

## Galena ARC – 2026 Summer Camp Paperwork Checklist

### Parents:

The following is a check list for registration paperwork:

1. Summary of Licensing Standards for Day Care Centers Verification of Receipt form (small booklet) \_\_\_\_\_
2. Application/Record of Child Information \_\_\_\_\_
3. Consents to Daycare Providers \_\_\_\_\_
4. Physical Form including immunizations \_\_\_\_\_ (must be up-to-date) : **This must include a completed lead questionnaire & only if the child is determined by the examining medical provider to be in a high-risk group, a TB Skin Test** (Note: The Lead and TB Test may be waived with the medical examiner's permission. Have your medical provider state and sign to this effect on the form.)(Required immunizations include poliomyelitis, measles, rubella, mumps, diphtheria, pertussis, tetanus, haemophilus influenzae B, hepatitis B, and varicella.)(Also accepted is a Physical form including a State of Illinois Religious Exemption Form waiving immunizations completed and signed by the authorized health care provider who conducted the child's health examination and the parent. This form must be on file.)
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 not already on file)
8. ARC Swimming Consent Form: \_\_\_\_\_ (Swimming is for completely potty-trained children ages 4 and up only.)(Children under 4 **DO NOT** participate in open swimming or swim lessons.)
9. ARC Sunscreen Form: \_\_\_\_\_
10. City of Galena Pool Pass Info Sheet \_\_\_\_\_ (Return to the ARC if registered by **4/14/26**) A City of Galena Pool Pass is required for all children unless only attending Tues/Thurs. If registering after **4/14/26** registration at City Hall is required.
11. City of Galena Swimming Lessons Registration form \_\_\_\_\_ ( Return to the ARC if registered by **4/14/26.**) This form is required if your child is attending swimming lessons. Lessons take place between 9am-12pm **6/15-6/26/2026**. If registering after **4/14/26** registration at City Hall is required.
12. A \$100 deposit which will be applied to your balance must be paid prior to attendance \_\_\_\_\_.  
**One check made payable to Galena ARC.**

We must have all the documentation including complete updated medical forms and a copy of your child's certified birth certificate 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](mailto:childcaredirector@galenaarc.org)

Thanks, Sonya

**ARC 2026 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 2026

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 8/07)

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

Week	Theme	Dates	Please <input checked="" type="checkbox"/> if attending:
1	<b>Seed to Table Week</b>	May 26-29	
2	<b>Kids in the Kitchen Week</b>	June 1-5	
3	<b>Mad Scientist Week</b>	June 8-12	
4	<b>Shark Week</b> Swimming Lessons Week 1	June 15-19	
5	<b>Splish Splash Week</b> Swimming Lessons Week 2	June 22-26	
6	<b>Super Hero Training Academy Week</b> June 30th Art with Liz ages K-12 yrs.	June 29-July 2 <b>CLOSED JULY 3</b>	
7	<b>Holiday Hoopla Week</b>	July 6-10	
8	<b>Dino Discovery Week</b> Library animal program July 16 @2	July 13-17	
9	<b>Camp Carnival Week</b> July 21 Art with Liz ages K-12 yrs.	July 20-24	
10	<b>Down on the Farm Week</b>	July 27-31	
11	<b>Until Next Summer Week</b>	August 3-7	

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**). I understand that payment is non-refundable, with no credit allotted for unused days. I also understand that I will be billed monthly for any additional fees such as field trip fees/activity fees/special lunch fees,etc. 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 · \_\_\_\_\_ \$190/week (1 child) · \_\_\_\_\_ \$340/week (2 kids) · \_\_\_\_\_ \$490/week (3 kids)  
**4 DAY WEEK:** M T W T H F \_\_\_\_\_ \$155/week (1 child) \_\_\_\_\_ \$300/week (2kids) \_\_\_\_\_ \$440/week (3 kids)  
**3 DAY WEEK:** M T W T H F · \_\_\_\_\_ \$120/week (1 child) · \_\_\_\_\_ \$230/week (2 kids) · \_\_\_\_\_ \$350/week (3kids)  
**2 DAY WEEK:** M T W T H F · \_\_\_\_\_ \$95/week (1 child) · \_\_\_\_\_ \$160/week (2 kids) · \_\_\_\_\_ \$240/week (3 kids)

**HALF DAY PROGRAM: Meet at the Pavilion/Rec Park**

**3 DAY POOL:** Monday, Wednesday & Friday (12-5:30pm)

· \_\_\_\_\_ \$90/week (per child) \_\_\_\_\_ \$170/week (2 kids) \_\_\_\_\_ \$260/week (3 kids)

**HALF DAY PROGRAM: At the ARC**

TUESDAY/THURSDAY (7-12am)

· \_\_\_\_\_ \$60/week (per child) \_\_\_\_\_ \$110/week (2 kids) \_\_\_\_\_ \$190/week (3 kids)

*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:**

\_\_\_\_\_ Registration Fee (\$30-individual; \$40-family: 1 time annual fee paid at time of summer program)  
\_\_\_\_\_ Sunscreen Fee (\$25 /child – paid for all children regardless of schedule)  
\_\_\_\_\_ Pool Passes (\$45/person –unless T/Th schedule)  
\_\_\_\_\_ Swim Lesson Fee (\$45/child – if attending swim lessons during ARC session)  
\_\_\_\_\_ \$100 Total Deposit to start Summer Camp Cash/Check# \_\_\_\_\_ Date Paid \_\_\_\_\_

## 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: \_\_\_\_\_

\_\_\_\_\_ **YELLOW BRACELETS:** I request my child be assigned to the **YELLOW** swimming group that remains in the shallow end of the pool, unless staff take them down the slide. This group will always be under direct supervision of an ARC staff.

\_\_\_\_\_ **RED BRACELETS:** I request my child be assigned to the **RED** swimming group that may use the 4ft area of the pool. This group will be under the direct supervision of an ARC staff member when in the pool. They may also use the large blue water slide without assistance provided they are mature enough to check in with/return to the teacher after they finish going off the slide. This will be the only time they will be allowed to leave the group without assistance.

\_\_\_\_\_ **BLUE BRACELETS:** I request my child be assigned to the **BLUE** swimming group. This group will have the freedom to use all areas within the pool without assistance, such as the large blue water slide, the diving board and the red drop slide in the 12ft area of the pool. This group will be responsible to check in with the rest of the group at all break times and if using the restroom or concessions.

**\*All campers will ask permission to use the restrooms. A staff member will wait in the dressing room with the younger children and outside the door of the dressing room with the older ones.**

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

## Galena ARC Child Sunscreen Form

Galena Art & Recreation Center requires that all children enrolled in Summer Camp wear sunscreen when involved in water and outdoor activities. The ARC has collected a sunscreen fee and will purchase sunscreen for each child and will ensure its use. Staff will be suncreening all children. All children will use the provided sunscreen unless a special sunscreen is medically necessary. In this case, the Child Care Director will be notified by the parent and the parent will provide the special sunscreen.

In the beginning of the season children attending the pool 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 Child Care Director.

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: \_\_\_\_\_