts, or pro-rating of fees throughout the program. There will be no refunds after June 1st.

Sites available: (please circle your choice): JAMES J. EAGAN CENTER (300) KOCH PARK (320)

Child's Name _____ Male _____ Female _____

Child's Address _____ Zip

Home Phone # _____ **Age as of last day of camp** _____ Date of Birth _____

Mother's Full Name _____

Mother's Home Address _____

Mother's Phone Number (H) _____ (W) _____ (Cell) _____

Primary Email Address: _____

Father's Full Name _____

Father's Home Address _____

Father's Phone Number (H) _____ (W) _____ (Cell) _____

Primary Email Address _____

Emergency Phone Numbers: (Other than listed above)

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

DISMISSAL TRANSPORTATION PROCEDURES FOR CHILD: (Circle all that apply)

CAR RIDER WALKER BIKE RIDER

BEFORE AND/OR AFTER CARE ENROLLMENT (Circle any that apply)

BEFORE CARE AFTER CARE BOTH NEITHER

We the undersigned parents or legal guardian of _____, do hereby consent and agree that the above named minor may participate in the Florissant Summer Playground Program. It is agreed that the City of Florissant, employees, instructor or sponsors, ***assume no legal liability for the injuries or other loss as a result of such participation***. It is further agreed that this consent shall remain in full force and effect until such time as the undersigned parent or legal guardian shall notify the Camp Director of Florissant in writing of the abrogation or cancellation of this consent. We also agree to abide by all rules and regulations established by the Florissant Parks Department Staff.

SIGNATURE OF PARENT/GUARDIAN _____ **DATE:** _____

EMERGENCY TREATMENT PERMISSION FORM

I, _____, residing at _____, do hereby state that I am the natural parent and/or legal guardian of _____, a minor, whose date of birth is _____ and who resides at _____. I hereby authorize the bearer of this letter, CITY OF FLORISSANT EMPLOYEE, who works at 955 St. Francois, 63031 (Municipal Office) to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis, treatment and hospital care. To be rendered to the said minor child, provided that said care be under the general or special supervision of a licensed physician and surgeon; and provided that under the circumstances it is not reasonably feasible to obtain my actual consent before rendering necessary medical or surgical treatment. I will be responsible for any costs of same. I also certify said minor Child is covered under the _____ insurance plan. And the policy holder of said plan is _____.

Child's Physician _____ Phone Number _____

Preference of Hospital _____ Date of child's last tetanus shot: _____

Medical Conditions_____

Child's Allergies_____

Phone: _____ (Primary) _____(Secondary)

Signature of Parents_____ **Date**:_____

THE FLORISSANT DAY CAMP MEDICATION RELEASE FORM

- I affirm that I am the legal parent/guardian of (Day Camper's Name) _____ and agree to follow the Florissant Day Camp's policy, that medication is not to be in the possession of the camper. I have attached the letter from the prescribing physician specifying the need for the following medication(s) during day camp, and authorized the Florissant Day Camp's designated staff member to ensure my child takes the following medication based upon the instructions found on the label.

- I recognize that the Florissant Day Camp designated staff member, who is responsible for ensuring my child takes the above medication, is not a physician, nor a pharmacist; and further acknowledge that neither such person nor the Parks and Recreation Department sponsoring the program shall be responsible for or liable in connection with such medication when taken in accordance with the instructions on the label.

NAME OF MEDICATION _____

TO BE GIVEN AT TIME (S) OF DAY _____

TO BE GIVEN ON THESE DAY (S) _____

DOSAGE NEEDED (i.e. one tablet) _____

DESCRIBE ANY SIDE EFFECTS FROM THE MEDICATION WHE SHOULD BE AWARE OF:

SIGNATURE OF PARENT/GUARDIAN _____ **DATE:** _____

JAMES J EAGAN SWIMMING PERMISSION

I, _____, give the City of Florissant permission to transport my child,

_____ to Bangert Pool for swimming.

SIGNATURE OF PARENT/GUARDIAN _____ **DATE**: _____

SO THAT WE MAY BETTER SERVE YOUR CHILD

The Florissant Parks and Recreation Department encourages participation by everyone! If the above named child has special needs, we will be happy to make accommodations to meet your needs. We participate in the North County Inclusion Program and do have a staff member to work with you on accommodations.

MEDICAL NEEDS

Does your child have any medical conditions that the camp staff should be aware of regarding your child (Please include allergies, asthmas, nose bleeds, shortness of breath on exertion, etc.)? **YES** **NO**

If **yes**, please describe these conditions: _____

_____

Is your child taking any medications to treat these conditions? **YES** **NO**

If **yes**, please list the medications: (SEE RELEASE FORM) _____

_____

OTHER NEEDS

Does your child have any physical or emotional conditions that the camp staff should be aware of regarding your child. (Please include diagnosis such as Attention Deficit Disorder, Autism, Oppositional Defiant Disorder, physical needs, etc.)? **YES** **NO**

If **yes**, please describe these conditions: _____

_____

Is your child taking any medications to treat these conditions? **YES** **NO**

If **yes**, please list the medications: (SEE RELEASE FORM) _____

_____

We have an inclusion coordinator on staff to help us provide your child with the best accommodations possible. Would you like her to contact you to discuss these accommodations?

YES **NO**