### **WELCOME TO CAMP LITTLE TYKES 2025**

(Tuesday or Wednesday)

Questions and concerns regarding Camp Little Tykes should be directed to Sue Ann at 708/687-7270 x 160 or 708/323-0283 (cell)

Leave a message and your call will be returned promptly.

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 2025 INFORMATION SHEET

Child's Name:			
Child's Birthdate:			
Child's Address:			
Parent/Guardian Information:			
Mother's Name			
Mother's contact phone number (check one	): Cell phone □	Home phone □	Work phone □
Father's Name			
Father's contact phone number (check one)	: Cell phone □	Home phone □	Work phone □
Emergency Contact Name:			
Emergency Contact Phone Number:	(please check one) Cell	Home	Work
Address			
Authorized people to pick-up child:			
Allergies (if any):			
Medications (if any):			
Fears (if any):			
Additional Information:			

### CAMP LITTLE TYKES PROGRAM REGISTRATION FORM



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

Authorized Signature:

### Head of Household information below

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

First Name:					Last Name	e:			
Date of Birth:				Pl	none Num	ber:			
Email Address:									
							State:Zip:		
Payer's Information: (Name of the different from above)				(Street A	Address)		(City, State)	(Zip)	(Date of Birth)
Participants First & Last Name						Gender	Date o	of Birth	
Activity Name and #	Section	#	Day/Time	Pa	y in Full		Pay Pla	ın	
CAMP LITTLE TYKES	1200-	1	Tuesday	\$300	) R	1 <sup>st</sup> payment	@ registration:	\$150 R/\$	180 NR
June 10-July 22	2101		9:30-11:30	\$360	) NR	2 <sup>nd</sup> payment	on June 27: \$1	50 R/\$18	0 NR
No camp July 1						, ,			
CAMP LITTLE TYKES	1200-	2	Wednesday	\$300	) R	1 <sup>st</sup> payment	@ registration:	\$150 R/\$	180 NR
June 11-July 23	2101		9:30-11:30	\$360	) NR	2 <sup>nd</sup> payment	on June 27: \$1	50 R/\$18	0 NR
No camp July 2						' '			
Authorized Signature:  Information below to  \$ Per Sched  In Compliance with the Al any special accommodatio  Waiver and Release Important Info  The Oak Forest Park District is committed to co holds the safety of participants in high regard. and insists that all participants follow safety rul safety. However, participants and parents/gua must recognize that there is an inherent risk of activities/programs. You are solely responsible for determining if yo activities contemplated by this agreement. It is any way or recently suffered an illness, injury o activity. Warning of Risk Recreational activities/program emotional resources of each participant. Despi conditioning and equipment, there is still a risk activity/program. Understandably, not all haza activity, participants must understand that cert falling, poor skill level or conditioning, careless inadequate or defective equipment, inadequate inherent to indoor and outdoor recreational act impossible for the OFPD to guarantee absolute  Waiver and Release of all Claims al Please read this form carefully and be aware th programs/activities, you will be expressly assun injuries, damages or loss which you or your mir activities connected with and associated with se operation, when provided).	be filled out by Off ule Date(s):  DA, the Oak Forons needed for yours needed for your needed for y	rest   rou t rams am	dministration  Park District will co enjoy this programment and activities in a safe manner a ually strives to reduce such ris d to protect the participants' above listed activities/program in recreational sically fit and/or skilled for the participant is pregnant, disable to before undertaking any physically gage the physical, mental and astruction, medical advice, in any recreational pepending on the particular o inclement weather, slipping, nduct, premises defects, g., and all other circumstances d, it must be recognized that it the above identified vaiving and releasing all claims sult of participating in any and ansportation services/vehicle	I make gram?  and sks sks sins sicilal strictions strictions strictions strictions strictions strictions	I recognic programs of severit relinquish participat employee I do here my minor with, or i Waive in conside expressly you or yo operation carrier no that there any injuri participat but not li further ag child/war collective for injuris child/war Photo/ purposes permission	ze and acknowledge that the stactivities, and I voluntarily a y, that my minor child/ward or all claims I or my minor child/ward or all claims I or my minor child ing in these programs/activities (hereinafter collectively refeby fully release and forever or child/ward or I may have or any way associated with the rand Release for Tranteration for the OFPD. providing a sassiming the risk and legal our minor child/ward might so and boarding and exiting it or in the business of providing e are certaining and exiting to rin the business of providing e are certaining and exitivities or mitted to, injuries, damages a great y against the OFPD, includir by referred as "Parties"). I do es, damages or loss that my dand arising out of, connect "Videotaping Waiver:  By registering for a program on to use your image for pron	norization Code:  Inccommodate pers  (if yes, a two-week  The are certain risks of physical in  Ingree to assume the full risk of a  or I may sustain as a result of si  cor I may sustain as a result of si  cor I may sustain as a result of si  cor I may sustain as a result of si  cor I may sustain as a result of si  cor I may sustain as a result of si  cor I may sustain as a result of si  cor I may sustain as a result of si  cor I may sustain as a result of si  cor may an which may accrue to me or my  ses programs/activities.  Isportation Services: Ple  ing transportation services to the  ing transportation services to the  programs are sustain as a result of si  cor side side side si  cor side side side side  injury to vehicle passengers, a  cor so feverity that my minor chi  not continue I or my minor child/wat  not loss arising out of negligent  all claims I or my minor child/wat  not continue I or my minor child  not continue I or my minor child	sons with a contice is reading to the continuous to the contice is reading to the continuous to the contin	disabilities. Are equired)  s in these , damages or loss, regardles further agree to waive and rrd) as a result of nts, volunteers and uries, damages, or loss that and arising out of, connecte carefully and be aware that on or program), you will be uries, damages or loss whice limited to, vehicle limited to, vehicle et on assume the full risk of sustain as a result of ratation services, including, vision of the vehicle. I corrue to me or my mployees (hereinafter titles from any and all claims ue to me or my minor ortation services.  t staff to use for promotion lifty, you have granted us d.
I have read and fully underst substitute for and have the sa	me legal effect as	an o	original form signat	ture.		·		_	
	X Signature:								
Exp:	3-digit Security	Code	·						



# 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
- COVID-19



YOU MUST CALL
708/687-7270 x160 or text 708/323-0283
TO INFORM US OF YOUR CHILD'S ABSENCE

#### **CAMP LITTLE TYKES' ACTIVITY CALENDAR**

or

Tuesday June 10 to July 22 **No class July 1**st

Class time 9:30 am to 11:30 am

Thursday June 11 to July 23

No class July 2<sup>nd</sup>

Class time 9:30 am to 11:30 am

The following list is the plan for activities that we will follow in Camp Little Tykes. Each week we will introduce new concepts and review concepts previously learned.

<u>WEEK</u>	DATE	ART PROJECT	<b>GYM ACTIVITY</b>
1	June 10/11	TBD	Rolling/bouncing balls
2	June 17/18	TBD	Balls/Tunnels
3	June 24/25	TBD	Tunnels/Hurdles
4	July 1 (no class) July 2 (no class)		
5	July 8/9	TBD	Hurdles/Incline Mats
6	July 15/16	TBD	Incline Mats/balls
7	July 22/23	TBD	Parachute

### LITTLE TYKES CLASS TIME SCHEDULE

9:30 – 10:15	Entrance Welcome Free play time "hello" song/story	Attendance and days events discussion
10:15 – 10:30	Snack	
10:30 – 10:50	Craft	
10:50 – 11:15	Gym	
11:15 – 11:30	Music/Good-bye Song	
11:30	Glass doors open-teacher gives of Parents enter classroom for pick	•