

# Camp Kodiak

Summer 2019

## SUMMER DAY CAMP



### Summer Camp Info

#### Day Camp

9:00 a.m.-3:00 p.m.

Members: \$90.00

Non-Members: \$95.00

#### Extended Care

7:00-9:00 a.m.

3:00-6:00 p.m.

Members: \$30.00

Non-Members: \$35.00

Location: Moody Park

**\*\*Pick-Up Location will be at The REC on Tuesday and Friday each week\*\***

Grades: K-6th (18/19 School Year)

Early Bird Special

Get \$10.00 off

If registered before March 15

### Each week includes:

Field Trips

Fun Food Fridays

Swimming

Themes

Arts & Crafts

Outdoor Games

Summer Fun

Dates	Theme	Field Trip
June 3-7	Camp Kodiak's Got Talent	Magic House
June 10-14	Wacky Water Week	Splash City
June 17-21	Outer Space	Science Center
June 24-28	Blast From the Past	Bowling
July 1-5	Holiday Highlights	Skating
July 8-12	Superhero's Save the Day	Edison's
July 15-19	Safari Week	Grant's Farm
July 22-26	Kodiak Olympics	Skyzone
July 29-Aug 2	Camp Favorites	Aquaport



To register visit [www.cofh.org](http://www.cofh.org) or come into the Parks & Recreation Office.  
Fairview Heights Parks & Recreation, 10025 Bunkum Road - Fairview Heights, IL 62208  
Phone: (618) 489-2040 or e-mail: [parks@cofh.org](mailto:parks@cofh.org)





# Camp Kodiak Registration Form

Please remit with payment to: City of Fairview Heights Parks & Recreation  
10025 Bunkum Road, Fairview Heights, IL 62208

### Registration Procedures:

The parent/s or legal guardian/s, must read, complete and sign the Registration and Release Information provided in this document. To register your child for Camp Kodiak please check the boxes below for the weeks your child would like to attend. You may pay the full fee or put a deposit of \$20.00 (with your credit/debit card) for the week your child would like to attend. We will charge the remaining amount to your card the week before the camp begins. An additional \$10 fee will be charged for a camp T-Shirt. Camp T-Shirts are required to be worn on all field trip days. If your child does not have a camp shirt, they will not be able to attend the field trip.

### Cancellation Policy:

All cancellations must be submitted 7 days prior to the week of camp for a refund. And will be subject to a 5% processing fee.

Please check which week/weeks you are registering your child for:

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Week #1 Camp Kodiak's Got Talent</b> - Magic House | <input type="checkbox"/> <b>Week #6 Superheroes</b> - Edison's    |
| <input type="checkbox"/> <b>Week #2 Wacky Water Week</b> - Splash City         | <input type="checkbox"/> <b>Week #7 Safari Week</b> - Grants Farm |
| <input type="checkbox"/> <b>Week #3 Outer Space</b> - Science Center           | <input type="checkbox"/> <b>Week #8 Kodiak Olympics</b> - Skyzone |
| <input type="checkbox"/> <b>Week #4 Blast from the Past</b> - Bowling          | <input type="checkbox"/> <b>Week #9 Camp Favorites</b> - Aquaport |
| <input type="checkbox"/> <b>Week #5 Holiday Highlights</b> - Skating           |   |

Camper's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: Male or Female Grade (As of Fall 2018): \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Payers Name \_\_\_\_\_ Birthdate: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

### Trip permission:

By registering (name of camper) \_\_\_\_\_ he/she has my permission to participate in activities that are conducted off the Day Camp site during the summer of 2018 with the understanding that my child is under the supervision of staff members of the Fairview Heights Parks & Recreation Department: \_\_\_\_\_

(Parent/Guardian Signature)

**Do we have permission to use photos of your child for promotional purposes circle one: YES NO**

### Swimming

Every Tuesday and Friday Campers will be taken to the REC to go swimming. On those dates you will need to provide your child with a swimsuit and towel. Swim tests will be given on a weekly basis. Campers that do not pass the swim test will not be allowed to access certain areas of the pool. Life Guards will always be on duty. Life jackets can be provided at your request.. You will be required to pick up your child at the REC on those days.

**I request my child wears a life jacket/PFD while at the pool (circle one): YES NO**

### Waiver and Release of all Claims:

I accept full responsibility by signing below for any claim arising out of the designated Day Camp period. I do hereby waive, release and agree to hold harmless the City of Fairview Heights, the instructors and additional sponsors for any claim arising out of this program. I acknowledge that I am aware of the risks of participation in a program of this type. I hereby certify that the named participant is in good physical condition and able to safely participate in a class of this type.

Signature of parent or participant (18 yrs or older) : \_\_\_\_\_ Date: \_\_\_\_\_

# Please complete the following Medical Release Form

Camper's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Father Number

Home: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Other: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mother Number

Home: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Other: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

List all known medical conditions including food allergies: \_\_\_\_\_

List any over the counter, or prescription drugs taken regularly: \_\_\_\_\_

If an emergency occurs, please contact: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

*or*

If an emergency occurs, please contact: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

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

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Dentist's Name: \_\_\_\_\_

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

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

I hereby authorize medical staff and/or the physicians at the nearest Hospital to prescribe such treatment to administer such as anesthetics, and/or perform such medical and/or surgical procedures as may be deemed advisable or necessary in the diagnosis and treatment of my son/daughter or the child named above in case of an emergency.

Parent/Guardian Signature \_\_\_\_\_



## Camp Kodiak Medical Release Form

Please remit with payment to: City of Fairview Heights Parks & Recreation  
10025 Bunkum Road, Fairview Heights, IL 62208



# Day Camp Policy Checklist

Parent/Guardian Name: \_\_\_\_\_

Campers Name: \_\_\_\_\_

## **Return before the first day of camp**

**You can mail, bring into the office or place in the drop box on our front door.**

### **Please Read the Following Information and Initial:**

1. Payments are due 7 days in advance of the camp the camper attends. There will be a payment schedule on your receipt. The \$20 deposit you put toward camp is non-refundable unless 7 days prior notice is given. **A \$10 late fee will be applied to all late payments.**

Parent/Guardian Initial \_\_\_\_\_

2. **If you are registered for a week and are unable to attend, please give us 7 days notice, otherwise you will be responsible for the full payment of that week. You must notify us the Monday prior to the week you will be missing....not the Friday before). All camp changes must be in writing and given to the Recreation office (email/fax accepted). No verbal changes will be honored. A \$10 fee will be assessed to late notice changes.**

Parent/Guardian Initial \_\_\_\_\_

3. **ALL campers must be signed in and out by a parent/guardian EVERYDAY.** Please make the camp staff aware- **in writing** - of who will be picking up your child each week if it is someone other than a parent/guardian. The child will not be released to anyone without this written authorization. Make sure the authorized pickup brings identification.

Parent/Guardian Initial \_\_\_\_\_

4. If you are late picking up your camper, a late fee will be assessed beginning at 3:15pm and every 15-minutes thereafter at a rate of \$10.

Parent/Guardian Initial \_\_\_\_\_

5. Campers are responsible for bringing their own lunch every day. On Fridays, all campers will be provided lunch.

Parent/Guardian Initial \_\_\_\_\_

6. Campers must wear their blue Camp Kodiak shirt on all field trip days. If the camper does not have the designated camp shirt, a new shirt will be given to them and their account will be charged \$10.00.

Parent/Guardian Initial \_\_\_\_\_

7. Camp Kodiak will issue behavioral warning slips to campers that do not follow the camp rules. If a child receives 3 warning slips we may ask your child not to attend our camp for the remainder of the week/summer. No refund will be given for the remainder of the week.

Parent/Guardian Initial \_\_\_\_\_



# Frequently Asked Questions

## **What is Camp Kodiak?**

Camp Kodiak is a summer day camp in Fairview Heights for children in Kindergarten-6th grade as of the 18/19 School Year.

## **What does a typical week of Camp look like?**

Each week Camp Kodiak has a different theme that will make the children excited to attend. Throughout the week children will be playing games, making crafts, and getting to know other campers through teambuilding exercises. Every Wednesday we will go on an exciting field trip, Tuesdays and Fridays we will go swimming at the REC, and Friday is Fun Food Friday where Camp Kodiak will serve campers lunch.

## **How do I sign up for Camp Kodiak?**

You can register your child online or you can stop by the Parks & Recreation Department office. If you choose to register online please go to the following web address: <https://apm.activecommunities.com/Fairviewheights>

## **Where is Camp Kodiak?**

Camp Kodiak is centrally located in Moody Park (Longacre Park) in Fairview Heights, Illinois. Campers will be dropped off and picked up at Pavilion # 5. The address for Moody Park is 525 South Ruby Lane, Fairview Heights, IL 62208. On Tuesdays and Fridays campers must be picked up at The REC in Fairview Heights.

## **What is your refund policy?**

If you signed up your child for a week of camp, but they are no longer able to attend you must cancel at least a full week in advance to receive a refund. All cancellations made a week in advance will receive a full refund less a 5% processing fee.

## **What should my child wear to camp?**

Campers should wear clothing that is comfortable for them to run around in all day. Throughout the summer campers will be playing games and making crafts that might get a little messy. Please have your child wear clothing that you don't mind getting a little dirty. On field trip days children MUST wear their Camp Kodiak shirt, if a camper does not wear the Camp Kodiak shirt they will be given one and your account will be charged \$10.00. In order to avoid injury, children must wear closed toed shoes while at Camp Kodiak. Children that are not wearing close toed shoes will not be able to participate in various sporting and group activities.

## **How should I pack my child's lunch?**

You may pack your child's lunch in any type of lunch box. We will not have access to a refrigerator, if something needs to stay cold in your child's lunch please be sure to include a cold pack. On field trip days we will place campers lunches in large coolers. In order to accommodate everyone's lunch please place your child's lunch in a brown paper bag with their name written on it.

## **What day does my child need to wear their Camp Kodiak Shirt?**

Your child will need to wear their Camp Kodiak shirt on Field Trip days.

## **Do I need to pack my child a snack?**

Your child will be given a snack every day in the afternoon. Typical snacks usually include fruit snacks, granola bars, trail mix, popsicles and a variety of other items. If your child has an allergy please let us know so we can avoid serving them items containing those ingredients. You may pack an additional snack for your child if you believe they will be hungry.

## **What will you do in case of severe weather?**

Pavilion # 5 has an enclosed area with air conditioning that we will use if there is a short storm or if we need to take a few minutes to cool off on a hot day. In case there is a severe storm we will go to Parkview Church of the Nazarene which is a short walk from the park and is located off Longacre Drive.

## **Who will be watching the campers?**

Our staff will be made up of high school graduates or students enrolled in college. Every staff member will go through two weeks of training that will go over child care, program planning and health/safety procedures. All of our counselors will be certified in CPR/AED and First Aid.

## **What is extended day camp?**

Extended day camp lasts from 7:00 a.m.-6:00 p.m. We understand that you are busy so we offer longer hours to accommodate your schedule. You may drop off your child any time between 7:00-9:00 a.m. and pick up your child any time after 3:00-6:00 p.m. Campers that are not enrolled in extended care will be given a 15 minute cushion where they will not be charged for extended care. Every additional 15 minutes your child is not picked up you will be charged \$10.00. The cost for extended day camp is an additional \$30.00.

## **What should my child bring to camp?**

Campers should bring a water bottle, sunscreen and lunch (except for Fun Food Fridays). Please do not send your child to camp with personal items from home such as blankets, stuffed animals, I Pods, Tablets, or any other type of gaming device. We will let you know the dates campers need to bring a change of clothes, swimming suits, beach towels, or any other items that are usually not brought to camp.

**If you have any other questions please contact Fairview Heights Parks & Recreation at (618) 489-2040 or e-mail us at [parks@cofh.org](mailto:parks@cofh.org)**

# Information for Camp Staff

This will be the only form kept with Camp Kodiak Counselors, all other forms will be kept in the Parks & Recreation Office. Please fill the form out in its entirety. Include any information you feel will be helpful for Staff to better know your child.

## General Information

Camper's Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Nickname: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please note any information you would like the counselors to know about your child:

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## Allergies & Medication

\*\*Medications including inhalers and EpiPens must be brought to camp daily. No medications will be able to be held with camp staff or on camp property overnight.

List all known medical conditions including food allergies: \_\_\_\_\_

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List any over the counter, or prescription drugs taken regularly: \_\_\_\_\_

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## Authorized Pick Up

A valid form of ID must be shown to camp staff at the time of pickup. Please Notify staff of any parties that specifically may NOT pick up your camper

Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

We realize schedules become busy and an authorized parent/guardian/family member is not able to pick up a camper. In this case, please inform the Parks & Recreation staff of the individual that will be picking up your child.

## NON-AUTHORIZED Pick Up

Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

If at any time you need to change information on this form please contact the Parks & Recreation Office. Thank you for supporting Fairview Heights Parks and Recreation.

Phone: (618) 489-2040 e-mail: parks@cofh.org



## Camp Kodiak Emergency Contact Form

Please remit with payment to: City of Fairview Heights Parks & Recreation  
10025 Bunkum Road, Fairview Heights, IL 62208