

Camp
Heritage

← Please Circle the appropriate Camp for this participant →

Teen
Camp

Channahon Park District Day Camp Behavior Contract

I, _____, have read all of the Day Camp Camper Expectations. I agree that for the entire summer, I will treat everyone with respect, the same respect that I would like to be treated with, and I will try my hardest to be the best person that I can be. I understand that if I do not follow these expectations, I will face consequences for my actions, and my parents will be notified.

Campers Signature

Parent/Guardian Signature

Date

Date

Camp
Heritage

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Teen
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Channahon Park District Day Camp Pick-Up Authorization Form

Child's Name: _____

The Channahon Park District's Day Camp Staff has my permission to release my child only to the following people:

1. _____ Relationship _____

2. _____ Relationship _____

3. _____ Relationship _____

4. _____ Relationship _____

5. _____ Relationship _____

6. _____ Relationship _____

Parent's Signature: _____

Please indicate any specific days, dates, or times others may pick up your child or that they may sign themselves out. For example: Tuesdays, Grandpa Bob Jones will pick up; Thursdays, will sign self out and ride bike home.

Channahon Park District Day Camp Information Form

Child's Name: _____ Sex: _____

Age: _____ Birthday: _____ Grade: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian Name: _____ Contact Phone: _____

Parent/Guardian Name: _____ Contact Phone: _____

Parent/Guardian Name: _____ Contact Phone: _____

Emergency Contact (other than parent/guardians-REQUIRED)

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

****The following questions are being asked so that our Day Camp staff can better serve your child and all other participants. Your answers are strictly confidential. Please be as specific as possible.

Please list all medications that your child takes, including purpose, dosage, and time required. If medication is required during Day Camp hours, a permission to dispense medication form is required.

Does your child have any allergies? If so, please list: _____

Any other information pertinent to your child's safety: _____
