

# WELCOME TO CAMP LITTLE TYKES 2022

(Tuesday or Thursday)

Questions and concerns regarding Camp Little Tykes should be directed to Sue Ann at 708/ 687-7270 x 160.

Leave a message and your call will be returned promptly.

PLEASE FILL OUT THE ATTACHED FORMS AND TURN THEM IN AT THE FRONT DESK OR LEAVE THEM IN THE DROP BOX ALONG WITH PAYMENT.

YOU CAN KEEP THIS TOP SHEET AND THE HEALTH GUIDELINES FOR YOUR INFORMATION

**MASKS ARE NOT REQUIRED BUT ARE RECOMMENDED**

WE WILL CONTINUE TO FOLLOW THE LATEST GUIDELINES ISSUED BY THE IDPH AND THE CDC RELATED TO COVID-19

We are glad you have chosen Camp Little Tykes for your child to enjoy this summer! Camp Little Tykes is a play-with-purpose program for your child! Our main goal is to allow children to play and work with each other in a positive learning atmosphere. Your child will be involved in play activities to develop thinking, language abilities, sharing, and motor development. The activities include choice of play areas, including age-appropriate toys, Play Dough, water/sensory table, role playing, painting, stories, music, finger plays, coloring, and physical development.

The play areas are presented as choices in which the children may choose to participate. The teachers are the facilitators; interacting with the children and teaching in small groups. Each week your child will be introduced to a learning theme. A finger play, song or game, a craft project and story will compliment the theme. The children will also enjoy a short gym time to help develop large motor skills.

**DROP-OFF AND PICK-UP:** All activities are held in the lower level FunTime Room. Drop-off and pick-up will be in lower-level area. An adult must accompany your child for drop-off at 9:30 am in the lower level. **At no time should your child be using the stairs or elevator without adult supervision.** Your child will only be allowed to leave Camp Little Tykes with the person/persons you have designated on their registration form. Check with your child's camp leaders to review your pick-up list. **Pick-up is promptly at 11:30 am.** The camp leaders will open the glass doors and give you an overview of the day; you will then enter the FunTime Room to pick up your child.

**BATHROOM:** We encourage you to assist your child in the use of the bathroom before entering their camp room. You may bring a name-labeled back-pack with a change of clothes, if you wish. If your child has a bathroom accident, you will be called to come and change them.

**SHOES:** Your child's safety is our main concern here at Camp Little Tykes. Please have your child wear **gym shoes** to Camp. **DRESS UP SHOES, FLIP FLOPS OR STRAPLESS SANDALS ARE NOT ALLOWED.** If your child is not wearing appropriate shoes, they will not be allowed to participate in gym activities.

**SNACK TIME SUPPLIES:** Our snack time will be around 10:15 am – so be sure that your child eats a hearty breakfast before coming to camp. We ask each family to provide 1 box of crackers, pretzels or dry cereal to enjoy at our snack time. We will provide icy, cold water. **PLEASE NOTIFY YOUR CHILD'S CAMP COUNSELOR OF ANY ALLERGIES WE SHOULD BE AWARE OF.** We would also ask you to bring one box of 100 - 5 ounce cups, one package of baby wipes and one package of napkins. Any additional supply requests will be posted on the bulletin board.

**ABSENCE:** We ask that you call in your child's absence, especially if your child has been in class at a time while contagious, i.e. chicken pox, head lice, scarlet fever. Do not send your child to Camp Little Tykes if he/she has had a rash, fever, diarrhea, vomiting or runny nose in the previous 24 hours.

We hope to make your child's camp experience a wonderful and positive one. We also hope to encourage your child to develop social relationships. Talk with your child about his/her activities and feelings while at camp. A calendar of events will be given on the first day of camp.

**CAMP LITTLE TYKES 2022  
INFORMATION SHEET**

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Child's Name: \_\_\_\_\_

Child's Birthdate: \_\_\_\_\_

Parent/Guardian Information:

\_\_\_\_\_  
Mother's Name

\_\_\_\_\_  
Cell phone (check if preferred number)

Home phone (check if preferred number)

\_\_\_\_\_  
Father's Name

\_\_\_\_\_  
Cell phone (check if preferred number)

Home phone (check if preferred number)

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_  
(please check one) Cell \_\_\_\_\_ Home \_\_\_\_\_

Authorized people to pickup child: \_\_\_\_\_

\_\_\_\_\_  
Allergies (if any): \_\_\_\_\_

Medications (if any): \_\_\_\_\_

Fears (if any): \_\_\_\_\_

Additional Information: \_\_\_\_\_



# FunTime PROGRAM REGISTRATION FORM

DROP OFF/ IN PERSON:  
 Oak Forest Park District  
 15601 S Central Ave. Oak Forest, IL 60452  
 ONLINE: www.oakforestparks.org

Head of Household information below

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

Payer's Information: \_\_\_\_\_  
(if different from above) (Name) (Street Address) (City, State) (Zip) (Date of Birth)

Participants First & Last Name	Gender	Date of Birth	Activity Name	Activity #	Section	Day/Time	FEES
			CAMP LITTLE TYKES	1200-2101	1	Tuesday 9:30-11:30	\$242 R \$291 NR
			CAMP LITTLE TYKES	1200-2101	2	Thursday 9:30-11:30	\$242 R \$291 NR

**FOR PROGRAMS THAT ALLOW AUTOMATIC PAYMENT PLANS:** I hereby authorize the Oak Forest Park District to undertake the following charges or withdrawals by the Electronic Funds Transfer (EFT) from the credit card on file.  
 Authorized Signature: \_\_\_\_\_  
*Information below to be filled out by Office Administration*  
 \$ \_\_\_\_\_ Per Schedule Date(s): \_\_\_\_\_

**PAYMENT OPTIONS:**

- Cash (In Person Only)
- Check # \_\_\_\_\_ (\$35 fee for returned checks)
- Credit Card (Authorization Code: \_\_\_\_\_)

**In Compliance with the ADA, the Oak Forest Park District will make all reasonable efforts to accommodate persons with disabilities. Are any special accommodations needed for you to enjoy this program? Yes \_\_\_\_\_ No \_\_\_\_\_ (if yes, a two-week notice is required)**

**Waiver and Release Important Information:**

The Oak Forest Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Oak Forest Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for the above listed activities/programs must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs.

You are solely responsible for determining if you or your minor child/ward 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.

Warning of Risk Recreational activities/programs are intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity/program. Understandably, not all hazards and dangers can be foreseen. Depending on the particular activity, participants must understand that certain risks, dangers and injuries due to inclement weather, slipping, falling, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and all other circumstances inherent to indoor and outdoor recreational activities/programs exist. In this regard, it must be recognized that it is impossible for the OFPD to guarantee absolute safety.

**Waiver and Release of all Claims and Assumption of Risk**

Please read this form carefully and be aware that in signing up and participating in the above identified programs/activities, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with said programs/activities (including transportation services/vehicle operation, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities, 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 I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in these programs/activities against the O.F.P.D., including its officials, agents, volunteers and employees (hereinafter collectively referred as "Oak Forest Park District").

I do hereby fully release and forever discharge the OFPD from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with these programs/activities.

**Waiver and Release for Transportation Services:** Please read this form carefully and be aware that in consideration for the OFPD, providing transportation services to/for (identify destination or program), you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of said services, including but not limited to, vehicle operations and boarding and exiting the vehicle. I recognize and acknowledge that the OFPD is neither a common carrier nor in the business of providing transportation services to the public. I further recognize and acknowledge that there are certain risks of physical injury to vehicle passengers, and I voluntarily agree to assume the full risk of any injuries, damages or loss, regardless of severity that my minor child/ward or I may sustain as a result of participating in any and all activities connected with or associated with receiving transportation services, including, but not limited to, injuries, damages and loss arising out of negligent operation or supervision of the vehicle. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) against the OFPD, including its respective officials, agents, volunteers and employees (hereinafter collectively referred as "Parties"). I do hereby fully release and forever discharge the Parties from any and all claims for injuries, damages or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with said transportation services.

**Photo/Videotaping Waiver:** Photographs and videos are taken by Park District staff to use for promotional purposes. By registering for a program, attending an event, or using a Park District facility, you have granted us permission to use your image for promotional purposes without consideration of any kind.

**I have read and fully understand the above waiver and release of all claims. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.**

**X Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

MasterCard or Visa Only

Cardholder Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Exp: \_\_\_\_ - \_\_\_\_ 3-digit Security Code \_\_\_\_\_

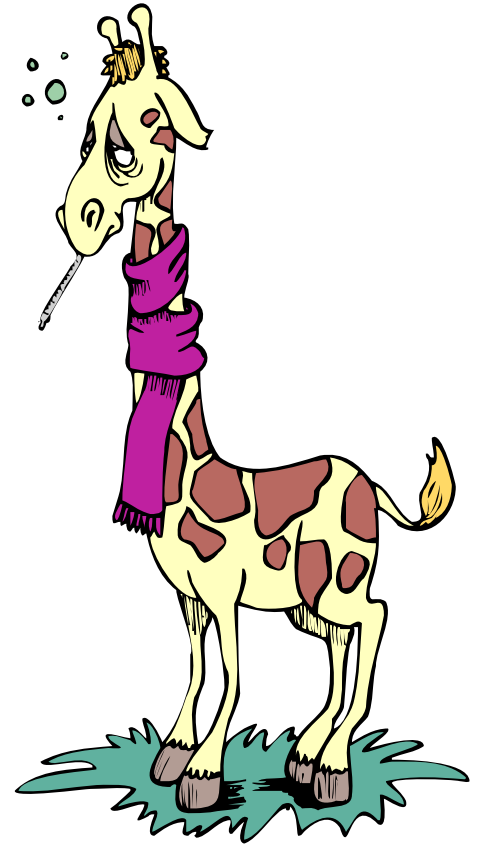
Amount of Charge: \$ \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

## CHILDREN'S PROGRAMS 24 HOUR HEALTH GUIDELINES

**PLEASE KEEP YOUR CHILD HOME FROM CAMP IF THEY HAVE HAD ANY OF THE FOLLOWING SYMPTOMS WITHIN THE LAST 24 HOURS:**

- Temperature above 100.4 degrees
- Vomiting
- Diarrhea
- Unknown or unfamiliar rash
- Red, inflamed, crusted, or draining eyes
- Red, sore ears
- Yellow or green nasal drainage
- Constant cough
- Signs of pain - headache, sore throat, body, stomach
- Any infectious disease
- Head Lice
- **If you child has been exposed to anyone diagnosed with COVID-19, please notify us and keep them home for 5 days.**



**YOU MUST CALL  
708/687-7270 x160  
TO INFORM US OF YOUR CHILD'S ABSENCE**