

SUMMER DAY CAMP

Our camp is themed, for 8 weeks and camp registration will be weekly. Pick and choose the weeks that you would like to attend or choose all 8 weeks and receive a discount. Camp will be held at JJE. This is primarily an outdoor program that may have some time scheduled indoors. Children must be six years old by July 31st and may not turn 13 until after July 31st. Registration is held at both Community Centers.

Applications will be available at the Community Centers and on our website beginning March 15th.

Fees: R: \$85 NR: \$110 per week

*receive a 10% discount if you sign up for all 8 weeks at one time R \$612 NR \$792

Registration: R: April 3 NR: May 15

Registration will close 10 days before the camp session begins.

**ALL 8 WEEKS OF
CAMP HELD AT JJE**

Before and After Care:

As an added convenience, we will offer Before and After Care for children attending Summer Day Camp.

You may register for one or both. Very limited spots are available for each location, so sign up early.

Prices are per weeks.

Before Care M-F 7:30 - 9:00A R: \$13 NR: \$16

After Care M-F 3:00 - 5:30P R: \$20 NR: \$25

Before and After Care R: \$26 NR: \$31



Dates: June 12 - 16

Deadline to register: June 2

Go..Team Go!

Join us for a week full of all thing's sports! Simple skills taught by some of North County's best of the best and some local high school students. Special Guest TBA.



Dates: June 19 - 23

Deadline to register: June 9

Games, Games, & More Games

Join us for ultimate game week! We have a huge variety of Giant Life Sized games to play. Campers will also create some of their very own games to take home and play. Field Trip to Rock N Jump.



Dates: June 26 - 30

Deadline to register: June 16

"The earth without art is just eh"

Join us for a week of all arts & crafts. Learn a little more about painting drawing and pottery too. Special Event/Guest TBA.



Dates: July 3 - 7 No Camp July 4

Deadline to register: June 23

Just Keep swimming!

Join us for a week of cool water games and swimming. Come to camp prepared to get wet and wild. Field Trip to Wapelhorst Pool.



Dates: July 10 - 14

Deadline to register: June 30

Lions, and Tigers, and Bears, OH MY!!!! Join us for a week of exploring the adventures of the jungle with different activities, games, and crafts.



Dates: June 17 - 21

Deadline to register: July 7

When you wish upon a star! Join us for a week filled with Disney magic! Disney inspired games, arts & crafts, some Disney trivia and a scavenger hunt that will leave your kids believing that dreams really do come true. Field Trip to Movie Theater.



Dates: July 24 - 28

Deadline to register: July 14

Join us for a week full of all things SCIENCE. Testing the knowledge of young minds and putting things to the test. Special Event TBA.



Dates: July 31 - August 4

Deadline to register: July 21

Wham! Pow!

Do you love all things Superhero? Join us for a week of fighting crime and saving the SUMMER DAYCAMP from the evil heat! Games, arts & crafts, bounce house and Superhero relay race! Special Event/Guest TBA

**2023 FLORISSANT SUMMER DAYCAMP
INFORMATION AND POLICIES**

June 12 – August 4, 2023

CAMP LOCATION

James J. Eagan Center

9:00am – 3:00pm

No camp July 4th

All Prices Subject To Change Registration Begins April 3rd for Residents and May 15th for Non-Residents

Weekly Fee	\$ 85.00	\$110.00
All 8 Weeks	\$612.00	\$792.00 If paid at the time of initial registration
Before Care	\$ 13.00	\$ 16.00
After Care	\$ 20.00	\$ 25.00
Before & After Care	\$ 26.00	\$ 31.00

Florissant Summer Day Camp 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 receive resident rates. To receive a resident card the child must be listed on the Occupancy Permit. **Non-Resident registration begins on May 15th on a space available basis. Registration Deadline will be 10 days before the camp session begins,** 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.

Weekly Camp Registration. This year, we will begin taking registration on a weekly basis and have themed weeks. This will still be a traditional camp but will be themed with games and crafts based on the weekly theme. Each week we will go to Bangert once. Each week we will also have either a second swim day, field trip or special guest. **There will be no refunds after the registration deadline which is 10 days before the camp session week begins. No refunds for cancellation or expulsion.** Cash, Check, Visa, Discover or MasterCard is accepted for payment anytime that the Customer Service Desk is open.

ALL CHILDREN SUPPLY THEIR OWN LUNCH AND DRINK.

SWIMMING: Campers will be swimming every Tuesday, and Thursday if there is not a field trip scheduled for that week. We will be swimming at Bangert Pool. All kids who would like to go in the deep end or off the diving boards will need to take a swim test and wear a bracelet. All counselors are required to be in the pool during the swim session. All kids who are not eligible to go into the deep end will be kept in the shallow end that is 3 ft. Proper swim attire is required.

The City does not accept responsibility for children who leave the camp without the permission of their counselors. 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 3:00pm.** Identification may be required when picking up a child early.

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.**

HEAT: This camp is considered an outdoor camp. 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 cannot 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. 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

MEDICATION POLICY: Any child taking medication must be capable of taking his/her own medication. UNDER NO CIRCUMSTANCES WILL ANY CAMP 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
2023 SUMMER PLAYGROUND APPLICATION FOR RESIDENTS (APRIL 3rd) NON-RESIDENTS (MAY 15th)**

There will be no discounts, or pro-rating of fees throughout the program. There will be no refunds once registration closes which is 10 days before the camp session begins.

Site JAMES J. EAGAN CENTER

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: _____

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

BUS TRANSPORTATION PERMISSION

I, _____, give the City of Florissant permission to transport my child, _____ to Bangert Pool for swimming and Field Trips.

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: _____

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.

MEDICATION:

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: _____

