

2025 Florissant Summer Day Camp

Information and Polices

Camp Location: James J. Eagan Center

1 James J. Eagan Drive, Florissant MO 63033

9:00am – 3:00pm Monday – Friday

Before and After Care is available for an additional fee

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. 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:

To promote active participation and social engagement, *no cell phones, tablets, toys, trading cards, CD players, iPods, radios, electronic games, or similar devices* are allowed at camp. If your child brings any such items, please note that the City of Florissant Parks and Recreation cannot be held responsible for their safety or protection.

Behavior Guidelines & Zero Tolerance Policy:

To ensure a safe and enjoyable summer, we have established a set of rules that all campers must follow. These rules will be explained to the children at the start of camp. If behavior issues arise, the counselor will first attempt to address them. However, severe or repeated misbehavior will be handled by the Assistant Director or Director.

Suspension Policy:

In cases of severe behavior, a child may be immediately suspended from camp. The City of Florissant enforces a zero-tolerance policy on violence. Any violent behavior, whether physical or verbal, will result in suspension.

By registering for camp, parents agree to this policy. If you have any questions or concerns, please feel free to contact the camp director during the session or reach out to Sarah Skaggs, Recreation Supervisor, by email at sskaggs@florissantmo.com or by phone at 314-839-7667.

Breakfast and Lunch:

Breakfast and lunch are *not* provided at camp. Campers are required to bring a non-perishable lunch each day, as refrigeration and heating devices are unavailable. Please be sure to label your child's lunch with their name to avoid mix-ups.

Hydration:

Since this is primarily an outdoor camp and the weather is typically hot, it's important for your child to stay properly hydrated. While drinking fountains are available, we strongly recommend sending your child with a water bottle each day. You may even freeze the bottle overnight to help keep it cool throughout the day. Please be sure to label your child's water bottle with their name.

Sunscreen Policy:

It is the parent's responsibility to apply sunscreen to their child before camp, or to send sunscreen with their child for self-application. Since our camp includes outdoor activities, such as swimming and athletic games, sun exposure is likely. Parents should ensure that their child knows how and when to apply sunscreen. Camp activities will be rotated between outdoor, shaded, and indoor options, depending on the group's age, theme, and weather conditions.

Guest Policy:

Our camp is limited to registered participants only. No guests are allowed to attend camp.

Punctuality & Late Pick-Up Policy:

Please be prompt when dropping off and picking up your child. Children should not be dropped off before 9 AM and must be picked up by 3 PM SHARP. If you need additional time, please register for the before and aftercare programs.

Late Pick-Up Fee:

A penalty fee of \$1.00 per minute will be charged for any late pick-ups. Children will not be allowed to return to the program until the fee is paid. If a parent is late more than three times, the child may not be allowed to return to the Summer Day Camp program.

The City of Florissant is not responsible for children arriving before or remaining after camp hours.

For more information or to register, please call JFK at 921-4250 or JJE at 921-4466.

Money at Camp:

If you choose to send your child(ren) to camp with money for the vending machine or field trips, please note that campers are responsible for their own money. Camp staff will not hold or distribute any money during camp hours. We recommend sending money in a secure bag and placing it in a safe location. The City of Florissant Parks and Recreation is not responsible for any money that is lost, stolen, or spent incorrectly.

Swim Procedures For Day Camp:

Every Tuesday and Thursday (unless the camp is on a field trip), children will be bussed to and from the pool. In the event of rain on a scheduled swim day, campers will remain at the JJE Community Center and participate in alternate indoor activities.

To ensure the safety of all participants, swimming activities will be supervised by certified lifeguards. Additionally, all counselors are required to be in the pool during swim sessions. Proper swim attire is mandatory for all campers.

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.

Emergency Procedures:

In the event of an accident, injury, or sudden illness, we will make every effort to notify the parent or guardian immediately. Please ensure that we have up-to-date contact information, including phone numbers where you can be reached during the day.

If your child is injured, staff will take all necessary steps to obtain emergency care. These steps may include, but are not limited to:

- Contacting individuals listed on the emergency information form

- Reaching out to your child's physician or medical center
- Calling an ambulance or paramedic
- Transporting your child to an emergency hospital, accompanied by a staff member

Medical and Special Considerations:

Please provide any information that might help your child's counselor better support them during camp (e.g., hypertension, epilepsy, attention deficit, shyness, prescribed medications, etc.) in the Registration Packet. Additionally, if your child develops a contagious disease, please notify us immediately so we can inform other parents.

- If your child requires medication during camp hours, a **Medication Release Form** must be completed before your child attends camp. While staff are not responsible for administering medication, they will remind campers when it is time to take their medication.
- For any questions, concerns, or accommodation requests, please contact Sarah Skaggs, Recreation Supervisor, at **314-839-7667**.

Lost and Found Policy:

All lost items will be kept for two weeks. After this period, unclaimed items will be donated to charity. To help ensure your child's belongings are returned, please label all items with their name. Lost and found items are displayed outside the Summer Camp office for easy retrieval.

Photography:

Florissant Parks and Recreation may take photographs or videos of participants enrolled in our programs, classes, events, or while enjoying the City of Florissant Parks and Recreation facilities. These images and videos are intended for use in City of Florissant and Florissant Parks and Recreation publications, flyers, promotional materials, brochures, website, and other electronic or video communications. All photos and videos are the exclusive property of Florissant Parks and Recreation.

While the City may not immediately use your child's photograph or video, it reserves the right to do so at a later time. If you have any concerns or wish to request an exemption, please contact the Recreation Supervisor.

**CITY OF FLORISSANT
PARKS AND RECREATION DEPARTMENT
2025 SUMMER PLAYGROUND REGISTRATION FORM**

Child's Name: _____	Male: _____	Female: _____
Child's Address: _____	Zip: _____	
Date of Birth: _____	Age as of July 31st: _____	For staff only: _____ Initials if six years old and Birth Certificate checked

Parent/ Guardian's Full Name: _____	Relation to child: _____
Home Address: _____	
Phone Number: _____	
Primary Email Address: _____	

Parent/ Guardian's Full Name: _____	Relation to child: _____
Home Address: _____	
Phone Number: _____	
Primary Email Address: _____	

Approved for Pick-up/ Emergency Contacts: (Other than listed above)		
Name: _____	Relation: _____	Phone: _____
Name: _____	Relation: _____	Phone: _____
Name: _____	Relation: _____	Phone: _____

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

BEFORE AND/OR AFTER CARE ENROLLMENT: (Circle any that apply)			
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: _____

BUS TRANSPORTATION PERMISSION

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

SIGNATURE OF PARENT/GUARDIAN: _____

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.

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

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 _____

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: _____