

Galena ARC – 2023 Summer Camp Paperwork Checklist

Parents return to ARC:

Memo

To: Summer Camp Parents

Date: April 1, 2023

Re: Summer Camp paperwork

Parents:

The following is a check list for registration paperwork:

1. Summary of Licensing Standards for Day Care Centers (small booklet) _____ (If we already don't have it)
2. Application/ Record of Child Information _____ (If we already don't have it)
3. Consents to Daycare Providers _____ (If we already don't have it)
4. Physical Form _____ (If we already don't have it)
Make sure it includes: **Varicella, lead questionnaire & TB Skin Test** (Note: The Lead and TB test may be waived with physician's permission. Have your physician state and sign to this effect on the form).
5. Contract _____
6. Handbook _____ (Please read the entire handbook, sign page 14 and return it to the ARC).
7. _____ A certified copy of Birth Certificate (or other reliable proof of identity and age of child). (If we already don't have it)
8. ARC Swimming Consent Form: _____
9. ARC Sunscreen Form: _____
10. City of Galena Pool Pass Info Sheet _____ (to ARC if registered by 4/28/23) City of Galena Pool Pass required for all children unless only attending Tues/Thurs. If registering after 4/28/23 registration at City Hall is required.
11. City of Galena Swimming Lessons Registration form _____ (to ARC if registered by 4/28/23 Form is required if attending swimming lessons. Lessons are from 6/19-6/30/2023. 9-12 If registering after 4/28/23 registration at City Hall is required.
12. . First week and all registration fees paid prior to attendance _____
One check made payable to Galena ARC.

We must have all the documentation before we can allow your child to attend the first day of Summer Camp.

If you have any questions please feel free to contact me at 815-777-2248, or email me at

childcaredirector@galenaarc.org

Thanks, Brenda

ARC 2023 SUMMER CAMP REGISTRATION FORM

Child (ren)'s Name(s):

1) _____ Age: _____

2) _____ Age: _____

3) _____ Age: _____

Parents/Guardians:

Name(s) _____

Address _____ City _____

Phone Numbers:

Home: _____

Cell: Mom: _____ Dad: _____

Work: Mom: _____ Dad: _____

Email Address: _____

Pick up:

Person(s) allowed to pick-up children when parents/guardians are not available:

Name: _____ Ph: _____ Relationship: _____

Name: _____ Ph: _____ Relationship: _____

Emergency Contact:

When parents/guardians cannot be immediately reached, this person is also allowed to pick up

Name: _____ Ph: _____ Relationship: _____

Preferred Physician/Hospital _____

Does your child (ren) have any known allergies/health concerns: _____

Does your child(ren) take any routine medications _____ Name: _____

Parent/Guardian Signature _____ Date: _____

CONTRACT FOR SERVICES SUMMER CAMP 2023

I, _____ (person placing child(ren)) do hereby enter into the following Contract for Services with the Galena Art and Recreation Center (ARC) for the Summer Camp Program for _____ (child(ren)'s names) Beginning(date) _____ and ending(date) _____
(Last day of summer camp is 8/14)

Parents: you must check the weeks your child(ren) will be attending.

Week	Theme	Dates	Please <input type="checkbox"/> if attending:
1	Garden Week	May 22-26	
2	Baking Week	May 30-June 2	
3	Lost in Space Week ARC Closed June 9 Golf Outing	June 5-9 Closed JUNE 9	
4	Safari Week June 15 Art with Ms. Liz(Bears-Pirates)	June 12-16	
5	Water Week Swimming Lessons Week 1	June 19-23	
6	Luau Week Swimming Lessons Week 2	June 26-30	
7	4th of July	July 3-7 CLOSED JULY 4	
8	Enchanted Forest Week	July 10-14	
9	Under the Sea Week	July 17-21	
10	Disney Week July 27 Art with Ms. Liz(Bears-Pirates)	July 24-28	
11	Hometown Hero Week	July 31-August 4	
12	Around the World Week	August 7-11	
13	Summer Camp Olympics August 17 Art with Ms. Liz(Bears-Pirates)	August 14-18	

Extended Summer Camp

With Galena School District starting school later this year due to construction, we will be offering an extended summer camp option for **5-12 year olds**. This will be held at the current Galena Primary Building. Please circle below which days you would like your child(ren) to attend.

August 21	August 22	August 23	August 24	August 25	August 28	August 29
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My child(ren) shall attend the Summer Camp Program following the set weekly schedule below, and I understand this will be their committed schedule for the summer. I agree to pay the following weekly fees every Friday (**paying in advance for the next week of care**) or a daily late fee will be charged. I understand that payment is non-refundable, with no credit allotted for unused days. I also understand that I will be billed monthly for field trip fees/activity fees/lunch fees in addition to my weekly fees on days my child(ren) attends. My child(ren)'s weekly schedule and fees will be:

FULL DAY PROGRAM:

5 DAY WEEK: M-F _____ · _____\$180/week (1 child) · _____\$319/week (2 kids) · _____\$460/week (3 kids)
4 DAY WEEK: M T W T H F _____\$144/week (1 child) _____\$252/week (2kids) _____\$364/week (3kids)
3 DAY WEEK: M T W T H F _____\$108/week (1 child) · _____\$202/week (2 kids) · _____\$336/week (3kids)
2 DAY WEEK: M T W T H F _____\$85/week (1 child) · _____\$146/week (2 kids) · _____\$202/week (3 kids)

HALF DAY PROGRAM:

3 DAY POOL: Monday, Wednesday & Friday (12-6pm)
 _____\$65/week (1 child) · _____\$110/ week (2kids) · _____\$202/week (3kids)

HALF DAY PROGRAM:

TUESDAY/THURSDAY (7-12am)
 _____\$50/week (1 child) · _____\$90/ week (2kids) _____\$160/week(3kids)

DROP IN PROGRAM: No guarantee space/24 hr. advance confirmation required

· _____\$50/day per child

I (we) understand and agree to abide by the terms as stated in this contract. This contract must be turned in with the handbook receipt, stating that I (we) have read and agree to follow all ARC policies. I also understand that from time to time new policies may be implemented or changed as needed. I understand that I will be notified of such changes.

Signature _____ Date: _____
 Parent/Guardian

Office Use Only:

_____ First Week Fee (from above fee schedule) Payment reserves your child's spot in the program
 _____ Registration Fee (\$30-individual; \$40Family: 1 time annual fee paid at time of summer program)
 _____ Sunscreen Fee (\$25 /child – paid for all children regardless of schedule)
 _____ Pool Passes (\$40/person –unless T/Th schedule)
 _____ Swim Lesson Fee (\$40/child – if attending swim lessons during ARC session)
 _____ Total Needed to Start Summer Camp: Cash/Check# _____ Date _____

Galena ARC Swimming Consent Form

As part of our summer camp program we will be going to the Alice T. Virtue water park on Monday, Wednesday & Friday each week. The children will be transported to the water park via School Bus. The cost of this School bus ride is figured into your weekly tuition. At the water park the children will be divided into three groups to be supervised by ARC staff. The children will be divided according to parent request, based on children's swim abilities and staff comfort level. The ARC reserves the right to make the final decision on swim group placement. Please choose the group you would like your child to be assigned to at the pool.

Child's Name _____

_____ **PURPLE BRACELETS:** I request my child be assigned to the **PURPLE** swimming group that remains in the kiddie pool, unless staff takes them down the slide. This group will always move as a group and be under direct supervision of an ARC staff. There may be days where purple bracelets will combine with yellow bracelets. If this happens, all purple bracelets will have a floatie on. (All 3 year olds will be purple bracelets.)

_____ **YELLOW BRACELETS:** I request my child be assigned to the **YELLOW** swimming group that remains in the shallow end of the pool, unless staff takes them down the slide. This group will always move as a group and be under direct supervision of an ARC staff. (All 3 and 4-year-old will wear yellow bracelets. Floaties recommended)

_____ **RED BRACELETS:** I request my child be assigned to the **RED** swimming group that may use the 4ft area of the pool. They may also use the large blue water slide without assistance. This group will be assigned a teacher and children must be mature enough to check in with/return to the group after they finish going off the slide, using the restroom, going into the kiddie pool etc.

_____ **BLUE BRACELETS:** I request my child be assigned to the **BLUE** swimming group. This group will have the freedom to use all areas of the pool without assistance, including the diving board and the red slide in the 12ft area of the pool. This group will be responsible to check in at the "ARC camp" at the beginning of each rest period with a teacher.

Parent Signature _____

Date _____

Galena ARC Child Sunscreen Form

Galena Art & Recreation Center requires that all children enrolled in center programs wear sunscreen when involved in water and extended outdoor activities. The ARC has collected a sunscreen fee and will purchase sunscreen for each child and will ensure its use.

In the beginning of the season children are encouraged to wear a lightweight t-shirt to protect them while swimming. If parents feel this is necessary they must provide the t-shirt and inform the teacher of their choice.

I give permission for the Galena Art and Recreation Center staff to oversee the use and application of sunscreen by my child.

Child's Name: _____

Parent Signature: _____ Date _____