

WINTER BREAK CAMP

CAMP LOCATION:	JJE
CAMP DATES (6 DAYS):	12/26-1/2 NO CAMP 1/1
TIME:	7:30am-5:30pm
FEES:	\$60 Resident \$120 Non-Resident
AGES:	5-12 (K-6th)

Florissant Winter Break program is for children ages 5-12 years (K-6th). A current Florissant Resident Card is required to complete registration. To receive a resident card the child must be listed on the Occupancy Permit. **Resident** registration begins October 9th for Residents .Non-Resident registration begins on October 16th **on a space available basis.** **Registration Deadline will be Dec. 21st,** at this time no more registrations will be taken.

FULL PAYMENT IS DUE AT REGISTRATION. There are no discounts **or** pro-rated fees throughout the program. **There will be no refunds after December 21st.** **No refunds for cancellation or expulsion.** 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.

Three days the children will swim and three days the children will ice skate. As we get closer you will receive a note home. The first day of camp will be Ice Skating.

Children are allowed to leave the camp **ONLY** with a parent or guardian, unless a release is received in writing.

Children must be signed out in the office if leaving prior to 5:30pm. 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. **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.**

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.**

WINTER BREAK CAMP will follow a similar setup as our Summer Playground, with structured activities taking place between 9am and 3pm. The camp is scheduled from 7:30am-5:30pm to accommodate working parents. Unstructured activities will take place, with staff supervision, outside of the 9am-3pm time period. If your child would like to participate in only the structured portion of the camp, feel free to attend the 9am-3pm portion only.

DROP OFF & PICK-UP: Drop Off and Pick Up for camp will be in the Aerobic Room between 7:30am and 9:00am for drop off and 3:00pm-5:30pm for Pick. Children should not be dropped off before 7:30am and must be picked up by 5:30 pm. **A penalty fee of \$1 per minute will be assessed for late pick up 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 7:30am or remain after 5:30pm. (Please remind children if they are being picked up or if they are walking).

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.**

**CITY OF FLORISSANT
PARKS AND RECREATION DEPARTMENT
WINTER BREAK APPLICATION.**

There will be no discounts, or pro-rating of fees throughout the program. There will be no refunds after Dec. 21st.

Child's Name _____ Male _____ Female _____

Child's Address _____ Zip _____

Home Phone # _____ **Age As Of Last Day Of Camp** _____ Date Of Birth ____/____/____

Primary Email Address _____

Father's Full Name _____

Father's Home Address _____ Zip _____

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

Mother's Full Name _____

Mother's Home Address _____ Zip _____

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

Emergency Phone Numbers: - Other Than Your Own.

Name _____ Relation _____ Phone (1st) _____
(2nd) _____

Name _____ Relation _____ Phone (1st) _____
(2nd) _____

Type Of Transportation: (Please Circle) Ride Walk Bike

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:** _____



The Florissant Parks and Recreation Department encourages participation by everyone! If you or a family member have special needs and would like to participate in a program, we will be happy to make accommodations to meet your needs. Please indicate below if you would like us to contact you concerning this. We participate in the North County Inclusion Program and do have a staff member to work with you on accommodations.

____ YES, PLEASE HAVE THE INCLUSION COORDINATOR CALL.

CHRISTIAN HOSPITAL

NORTHEAST DIVISION

NORTHWEST HEALTH CARE

**11133 Dunn Road
St. Louis, Mo. 63136
314-653-5700**

**1225 Graham Road
Florissant, Mo. 63031
314-953-6994**

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 name of the policyholder of said plan is _____.

Child's physician: _____ Phone: _____

Preference of surgeon: _____ Phone: _____

Preference of orthopedic surgeon: _____ Phone: _____

Preference of dental surgeon: _____ Phone: _____

Child has the following medical conditions: _____

Child's allergies: _____

Medication child is taking: _____

Date of child's last tetanus shot: _____

I can be located at _____ Phone: _____ CELL: _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

DATE

SIGNATURE OF NATURAL PARENT
AND/OR LEGAL GUARDIAN

Acceptance of the above by: _____
Signature of designated individual (Florissant Dept. Employee)

THE FLORISSANT DAY CAMPS
MEDICATION RELEASE FORM

NAME OF PARENT/GUARDIAN: _____

ADDRESS: _____ **CITY:** _____ **ZIP:** _____

PHONE # **HOME:** _____ **WORK:** _____

CELL: _____ **PAGER:** _____

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 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.

MEDICATION: _____

PRESCRIPTION NUMBER: _____

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 WE SHOULD BE AWARE
OF:** _____

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.

SIGNED: _____
 Parent/Guardian

DATE: _____

****List below any additional information we may need.**