

2025

CAMP ADVENTURES

Parent & Camper Manual



Dear Parents and Campers,

Welcome to **2025 Camp Adventurers!** We are thrilled to have you join us this year and can't wait to embark on a summer packed with excitement, adventure, and new friendships. This summer's camp will feature a wide variety of activities including arts and crafts, games, outdoor fun, field trips, and so much more.

Please take a few moments to review the enclosed manual, as we've made some updates to our policies. This guide is designed to answer any questions you may have about our program. Inside, you'll find important forms that need to be completed and returned to us. Please make sure all forms are submitted to the main office as soon as possible. The information forms are for you to keep for your reference.

We **MUST** receive all required forms at least one week prior to your child(ren)'s first day of camp.

While all the forms are crucial, we ask that you pay special attention to the camp behavior policy and rules. Please take time to go over these with your child, as safety is always our top priority!

It is important you make staff aware of all medications, diagnosis, and special accommodation requests. In the event that your child has a special accommodation need identified after the start of camp, WPD reserves the right to suspend activities until reasonable accommodations can be made. WPD is a partner of The Heart of Illinois Special Recreation Association. HISRA supports WPD in all accommodation needs within the district's activities. HISRA's trained staff will address each individual child's needs and will ensure that reasonable accommodations are made and training will be available for appropriate staff members.

Inclusion services are provided free of charge to all WPD residents! If your child is in need of reasonable accommodations or inclusion support, a written request must be made three weeks prior to the first day of camp. The inclusion request form can be found at www.hisra.org/forms/. Please choose Form #6.

A list of our June field trips will be available in May 2025. Please note that trips may be rescheduled or changed due to weather or other unforeseen circumstances. You will receive a monthly schedule on the first day of each month, and while we strive to stick to it, changes may sometimes be necessary.

Camp adventures is an unstructured play-based day camp where children are given the freedom to explore without strict schedules that allows them the opportunity to lead their own play and creativity through self-directed choices, fostering imagination, problem-solving skills, and social interaction without adult intervention beyond basic supervision.

Camp Director: Ms. Megan

Assistant Camp Director: Ms. Susan

If you have any questions or concerns at any point throughout the summer, please don't hesitate to reach out to our summer camp coordinator at **meganv@washingtonparkdistrict.com** or by calling **309-444-9413**.

We're looking forward to an amazing summer!

Sincerely,

Camp Adventurers Staff

Sign Up By Week

Minimum requirements for camper success:

- Entering K-6 grades
- Campers must be able to independently attend to all personal care needs including, but not limited to, bathrooming, feeding, and changing clothes
- Must be able to stay with the group at all times with minimal verbal prompting
- Must be able to exhibit safe behavior that allows staff to maintain a reasonably safe environment for all campers and staff members at all times
- Must be able to independently keep track of all personal belongings

Grades K – 6

Time: 9AM – 4:30PM

Session	Days	Dates	Fee R/NR
Kickin' It Off	Mon – Fri	June 2-6	\$160/\$185
Luau Party	Mon – Fri	June 9-13	\$160/\$185
Under the Sea	Mon – Fri	June 16-20	\$160/\$185
Sports Mania	Mon – Fri	June 23-27	\$160/\$185
Stars and Stripes	Mon – Fri	*June 30-July 3	\$130/\$150
Crazy Days	Mon – Fri	July 7-11	\$160/\$185
Hollywood	Mon – Fri	July 14-18	\$160/\$185
Christmas in July	Mon – Fri	July 21-25	\$160/\$185
Splish Splash!	Mon – Fri	July 28-Aug 1	\$160/\$185
Wrappin' It Up	Mon – Fri	August 4-8	\$160/\$185

*No camp on July 4th

What to bring to camp!

Each camper will have his/her own locker to put their items in each day.

Every day, campers **MUST** bring the following items:

- A back pack
- A sack lunch (including drink)
- A swimsuit
- A towel
- Water Bottle - Your child will need their water bottle during our afternoon snack and all throughout the daily activities.

ALL ITEMS MUST BE MARKER WITH CAMPER'S NAME.

PLEASE SEND A SWIMSUIT EVERYDAY. WE DO WATER ACTIVITIES DAILY!

SUNSCREEN

As a staff we do our very best to ensure campers do not get sun burned, but we need your help! It is much easier for us to have a camp supply of sunscreen instead of every camper having his/her own in their backpacks. **Therefore, every camper is asked to bring 1 bottle of aerosol spray sunscreen per every week they attend!** We will not apply liquid sunscreen. We recommend that you apply sunscreen to your child before dropping them off.

CLOTHING

Children attending camp will receive a camp T-shirt. Camp T-shirts will be required only on field trip days (Tuesdays & Thursdays). Campers will only receive one shirt. We recommend that your child be dressed in clothes that do not restrict participation in activities. Shorts or pants are recommended. **Campers should also wear tennis shoes; no flip-flops or other open toed shoes may be worn.** On pool days they can wear flip flops but please send a pair on tennis shoes in their bookbag. We will be playing a lot and sandals can break or cause injuries.

FIELD TRIPS

A minimum of one field trip per camp session will be taken. Some trips will be walking trips around town or trips where transportation will be provided. All entry fees for trips are included. **On field trip days, campers will be required to wear their camp T-shirts.***

TOYS FROM HOME

Please have your children keep their toys and personal possessions at home. **IPads, hand-held video games, cell phones and other electronics are NOT allowed at camp.** If brought the child will be asked to put it back in their bookbag. If seen again said device will be placed at the sign out table until pick up.

AM & PM Extended Hours Care

New to camp is our daily AM & PM Extended Hours Care. No longer will you need to purchase by 15-minute increments. We are now offering daily AM or PM rates. If you need both coverages, please choose both during the registration process. Refunds/credits will not be issued for unused days. Late fee \$1 per minute after 4:30 PM.

Campers must be pre-registered for before & after camp care prior to the start of camp. To register for AM or PM care, please stop in the office if not purchased at time of registration.

AM Extended Care: 6:30 – 9AM

Resident Fee: \$7 per day

Non-Resident Fee: \$8 per day

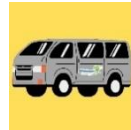
PM Extended Care: 4:30 – 6PM

Resident Fee: \$5 per day

Non-Resident Fee: \$6 per day
\$1 per minute after 6PM

TRANSPORTATION TO SWIM LESSONS & WPD PROGRAMS

We will be happy to provide transportation to swim lessons or other WPD programs that take place prior to 11:00 a.m. start time. **Camp field trips/special activities do take priority.** If a schedule conflict arises, please let us know. It is the parent's decision as to what program their child will attend or make other arrangements for transportation for their child. Communication with us is greatly appreciated. You will need to fill out an **Activity Transport Form** telling us what time the lesson/program is and the location. Look for our camp logo by the activity. If a camp logo is next to the activity we will provide transportation.



ARRIVAL/DEPARTURE

Camp is held at the Washington Park District Recreation Facility located at 105 S. Spruce Street. Parents are required to come into the building and accompany their children to our Camp Adventurers table. It is also required for the parents to pick up their children and sign them out with the appropriate staff member.

Only persons listed on the authorized pickup list can pick up your child. Persons picking up campers may be asked to show photo id. **Each child must be signed in and out daily.**

ABSENCES/ILLNESS

Please notify the Washington Park District at 444-9413 if your child will be absent or cannot attend due to illness. If a child becomes ill during the program a parent will be notified and asked to pick up their child. If the parent is unavailable, the emergency contacts will be called. **Your child must be fever free for 24 hours without the use of any medicine's before returning to the program.**

In case of contagious disease, please notify a Camp Adventurers staff immediately. All parents of campers at that site will be notified as soon as possible.

REFUNDS

Fees cannot be adjusted for absences. Any refunds must be requested to the Park District no later than two weeks before the start of camp for a refund minus the deposit. If a refund is requested after this time a 50% refund will be given up to 2 business days before camp begins. No refunds will be given after that point.

MEDICATIONS

Counselors are not allowed to administer medication to any children unless the parents have notified the Park District Office that their child needs medication and have signed a **Medication Dispensing Information Form** and **Waiver**.

* A doctor's note must be on file. You need to provide a letter from your doctor stating the name of the medication your child is on, the dosage and what time the medication is to be given.

Join Remind



To help with communication during Summer Camp, please do the following. You may also use this on your home/work computer by going to Remind.com.

Enter this number

81010

Text this message

@kc2k24

Messages will include weather updates and special announcements.



DISCIPLINE

The purpose of discipline is to help a child develop self-control and to learn to assume responsibility for his or her own actions. We focus on the use of natural consequences when available and appropriate. If a behavior is egregious enough, pre-determined consequences will be employed based on the severity and frequency of the behavior. Please see our updated Behavior Management Policy on the following pages. Please go through this with your child and discuss these expectations. **This form will need to be signed by both parent and child.**

Fighting, inappropriate behavior and dangerous activity that threatens the safety of the camper and others may result in immediate suspension or expulsion from camp to be determined by camp staff and the Washington Park District supervisor. The Washington Park District reserves the right to make this decision as necessary. Refunds are not issued in the event of a suspension.

- This program adheres with many of the DCFS guidelines, but is not licensed or regulated by DCFS with the state of Illinois
- We are a "NO FIREARMS" facility.

Washington Park District Camp Adventurer's Behavior Management Policy

In an effort to ensure all campers are able to have a fun and safe summer, this code of conduct outlines behavior expectations for all campers. This code of conduct ensures that staff members are able to maintain a reasonably safe environment for all campers and staff. The following applies at all times across all camp and community settings.

A successful camper will:

- Follow staff directives the first time they are given
- Stay with their assigned group and counselors at all times unless having obtained permissions to leave their group or established boundaries
- Not engage in profanity, fighting, or disruptive behavior
- Participate in scheduled activities
- Respect camp property, park district staff, and other campers
- Remain seated and quiet while riding in park district busses or vehicles
- Refrain from bringing gum, candy, electronics, toys, or phones from home

If a camper is unable to adhere to the guidelines listed above and exhibits unsafe behavior, staff will determine appropriate interventions based on the severity and frequency of the behavior. When addressing behavior incidents, staff will consider the context, individual circumstances, and any extenuating factors involved. This approach allows us to respond thoughtfully, fairly, and with flexibility to ensure that all individuals are treated with understanding and respect. It is important to note that staff interventions are not linear and may take place in any order and/or in conjunction with other interventions.

Staff interventions include:

- Verbal and/ or non-verbal redirection
- Removal from the camp group resulting in missed activities or field trips
- Parent contact
- Early dismissal from camp day
- Suspension from programming- up to 10 days
- Re-evaluation of participant appropriateness for program
- Restitution for damage
- Referral to third party agency or authority for consultation

All code of conduct violations will be documented. Written incident reports will be presented to the guardian at time of pick-up. Each incident report must be signed by the guardian and will be placed in the child's camp file. A copy of the report can be made available to the guardian upon request.

If you have any questions, please contact the park district office at 309-444-9414.



Assumption and Acknowledgement of Risk

Although Washington Park District has taken reasonable steps to provide me with appropriate equipment and/or skilled staff for my program, I acknowledge these programs have risks, including certain risks that cannot be eliminated without destroying the unique character of these programs.

These risks can cause loss or damage to my equipment, accidental injury, illness, or in extreme causes, permanent trauma, disability or death.

I understand that the Washington Park District does not want to frighten me or reduce my enthusiasm for this activity, but thinks it is important for me to know in advance what to expect and to be informed of the program's inherent risks. The following describes some, but not all, of those risks.

Possible injuries and illnesses include abrasions, lacerations, strains, sprains, and fractures; insect bites or allergic reactions; sunburn, heat exhaustion, dehydration, and other mild or serious conditions.

I agree to assume responsibility for the inherent risks identified herein and those inherent risks not specifically identified. My participation in this activity is purely voluntary, no one is forcing me to participate and I elect to participate in spite of and with full knowledge of inherent risks.

Medical or accident insurance does not cover participation in Washington Park District activities. Each participant must furnish his/her own personal coverage. Many sport activities and programs have inherent elements of danger. Parent permission is needed to call an ambulance in any emergency. As a parent/guardian of a participant under 18 years of age, I hereby agree to hold harmless and indemnify the Washington Park District, its trustees, employees and Board of Commissioners from any responsibility for any accident, injury or damage that may occur as a result of the participant's acts or omissions. In case of an accident or sickness, I consent to emergency medical care provided by ambulance or hospital personnel.

Parent/Guardian Signature: _____ **Date:** _____

Minors Signature: _____ **Date:** _____
(Ages 17 & under)



Child Name	Childs Age	Birthdate
	Grade Entering in Fall	Nickname
Mothers Name	Home Phone	Child lives with
Home Address	Cell Phone	
Place of Employment	Work Phone	Mothers Birthdate
Fathers Name	Home Phone	Fathers Birthdate
Home Address	Cell Phone	
Place of Employment	Work Phone	
Additional persons that your child may be released to and that we can call in case of emergency. We must have at least two names and numbers.		
Name	Relationship	Phone
Name	Relationship	Phone
Name	Relationship	Phone
Custody Information: Please list any conditions for custody, if applicable		
Copy of legal papers on file? Yes No		
Medical Information		
Physician's Name	Phone	
Preferred Hospital	Other info	
List any medications that your child takes: even if we will not be administering the medication to your child in case of emergency	List any medications/times in which your child will be taking at Camp Adventurers. Doctor's note required as well as original prescription bottle.	I give permission to the Washington Park District staff to administer the listed medications to my child.
		Parent Signature:
		Date:

Photo Agreement: I hereby consent to the use of my minor/ward photograph in the Washington Park District brochures, publications, Washington Park District Facebook.

____ Yes, I agree that my child's photos may be used. ____ No, I do not want my child in any photos to be used for Washington Park District.

Parent Signature _____ Date _____



Participant Information

Does your child have any allergies? (please list)

Does your child have a special diet? (please list)

Does your child have diet restrictions? (please list)

Does your child have special interests? (please list)

Does your child need special needs/services? (please list)

Does your child have a diagnosis? (please list)

Please let us help your child by listing what your child likes to do, special needs, services, etc.

(Hearing impaired, pertinent medical info, post traumatic disorder, etc.)

Photo & Video Policy

Photos and video are periodically taken of participants in a class, during a special event or at Washington Park District parks and facilities. Please be aware these photos and video footage are for the Washington Park District's use only and may be used in the District's marketing & advertising efforts including, but not limited to, any publications, articles and the website. All photos are the property of the Washington Park District. Please contact the Washington Park District at 309.444.9413 or info@washingtonparkdistrict.com for more information.

Parent/Guardian Signature: _____ Date: _____



Medication Dispensing Information

***Please include ALL medications taken both at home and at camp.**

This form must be completed when medication changes.

BACKGROUND INFORMATION

(All information MUST be printed)

Participant's Name: _____ Age: _____

Address: _____

Parent/Guardian's Name(s): _____

Daytime Phone: _____ Other Phone: _____

Doctor's Name: _____ Phone: _____

MEDICATION INFORMATION

(All information MUST be printed)

Name: _____ Dose: _____ Time: _____

Dispensing & Storage Instructions: _____

Possible Side Effects: _____

Name: _____ Dose: _____ Time: _____

Dispensing & Storage Instructions: _____

Possible Side Effects: _____

Name: _____ Dose: _____ Time: _____

Dispensing & Storage Instructions: _____

Possible Side Effects: _____



Permission to Dispense Medication

Waiver & Release of All Claims

The Washington Park District will not dispense medication to a minor child or other participant until the Permission to Dispense Medication and Medication Information Form has been fully completed by a parent or guardian. The Washington Park District's internal procedures on dispensing medication are available for review.

NAME OF PROGRAM: _____ DATE: _____

I _____ the parent/guardian of _____
(Print your name) (Print Child's Name)

give permission to the staff of the Washington Park District to administer to my child:

(Medication): _____

(Medication): _____

(Medication): _____

I understand it is my daily responsibility to give the medication directly to the program staff in individual dosage containers, original prescription containers, or envelopes clearly labeled with the following information:

1. PARTICIPANTS NAME 2. NAME OF MEDICINE AND COMPLETE DOSAGE INSTRUCTIONS

In all cases the recommended dosage of any medication will not be exceeded. If after administering medication there is an adverse reaction, I give my permission to the Washington Park District to secure from any licensed hospital physician and/or medical personnel any treatment deemed necessary for immediate care. I agree to be responsible for payment of any and all medical services rendered.

I recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medication to my minor child. In consideration of the Washington Park District administering medication to my minor child, I do hereby fully release or discharge the Washington Park District, and its officers, agents, volunteers and employees from any and all claims from injuries, damages and losses I or my minor child may have, arising out of, connected with, incidental to, or in any way associated with the administering of medication. I further agree to indemnify, hold harmless and defend the Washington Park District, and its officers, agents, volunteers and employees from any and all claims resulting from injuries, damages and losses sustained by me or my minor child and arising out of, connected with, incidental to or in any way associated with administering of medication.

Parent/Guardian Signature: _____ Date: _____



Activity to Activity Transportation Request Form

If not filled out the Camp Adventurers staff is not held accountable for child missing the activity.

Childs Name: _____ Age: _____

Activity: _____ Activity code: _____

Pick up Location: _____ *Only needed if not already at camp* (Ex. Washington Park Pool)

Drop off Location: _____ (Ex. [Swim lessons](#), Basketball Camp, WCHS Torrey Gym)

Name of Activity: _____

Time of Activity: _____ Age Group of Activity: _____

Additional Notes: _____

Parent/Guardian(s) Name (s) and Phone Numbers

Mother

Phone Number

Father

Phone Number

Emergency Contacts

Name/Relationship

Phone Number

Name/Relationship

Phone Number

Washington Park District waiver and release

I understand and agree, by participating in programs, services, activities, facilities, and events provided by the Washington Park District that such activities have certain inherent risks that could result in serious life limiting and/or life threatening injuries.

I further agree to release Washington Park District, Its elected officials, employees, independent contractors, or volunteers from all claims resulting from any and all injuries sustained while participating in any programs, services, activities, facilities, and events, except that arising out of sole negligence of the Washington Park District, Its elected officials, Employees, independent contractors, or volunteers.

Parent/Guardian Signature

Date