



# St. Charles Park District 5-Day Summer Camp Registration Form

8 North Ave., St. Charles, IL 60174 • 630-513-6200 • Fax 630-513-9304 • eMail: registration@stcparks.org

Only one participant per form. Print all information neatly and carefully. **Must create an ePACT account and complete medical and emergency contact information.**

FOR OFFICE USE ONLY	
Received By _____	
Date _____	

**Contacts** (Primary) Last \_\_\_\_\_ First \_\_\_\_\_ (Secondary) Last \_\_\_\_\_ First \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Secondary Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-mail \_\_\_\_\_

Please check this box for participants requesting inclusion services, as the District works with Fox Valley Special Recreation Association to provide reasonable modifications for individuals with disabilities who need assistance to participate successfully in programs. To provide the best customer service, please make this request at least two weeks before the start of the program.

**Child's Name** \_\_\_\_\_ **Birthdate** \_\_\_\_\_ **Entering Grade** \_\_\_\_\_

**For camp fees, visit:  
stcparks.org/camps**

	<b>Single Day &amp; Wrap-Up Camp</b> <b>Grades K-5</b> <b>7am-6pm</b>	<b>Flex Camp</b> <b>GRADES K-4</b> <i>(Choose 2+ days)</i> <b>8:30am-3pm</b>	<b>Flex Camp</b> <b>GRADE 5</b> <i>(Choose 2+ days)</i> <b>8am-3:30pm</b>	<b>STC Camp</b> <b>GRADES 1-4</b> <i>(5 Days, M-F)</i> <i>Choose: PCC or SPORT*</i> <i>*No Before/After Camp at Sportsplex</i> <b>8am-3:30pm</b>	<b>Before Camp</b> <b>GRADES K-5</b> <b>7-8:30am</b>	<b>After Camp</b> <b>GRADES K-5</b> <b>3-6pm</b>	<b>Teen Camp</b> <b>GRADES 6-8</b> <i>(5 Days, M-F)</i> <i>No Before/After Camp</i> <b>8:15am-4pm</b>	<b>Nature Camp</b> <b>GRADES 1-2:</b> <b>Pathfinders</b> <i>(5 Days, M-F)</i> <i>No Before/After Camp</i> <b>9am-3pm</b>	<b>Nature Camp</b> <b>GRADES 3-4:</b> <b>Trailblazers</b> <i>(5 Days, M-F)</i> <i>No Before/After Camp</i> <b>9am-3pm</b>	<b>Nature Camp</b> <b>GRADES 5-6:</b> <b>Earthkeepers</b> <i>(5 Days, M-F)</i> <i>No Before/After Camp</i> <b>9am-3pm</b>	<b>Farm Camp</b> <b>AGES 8-12</b> <i>(5 Days, M-F)</i> <i>No Before/After Camp</i> <b>8:30am-3:30pm</b>
<b>Friday • May 30</b>	F										
<b>WEEK 1:</b> 6/2-6/6		M Tu W Th F	M Tu W Th F	___PCC ___SPORT	M Tu W Th F	M Tu W Th F	36456	36647	36648	36646	36936
<b>WEEK 2:</b> 6/9-6/13		M Tu W Th F	M Tu W Th F	___PCC ___SPORT	M Tu W Th F	M Tu W Th F	36457	36650	36651	36649	36701
<b>WEEK 3:</b> 6/16-6/20		M Tu W Th F	M Tu W Th F	___PCC ___SPORT	M Tu W Th F	M Tu W Th F	36458	36653	36654	36652	36702
<b>WEEK 4:</b> 6/23-6/27		M Tu W Th F	M Tu W Th F	___PCC ___SPORT	M Tu W Th F	M Tu W Th F	36459	36656	36657	36655	36703
<b>WEEK 5:</b> 6/30-7/3*		M Tu W Th	M Tu W Th	___PCC ___SPORT	M Tu W Th	M Tu W Th	36460*				
<b>WEEK 6:</b> 7/7-7/11		M Tu W Th F	M Tu W Th F	___PCC ___SPORT	M Tu W Th F	M Tu W Th F	36461	36659	36660	36658	36704
<b>WEEK 7:</b> 7/14-7/18		M Tu W Th F	M Tu W Th F	___PCC ___SPORT	M Tu W Th F	M Tu W Th F	36462	36662	36663	36661	36705
<b>WEEK 8:</b> 7/21-7/25		M Tu W Th F	M Tu W Th F	___PCC ___SPORT	M Tu W Th F	M Tu W Th F	36463	36665	36666	36664	36706
<b>WEEK 9:</b> 7/28-8/1		M Tu W Th F	M Tu W Th F	___PCC ___SPORT	M Tu W Th F	M Tu W Th F	36464	36668	36669	36667	36707
<b>WEEK 10:</b> 8/4-8/8		M Tu W Th F	M Tu W Th F	___PCC ___SPORT	M Tu W Th F	M Tu W Th F	36455				
<b>Monday • Aug 11</b>	M										
<b>Tuesday • Aug 12</b>	Tu										

\*NO CAMP FRIDAY, JULY 4

(circle one) Check # \_\_\_\_\_     Cardholder Name \_\_\_\_\_ Charge Amount \_\_\_\_\_

Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ CVV# \_\_\_\_\_ Signature \_\_\_\_\_



# St. Charles Park District All Day 5-Day Summer Camp Registration Form

8 North Ave., St. Charles, IL 60174 • 630-513-6200 • Fax 630-513-9304 • eMail: [registration@stcparks.org](mailto:registration@stcparks.org)

Only one participant per form. Print all information neatly and carefully. **Must create an ePACT account and complete medical and emergency contact information.**

**Child's Name** \_\_\_\_\_ **Entering Grade** \_\_\_\_\_

**LIABILITY WAIVER:** You are solely responsible for determining if your minor child/ward or you are physically fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity. Please read this form carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which your minor child/ward or you might sustain as a result of participating in any and all activities connected with and associated with this program/activity (including transportation services, when provided.)

Waiver & Release of All Claims and Assumption of Risk: I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims my minor child/ward or I may have (or accrue to my child/ward or me) as a result of participating in this program/activity against the St. Charles Park District, including its officials, agents, volunteers and employees. I do hereby fully release and forever discharge the St. Charles Park District from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to my minor child/ward or me and arising out of, connected with, or in any way associated with this program/activity.

**PHOTOS:** I understand that my child/ward or I may be photographed or videotaped while participating in a St. Charles Park District program or event. I give permission for photos and video of my child/ward or me to be used to promote the St. Charles Park District. Such photos/video will remain the property of the St. Charles Park District. Please call 630-513-6200 with any questions.

**RESIDENCY RATE DISCLAIMER:** Residency rates apply to anyone who lives within the St. Charles Park District boundaries. Final determination of residency will be made when processed by the Business Department, not at time of purchase.

**EMERGENCY AND MEDICAL INFORMATION** will be collected and stored in ePACT, the District's emergency network. After registering, you will receive an email to create or update your medical and emergency information, pick-up authorizations, photos and other details about your camper.

**FIELD TRIP PERMISSION:** As described in program descriptions, some programs include walking and/or bussed field trips. By registering for this program, you are providing permission for your child to go on any field trips, walking or by bus, sponsored by the St. Charles Park District during the time s/he participates in this Park District program. Notification of any trips will be sent home prior to the date the trip is scheduled.

**LATE PICK UP POLICY:** It is important that you be on time when picking up your child. Any campers left after pick-up concludes will be sent to After Camp and the After Camp fee will be charged; otherwise, the Park District will bill parents \$5 for the first five minutes of late time and \$1 for each additional minute. A counselor will remain with your child due to a late pick up. If your child is to ride with someone other than yourself at pick up time, please send a note a day in advance with your child so that staff may ensure maximum safety. Parents are responsible for the late fee if the designated person is late in picking up your child.

**PG MOVIE PERMISSION:** PG movies may be shown during this program. If you do not wish for your child to watch movies with PG ratings (Frozen, Zootopia, The Incredibles, etc.), please notify the program supervisor or camp counselor.

**MODIFICATIONS FOR PATRONS WITH DISABILITIES: ALL participants should be able to meet behavior expectations with or without modifications.** We work in collaboration with Fox Valley Special Recreation Association (FVSRA) to make reasonable modifications in compliance with the Americans with Disabilities Act (ADA) for any individual with a disability that registers for programs. To request modifications, please call or email Registration Supervisor, Cori Hedlund at: 630-513-4332 or [chedlund@stcparks.org](mailto:chedlund@stcparks.org). She will connect you to the supervisor responsible for your program(s). If you know the supervisor of your program(s) and have communicated previously, you are welcome to contact them directly to start the process. A minimum of two weeks notice is requested in order to do our best to meet your needs on the first day of the program. Please understand that failure to provide timely and appropriate notice of a special need and/or request for reasonable accommodation may result in a delay in registration.

Any accommodation requests will be considered in conjunction with health and safety guidelines from the Illinois Department of Public Health (IDPH). The IDPH recommends that any adults over the age of 60 years, especially with serious medical conditions, or any children with serious underlying medical conditions, avoid congregate settings, such as childcare or daycare centers.

**CAMP DEPOSIT:** An initial payment of \$25 per child, per week is required for All Day Summer Camps. This fee is nonrefundable for cancellation requests made on or after May 1.

**CHANGE PROCEDURES: Registration changes can only be made before the final payment is collected,** and all change requests to swap or reduce days will incur a \$7 processing fee. All requests to add camp days or change the days your child attends need to be made in writing to [registration@stcparks.org](mailto:registration@stcparks.org). No changes will be allowed after the final payment is collected.

**Signature of Participant or Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

PARTICIPATION WILL BE DENIED IF THE SIGNATURE OF ADULT PARTICIPANT OR PARENT/GUARDIAN AND DATE ARE NOT ON THIS WAIVER.

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