

## **2024 Florissant Summer Day Camp**

### **Information and Polices**

**Camp Location: James J. Eagan Center**

**9:00am – 3:00pm Monday – Friday**

**All campers must have completed these sections in the following forms before the first day of camp.**

- **Participant Information**
- **Release of Liability**
- **Medical Release**
- **If applicable consent to administer medication**
- **Parent/ Guardian Information and Policy**

**Campers are NOT allowed to have medication of any kind during day camp hours unless the “Consent to Administer Medication” form is properly filled out and submitted.**

**Campers, for their own safety, should wear comfortable clothing suitable for the activities they are participating in. Children should be dressed appropriately for the weather and heat. Sandals and open-toed shoes are NOT ALLOWED for most activities. IF PROPER FOOTWARE IS NOT WORN, PARENTS WILL BE CALLED AND THE CAMPER WILL NOT BE ALLOWED TO PARTICIPATE UNTIL PROPER SHOES ARE PROVIDED.**

#### **Devices:**

No cell phones, tablets, toys, trading cards, cd players, ipods, radios, electronic games or any and all similar devices will be allowed at camp. If your child brings any such items to camp, the City of Florissant Parks and Recreation is not responsible for the care and protection of these devices.

#### **Breakfast and Lunch:**

Breakfast and Lunch options are NOT provided. Campers are required to bring nonperishable lunch (refrigeration and heated devices are unavailable) to camp every day. PLEASE MARK YOUR CHILDS LUNCH WITH YOUR CHILDS NAME.

#### **Water:**

As this is primarily an outdoor camp and the weather is usually hot. Your child will be active and needs to stay properly hydrated. While drinking fountains are available, we recommend sending water bottles to camp each day. One can even be frozen and kept with the child’s lunch. PLEASE MARK YOUR CHILDS WATER BOTTLE WITH YOUR CHILDS NAME.

**Sunscreen:**

It is the Parent's responsibility to apply sunscreen on their children, or to send sunscreen with them for the children to apply themselves whenever the necessity arises. The children are participating in a day camp program involving activities that may involve exposure to the sun, such as swimming and athletic games. Parents are to make sure that the children know how and when to apply sunscreen and when to wear a T-shirt when required. The children will be rotated between outdoor activities, shade activities and inside activities dependent upon the group's age, themed activities, and weather.

**Our camp is limited to registered participants only. NO GUESTS ARE ALLOWED TO ATTEND CAMP**

**DROP OFF AND PICK- UP:** Please be punctual in dropping off and picking up your children. Children should not be dropped off before 9 AM and must be picked up by 3 PM SHARP. If additional time is required, please register for the before and aftercare programs. **A PENALTY FEE WILL BE ASSESSED OR CAMP EXPULSION MAY BE IMPOSED FOR EARLY DROP-OFFS OR LATE PICKUPS.** The City of Florissant does not accept responsibility for any children who arrive nor remain outside of the camp normal hours.

Call JFK at 921-4250 or JJE at 921-4466 for additional information on camp or registration.

**Discipline rules:** To ensure a safe summer there are some guidelines and rules that need to be followed. All rules will be explained to the children. If there are behavior problems the counselor will first, try to handle them. Severe and/or repeated misbehavior will be handled by the Assistant Director or the Director:

IN SEVERE SITUATIONS A CHILD WILL AUTOMATICALLY BE SUSPENDED. Florissant does have and enforce a zero tolerance policy on violence. Violence is not answered with violence, or that individual will also be suspended. Registration in Camp indicates that the parents agree with this policy. If you have any questions about camp, call or see the camp director during session or contact Sarah Skaggs, Program Supervisor either by email: [sskaggs@florissantmo.com](mailto:sskaggs@florissantmo.com) or by phone: 314-839-7670.

**Swim Procedures For Day Camp:**

To ensure the safety of our day camp participants, City of Florissant Parks and Recreation swimming activities will be conducted under the supervision of certified lifeguards. Campers must successfully pass the required swim test administered by a certified lifeguard to use certain portions of the pool. All counselors are required to be in the pool during the swim session. Proper swim attire is required.

As part of the swim assessment, each child must pass a swim test demonstration swimming proficiency. For example, the swimmer may be asked to tread water for 30 seconds or swim a distance in a designated swim area. As each City pool is different, testing may vary according to size of the swim area at each pool. A swim assessment need only be completed once for your

child and will be used for the entire summer should your child be registered for multiple camp sessions.

In addition to the first day of camp swim assessment, all individuals from both internal and external day camp groups must undergo an additional swim test before swimming in the deep-water areas of the pool. Those who pass the swim test for the deep-water areas are provided with wristbands for easy identification by lifeguards. Wristbands are always required. A swimmer entering deep water areas without the appropriate wrist band may lose the ability to have deep water privileges.

### **Maintaining Staff-to-camper- ratios:**

To prioritize the safety and well-being of our day camp participants, the City of Florissant Parks and Recreation strives to maintain a minimum ratio of 1 counselor per campers in all day camp programs.

### **Field Trip Procedures:**

Florissant Parks and Recreation requires the consent of a parent or guardian to participate and be transported by bus before a camp participant may attend any field trip to a location off-site from the designated camp location. If a camper does not have parent or guardian authorization for field trips, the child will not be able to attend camp on the day of the scheduled field trip because the camp does not have staff to stay behind to supervise children who are not on the field trip.

All field trips are conducted under the supervision of camp staff. In the case of inclement weather or scheduling conflicts, the camp director may make field trip substitutions, reschedule, or cancel a planned field trip. There will be no discounted rate or refund should a scheduled field trip need to be canceled, or if a camper without authorization cannot attend camp on a scheduled field trip day.

### **Photography:**

Florissant Parks and Recreation may capture photographs or videos of participants enrolled in our programs, classes, events, or while they are enjoying and of the City of Florissant Parks and Recreation facilities. These visuals are intended for use in the City of Florissant and Florissant Parks and Recreation publications, flyers, promotional material, brochures, website, and any other electronic or video communications. All photos and videos are the exclusive property of the City of Florissant Parks and Recreation. While the City of Florissant Parks and Recreation may choose not to use your child's photograph immediately, it reserves the discretion to use at a later date. If you have concerns or require exemptions, please contact the Program Director.

**CITY OF FLORISSANT  
PARKS AND RECREATION DEPARTMENT  
2024 SUMMER PLAYGROUND APPLICATION FOR RESIDENTS (APRIL 1st ) NON-RESIDENTS (MAY 15th)**

*There will be no discounts, or pro-rating of fees throughout the program. There will be no refunds once registration closes which is 10 days before the camp session begins.*

Site: JAMES J. EAGAN CENTER

<b>Child's Name:</b> _____	Male: _____	Female: _____
Child's Address: _____	Zip: _____	
Home Phone #: _____	<b>Age as of last day of camp:</b> _____	Date of Birth: _____

<b>Mother's Full Name:</b> _____
Mother's Home Address: _____
Mother's Phone Number: (H): _____ (W): _____ (Cell): _____
Primary Email Address: _____

<b>Father's Full Name:</b> _____
Father's Home Address: _____
Father's Phone Number: (H): _____ (W): _____ (Cell): _____
Primary Email Address: _____

<b>Emergency Phone Numbers: (Other than listed above)</b>		
Name: _____	Relation: _____	Phone: _____
Name: _____	Relation: _____	Phone: _____

<b>DISMISSAL TRANSPORTATION PROCEDURES FOR CHILD: (Circle all that apply)</b>		
CAR RIDER	WALKER	BIKE RIDER

<b>BEFORE AND/OR AFTER CARE ENROLLMENT: (Circle any that apply)</b>			
BEFORE CARE	AFTER CARE	BOTH	NEITHER

We the undersigned parents or legal guardian of \_\_\_\_\_, do hereby consent and agree that the above-named minor may participate in the Florissant Summer Camp Program. It is agreed that the City of Florissant, employees, instructor or sponsors, **assume no legal liability for the injuries or other loss as a result of such participation.** It is further agreed that this consent shall remain in full force and effect until such time as the undersigned parent or legal guardian shall notify the Camp Director of Florissant in writing of the abrogation or cancellation of this consent. We also agree to abide by all rules and regulations established by the Florissant Parks Department Staff.

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

## SO THAT WE MAY BETTER SERVE YOUR CHILD

*The Florissant Parks and Recreation Department encourages participation by everyone! If the above-named child has special needs, we will be happy to make accommodations to meet your needs. We participate in the North County Inclusion Program and do have a staff member to work with you on accommodations.*

### MEDICAL NEEDS

Does your child have any medical conditions that the camp staff should be aware of regarding your child (Please include allergies, asthmas, nose bleeds, shortness of breath on exertion, etc.)?

YES NO

If **yes**, please describe these conditions: \_\_\_\_\_

Is your child taking any medications to treat these conditions? YES NO

If **yes**, please list the medications: (SEE RELEASE FORM) \_\_\_\_\_

### OTHER NEEDS

Does your child have any physical or emotional conditions that the camp staff should be aware of regarding your child. (Please include diagnosis such as Attention Deficit Disorder, Autism, Oppositional Defiant Disorder, physical needs, etc.)? YES NO

If **yes**, please describe these conditions: \_\_\_\_\_

Is your child taking any medications to treat these conditions? YES NO

If **yes**, please list the medications: (SEE RELEASE FORM) \_\_\_\_\_

**We have an inclusion coordinator on staff to help us provide your child with the best accommodations possible. Would you like her to contact you to discuss these accommodations?**

YES NO

### BUS TRANSPORTATION PERMISSION

I, \_\_\_\_\_, give the City of Florissant permission to transport my child, \_\_\_\_\_ to Koch and Bangert Pool for swimming and Field Trips.

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

### CONSENT TO RELEASE OF PHOTOGRAPHS, VIDEO, AUDIO, AND RELATED MEDIA FORMATS, INCLUDING SOCIAL MEDIA:

**Photographs may be taken during camp for the benefit of campers and these visuals are intended for use in the City of Florissant and Florissant Parks and Recreation publications, flyers, promotional material, brochures, website, and any other electronic or video communications and reserves the discretion to use at a later date.**

\_\_\_\_\_ I consent and authorize City of Florissant to reproduce photographs or videos taken of my child, \_\_\_\_\_ for this purpose.

## EMERGENCY TREATMENT PERMISSION FORM

I, \_\_\_\_\_, residing at \_\_\_\_\_, do hereby state that I am the natural parent and/or legal guardian of \_\_\_\_\_, a minor, whose date of birth is \_\_\_\_\_ and who resides at \_\_\_\_\_. I hereby authorize the bearer of this letter, CITY OF FLORISSANT EMPLOYEE, who works at 955 St. Francois, 63031 (Municipal Office) to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis, treatment and hospital care. To be rendered to the said minor child, provided that said care be under the general or special supervision of a licensed physician and surgeon; and provided that under the circumstances it is not reasonably feasible to obtain my actual consent before rendering necessary medical or surgical treatment. I will be responsible for any costs of same. I also certify said minor Child is covered under the \_\_\_\_\_ insurance plan. And the policy holder of said plan is \_\_\_\_\_.

Child's Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Preference of Hospital: \_\_\_\_\_

Date of child's last tetanus shot: \_\_\_\_\_

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## THE FLORISSANT DAY CAMP MEDICATION RELEASE FORM

- I affirm that I am the legal parent/guardian of (Day Camper's Name) \_\_\_\_\_ and agree to follow the Florissant Day Camp's policy, that medication is not to be in the possession of the camper. I have attached the letter from the prescribing physician specifying the need for the following medication(s) during day camp, and authorized the Florissant Day Camp's designated staff member to ensure my child takes the following medication based upon the instructions found on the label.
- I recognize that the Florissant Day Camp designated staff member, who is responsible for ensuring my child takes the above medication, is not a physician, nor a pharmacist; and further acknowledge that neither such person nor the Parks and Recreation Department sponsoring the program shall be responsible for or liable in connection with such medication when taken in accordance with the instructions on the label.

### MEDICATION:

NAME OF MEDICATION \_\_\_\_\_

TO BE GIVEN AT TIME (S) OF DAY \_\_\_\_\_

TO BE GIVEN ON THESE DAY (S) \_\_\_\_\_

DOSAGE NEEDED (i.e. one tablet) \_\_\_\_\_

DESCRIBE ANY SIDE EFFECTS FROM THE MEDICATION WE SHOULD BE AWARE OF:

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_