

Galena ARC – 2024 Kids Club Active Camp Paperwork Checklist

Parents return to ARC:

Memo

To: Active Camp Parents

Date: March 1, 2024

Re: Summer Camp paperwork

Parents:

The following is a check list for registration paperwork:

1. Welcome info/facts sheet signature page _____
2. Kids Club Active Camp Registration Form _____
3. ARC Swimming Form: _____
4. Kids Club Active Camp Contract _____
5. Application/ Record of Child Information _____
6. Consents to Daycare Providers _____
7. Summary of Licensing Standards for Day Care Centers (small booklet) _____
8. Physical Form/Immunizations: most recent and up to date _____
The entire physical form and immunizations must be completely filled out with a doctor's signature. 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).
9. A certified copy of Birth Certificate (or other reliable proof of identity and age of child). (If we already don't have it) _____
10. City of Galena Pool Pass Info Sheet _____ (to ARC if registered by 4/19/24) City of Galena Pool Pass required for all children unless only attending Tues/Thurs. If registering after 4/20/24 registration at City Hall is required.
11. City of Galena Swimming Lessons Registration form _____ (to ARC if registered by 4/19/24 Form is required if attending swimming lessons. Lessons are from 6/17-6/28/2024. 9-12 If registering after 4/20/24 registration at City Hall is required.
12. \$100 registration fee paid prior to registration being accepted _____

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

If you have any questions please feel free to contact me at 815-777-2248, or email me at childcaredirector@galenaarc.org

Thanks, Sonya

Kids Club Active 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: _____

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-old children 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 _____

Kids Club Active
Summer Camp
Contract for Services

I, _____ (person placing child(ren)) do hereby enter into the following Contract for Services with the Galena Art and Recreation Center (ARC) for the Active Camp Program for _____ (child(ren)'s names) Beginning(date) _____ and ending(date) _____

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

| Week | Theme | Dates | Please <input checked="" type="checkbox"/> if attending: |
|------|--|---|--|
| 1 | Basketball Week | May 27-May 31 ARC Closed May 27-Memorial Day | |
| 2 | Capture the flag / Tag games Week | June 3 - 7 | |
| 3 | Camp Casper / Kayaking Week | June 10 - 14 | |
| 4 | Soccer Week Swimming Lessons Week 1 | June 17 - 21 | |
| 5 | Whiffle Ball Swimming Lessons Week 2 | June 24 - 28 | |
| 6 | Outdoor Games Week | July 1 - 5 ARC Closed July 4 + 5 | |
| 7 | Gym Games Week | July 8 -12 | |
| 8 | Dodgeball Week | July 15 - 19 | |
| 9 | Teamwork Week w/4-H | July 22 - 26 | |
| 10 | Kickball Week | July 29 - August 2 | |
| 11 | Pickleball Week | August 5 - 9 | |

My child(ren) shall attend the Kids Club Active 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 _____ \$190/week (1 child) _____ \$340/week (2 kids) _____ \$490/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 Staff at the Pavilion/Rec Park

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

_____ \$30/day per child

HALF DAY PROGRAM: At the ARC

TUESDAY/THURSDAY (7-12am)

_____ \$30/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:

_____ **Registration Fee \$100 to be applied to first week of Active camp: Cash/Check # _____ Date _____**
 _____ **Per Week Fee**
 _____ **Pool Passes (\$40/person –unless T/Th schedule)**
 _____ **Swim Lesson Fee (\$40/child – if attending swim lessons during ARC session)**