



Summer Camp Greenleaf Registration Packet 2025

The Village of Island Lake Summer Camp Greenleaf program offers full day care with a variety of engaging and educational activities for resident and non-resident children from June 2 – August 8, 2025.

Grade Levels Eligible: Incoming K – 5th Grade (2025 - 2026 School Year)

Registration Open: Club Members & Island Lake Residents, 02/03/2025
Non-residents, 03/03/2025

Registration Closes: Friday, April 4th, 2025 (as space is available)

Camp Greenleaf Hours: 6:30 am – 5:30 pm

Camp Greenleaf Session Length: June 2nd – August 8th, 2025

Minimum Enrollment: 30 children

Max Enrollment: 40 children

Registration Fee: \$50.00 + 1 st Week per child (Non-Refundable) Registration Fee MUST be submitted with application	
Weekly / Monthly Fees	
Residents	Non-Residents
1 st Child - \$200.00 wk (\$800.00 a mth)	1 st Child - \$225.00 wk (\$900.00 a mth)
2 nd / 3 rd Child - \$185.00 wk (\$740.00 a mth)	2 nd / 3 rd Child - \$210.00 wk (\$840.00 a mth)
* Weekly Fees are due on the Friday before attendance. Monthly fees are due on the Friday before the month starts.	
** Camp is Full Day; NO Drop-in options are available.	
*** Camp Fees include – 2 camp shirts per child, field trips, snacks	

Registration Fee

Must be paid in full with Camp Registration. Note to parents receiving financial assistance: *DHS 4-Cs does NOT cover any extra fees; you will be solely responsible for these payments, including the Registration Fee.*

Weekly / Monthly Fees

Checks, cash, credit cards, and online payments are accepted. *Children will NOT be allowed to attend Camp if fees are not paid by the billing due date on the invoice. ALL Camp payments MUST made in-person to the Camp Director, opening Camp Supervisor, at the Village Hall, or on-line through the Village website using E-pay. All weekly / monthly fees must be paid in full; this includes if your child is signed up for a minimum of 2 days, the full weekly fee is still owed. Money provided to Camp Staff MUST be in a sealed envelope, attention to Camp Director.*

LATE Weekly / Monthly Fees

A \$20.00 flat late fee applies for payments 3 days after the billing due date. An additional late fee of \$20.00 per child, and may result in the removal of your child from Camp enrollment.

Camp activities include and are subject to change:

- * Field trips and onsite entertainment once per week
- * Crafts, Science activities
- * Indoor and outdoor play: organized and free play
- * Cooking days

Note: The schedule of activities is subject to change. Parents will be informed as soon as possible of changes in field trip and activity information.

For more information, contact the Camp Director, Amy McClure:

847.416.7836

amy.mcclure@voislk.com

Camp Eligibility

All children are eligible regardless of creed, gender, nationality, or ethnicity.

- Children must be incoming grades of Kindergarten through 5th Grade, for the 2025 – 2026 School Year
 - * **K – 2:** The Maples
 - * **3 – 5:** The Oaks
- Parents/guardians must provide a complete health record, a medical statement and a physical form signed by a physician. All records must be current within six months before the enrollment date.
- Parents/guardians must complete all required forms per DCFS and Summer Camp Greenleaf Childcare Program.

Regular Camp Hours

Monday thru Friday: 6:30 A.M. – 5:30 P.M.

2025 Summer: June 2nd, 2025 -- August 8th, 2025

Note: Camp will be **CLOSED** on Independence Day, July 4th, 2025. Please find alternative childcare.

Camp Daily Schedule

- ☞ Camp is held at the Village of Island Lake Village Hall in the Camp Room (Senior Center), Gymnasium, and other designated outside areas.
- ☞ There will be free time in the mornings and every afternoon starting at 3 pm, when groups will go to individual stations of play; Art, Reading, Garden, Sport, Music, Games, etc.
- ☞ Tuesdays will be “Tasty Tuesday” and we will introduce fun snack and food ideas.
- ☞ Snacks will be provided by Camp in the morning and in the afternoon. Parents must provide a daily lunch.
- ☞ Parents must drop off their children between 6:30 a.m. – 9 a.m. (Field Trip days will vary).
- ☞ Parents must pick up their children no later than 5:30 p.m.
- ☞ If you know that you are going to be late, please call or text the Camp Cell Phone at **847-977-9147** to notify the staff and/or you may arrange for someone else to pick up your child.
- ☞ An alternate Pick-Up **MUST** be on your authorized pick-up list.

Camp Staff – CPR, Background Check, Food Handler

All Camp Staff must go through a background check and fingerprinting. All Camp Staff has received clearance through DCFS (Illinois Department of Children & Family Services) for the CCAP (Child Care Assistance Program).

All Camp Staff has been trained in Pediatric CPR/ AED/ First Aid through the American Heart Association.

The Camp Director, as well as Camp Staff, have their Food Handler and Food Allergens Certifications.

Drop-Off and Pick-Up Area

Drop-off and Pick-up are in the back of the Village of Island Lake Village Hall building at the Camp Room (Senior Center) entrance. You will see the Camp Greenleaf banner hanging up by the Camp Room entrance door. You will need to come inside the building and the morning Camp Supervisor will greet you inside. This is for your child’s safety and according to Camp Rules. You will need to follow these directions.

When dropping off and picking up your children, parents must walk their children inside to the Camp Room. Your cooperation is greatly appreciated. Please call or text the Camp Cell Phone **847-977-9147** before 3:30 pm if there will be any changes in afternoon pick-up.

Sign-in and Sign-out Sheets

Parents **MUST** sign in and sign out their children *daily*, with no exceptions; No campers are allowed to sign themselves in or out. We will **NOT** release any child to their parent who refuses to come to the door and sign in or out their child. **PLEASE** make times in and out legible.

Sign-In: Write the time-in and Initial next to it.

Sign-Out: Write the time-out and Initial next to it.

Absences

You **MUST** notify us if your child will be absent from a scheduled Camp day. Please call or text the Camp Cell Phone, at **847-977-9147**. After a total of **3 - No Call/No Shows** your child may be removed from enrollment.

We will check the phone for messages as soon as Camp opens in the morning. All children must be accounted for. Please make sure you call or text!

Pick-Up Authorization

We release children only to those listed on your child's Camp Authorized Information Form.

- ☞ WE WILL NOT RELEASE ANY CHILD TO AN UNAUTHORIZED PERSON for the safety of your child. If for any reason you or your authorized person cannot pick up your child, it is necessary to notify the Camp Staff as soon as possible by calling the Camp Cell Phone, **847-977-9147**.

***Parents/guardians having an ORDER OF PROTECTION or COURT ORDER MUST supply a copy to the Camp Director.**

Field Trips

Dates and times will be provided once your child is enrolled. Dates and times are subject to change; parents will be notified in advance of changes.

- ☞ Field Trip costs are covered by the weekly fees. Please do not send any money with your child to pay for Field Trips.
- ☞ Arrive promptly on field trip days. *We will not wait.*
- ☞ Children who are not participating on Field Trips days will not be able to attend Camp on those days.
- ☞ Make sure to check your Daily Check List. Label everything. Campers **MUST** wear their Camp shirt.
- ☞ Parents/guardians are encouraged to chaperone during Field Trips and will be asked to sign up at the start of Camp.

Camp T-Shirts

Camp fees include two Camp T-shirts per child. Children should wear Camp Shirts every day. Additional Camp shirts will be available for purchase while supplies last.

- ☞ Please dress your child for the appropriate weather
- ☞ **NO** inappropriate clothing will be allowed; your child will be asked to put on an oversized t-shirt to cover up.

(See Parent Handbook for more details)

Toys / Phones / Smart-Watches / Electronics from Home

We recommend that your children **DO NOT** bring toys that will get lost or broken during play. **NO** toy guns, toy weapons, or anything that resembles or promotes violence of any kind is allowed; such toys will be confiscated. PLEASE keep **ALL** phones, smart-watches that can make phone calls / texts / has internet, and all other electronics at home. With the new changes and making Camp Greenleaf into a nature enrichment program, we try to use as little of technology as possible.

Camp Photo Policy

Occasionally we will take pictures of the campers during Camp to share what we are doing in the monthly Newsletter or post on the Camp bulletin board. No pictures will be posted on social media. A Photo Release form is included in this packet. Parents/guardians have the right to refuse permission for photographs.

Discipline and Procedures

Our Summer Camp Greenleaf Childcare Program implements a behavioral program that is based on natural consequences. We recognize and praise appropriate and positive behaviors.

Camp Staff's response to inappropriate or negative behaviors may include redirecting the child's activity, reasonably discussing the problem, or reinforcing positive behavior options. When necessary, the child may be separated from the group or an ongoing activity for a brief period and asked to fill out a 'Think Sheet', a 'Feeling Reflection Sheet', or start a 'My Check-In Journal'; this also involves a counselor-camper discussion of the behavior.

Bullying is **prohibited** in the Summer Camp Greenleaf Childcare Program. *(See Parent Handbook for more details)*

Camp Greenleaf Checklist for Enrollment

In order for your child to attend Camp Greenleaf Summer Childcare Program, the following items must be completed, turned in, and paid in full by Friday, April 4, 2025. However, returning these items does not ensure your child's enrollment. Availability and start date needs to have confirmation with the Camp Director.

- _____ \$50.00 + 1st week registration fee, per child (non-refundable)
- _____ Completed Camp Greenleaf Registration Form
- _____ Completed Checklist for Enrollment
- _____ Signed Camp Greenleaf Parent Handbook Agreement Statement
- _____ Completed Pet Release form
- _____ Completed Special Diet Authorization form (if any otherwise put N/A)
- _____ Completed Medication Administration Form (if any; includes inhalers)
- _____ Completed Customer Acknowledgement & Release Form Coronavirus Notice form
- _____ Completed Sick Child Policy Amendment: COVID-19 form
- _____ Illinois Department of Public Health Child Health Examination form (Physical Form of Health) - both sides Completed, Signed, and Dated by Physician and Parent (copy is fine)
- _____ Copy of child's Certified Birth Certificate



Camp Greenleaf Registration and Information Form

***For my child's safety, I agree to inform Camp Greenleaf in writing, using the *Camp Change Form*, of any changes to the following information. Camp Greenleaf assumes no liability if not advised in writing. (Initial please)

Name of Child: _____ **Grade in 2025-2026:** _____
(last) (first)

Child's nickname (if preferred): _____
(name to be taught/used for everyday interactions)

Child's Date of Birth: ____/____/____ **Age:** _____ **Gender:** () Male () Female

Home Address: _____ **City** _____ **Zip** _____

Billing address (if different than above): _____

Mother/Guardian Name: _____ **Relationship:** _____
(last) (first)

Home Address: _____
(street) (City) (state) (zip)

Cell phone# _____ **Work Phone#** _____

Email: _____

Father/Guardian Name: _____ **Relationship:** _____
(last) (first)

Home Address: _____
(street) (City) (state) (zip)

Cell phone# _____ **Work Phone#** _____

Email: _____

Marital Status of Parent(s): Married Single Divorced Separated Deceased
(circle one)

Child lives with: Both Parents Mother Father Guardian Other (specify) _____
(circle one)

Custody/Guardianship Court Order (Check one) No _____ Yes _____ If yes, attach documentation.

Custody Restrictions (Check one) No _____ Yes _____ If yes, attach documentation.

Order of Protection (Check one) No _____ Yes _____ If yes, attach documentation.

Siblings' names and ages (if any) _____

Camp Attendance:

My Child will be attending Camp Greenleaf (Check One): All Week / M T W T F

Full summer: No _____ Yes _____ Other (specify): _____

Camp T-shirt Size: First 2 t-shirts are included in fees / Additional t-shirts \$15.00 each, QTY: _____

Youth S (5/6) _____ Youth M (7/8) _____ Youth L (10/12) _____ Youth XL (12/14) _____ Adult S _____

PLEASE DISCLOSE ANY PERTINENT MEDICAL / HEALTH ISSUES THAT YOU FEEL STAFF NEEDS TO BE AWARE OF:

Medical Information:

List all communicable disease/s to which your child has been exposed, including AIDS and Hepatitis B:

List all known Allergies: _____

List other medical Issues that staff needs to know for your child's safety: _____

Doctor: _____ **Phone #** _____

Preferred Hospital: _____

Unless stated otherwise it will be presumed that both mother/father/guardian can pick up the child or be contacted in case of an Emergency. We also need at least **3** other people authorized to handle these duties if the parents/guardian cannot be reached.

Please list at least **3 ALTERNATE PEOPLE AUTHORIZED TO PICK UP** the child from Club (do not list yourself)

ID is required for alternates, there are no exceptions.

1) _____ / _____ / _____ / _____
(name) (town, state) (daytime phone) (relationship to child)

2) _____ / _____ / _____ / _____
(name) (town, state) (daytime phone) (relationship to child)

3) _____ / _____ / _____ / _____
(name) (town, state) (daytime phone) (relationship to child)

Please list at least **3 PEOPLE TO CALL IN CASE OF AN EMERGENCY** if parents/guardians cannot be reached.

1) _____ / _____ / _____ / _____
(name) (town, state) (daytime phone) (relationship to child)

2) _____ / _____ / _____ / _____
(name) (town, state) (daytime phone) (relationship to child)

3) _____ / _____ / _____ / _____
(name) (town, state) (daytime phone) (relationship to child)

******Note: Signature of at least one legal parent(s)/guardian(s) is required for admission. ******

Print Name: _____

Print Name: _____

Relationship to child: _____

Relationship to child: _____

Signature: _____

Signature: _____

Date: _____ / _____ / _____

Date: _____ / _____ / _____

Summer Camp Greenleaf Field Trips Release Form

I, the Parent/Guardian, hereby Grant Permission for my child to attend and participate in the scheduled Field Trips for 2025 Summer Camp Greenleaf Childcare Program. I am also aware that Field Trips are subject to change at any time and I will be notified as soon as possible.

I, the Parent/Guardian, hereby waive and release the Village of Island Lake and its employees and agents from any and all claims of liabilities arising from or in any way related to my child’s attendance at and participation in said Field Trips.

My child will be in attendance participating in the following Away Field Trips (subject to change at any time):

<u>Veteran Acres Park</u>	Friday, 6/06/2025	Yes	No
<u>Wauconda Area Public Library</u>	Monday, 6/09/2025	Yes	No
<u>Golden Oaks Farms</u>	Thursday, 6/19/2025	Yes	No
<u>Randall Oaks Petting Zoo</u>	Friday, 06/27/2025	Yes	No
<u>Urban Air</u>	Thursday, 7/10/2025	Yes	No
<u>Volo Auto Museum</u>	Thursday, 7/17/2025	Yes	No
<u>Bowling at 3D-Sideouts</u>	Friday, 7/25/2025	Yes	No
<u>Illinois Railway Museum</u>	Friday, 8/01/2025	Yes	No

My child will be in attendance participating in the following On-Site Activities (subject to change at any time):

<u>Animal Quest (Father’s Day)</u>	Friday, 6/13/2025	Yes	No
<u>Converse Park</u>	Wed, 6/25/2025	Yes	No
<u>Wild Bill’s Bubble Madness</u>	Tuesday, 7/01/2025	Yes	No
<u>Camp Family Cookout</u>	Thursday, 7/03/2025	Yes	No
<u>Nature Leader, Jeff Clow</u>	Friday, 7/11/2025	Yes	No
<u>Mad Science</u>	Wed, 7/23/2025	Yes	No
<u>Converse Park</u>	Wed, 7/30/2025	Yes	No
<u>Last Day, Carnival Day</u>	Friday, 8/08/2025	Yes	No

_____ **I AM INTERESTED** in being put on the Chaperone List

_____ **DO NOT** put me on the Chaperone List

Name of Child Participant: _____

Parent/Guardian Name Printed: _____ **Date:** ____ / ____ / ____

Parent/Guardian Signature: _____

Camp Greenleaf Photo Permission and Release

Occasionally we will take pictures of the Campers during Camp to share what we are doing in the monthly Newsletter, post on the Camp bulletin board, and or appear in local newspapers.

We request permission to use these photographs for any of the above situations.

Please check the appropriate line:

_____ **I DO GRANT PERMISSION** and I understand that my child may appear in photos for the above-listed situations.

_____ **I DO NOT GRANT PERMISSION** for my child to be photographed.

Name of Child Participant: _____

Parent/Guardian Name Printed: _____ Date: ____ / ____ / ____

Parent/Guardian Signature: _____

Camp Greenleaf Permission to View Movies

Occasionally, weather permitting, we will give the Campers the option to watch a movie.

_____ **I DO GRANT PERMISSION** for my child to watch the following rated movies.

_____ **I DO NOT GRANT PERMISSION** for my child to watch the following rated movies.

_____ G - Rated

_____ PG - Rated

Name of Child Participant: _____

Parent/Guardian Name Printed: _____ Date: ____ / ____ / ____

Parent/Guardian Signature: _____

Camp Greenleaf Pet / Animal Permission and Release

I, _____ as parent/legal guardian, give my permission for the staff of Camp Greenleaf Summer Childcare Program to let my child,

_____, interact with the Directors ESA dog, program pets, on-site event animals, or other animals used at the summer childcare program for learning purposes.

This may include but not be limited to, handling and feeding of animals. All safety precautions and hand washing will be strongly practiced. Animals/Pets that may be at program include; dogs, reptiles, or other form of other pets similar.

Print parent/guardian Name: _____

Relationship to camper: _____

Signature of parent/guardian: _____

Date: ____/____/____

Camp Greenleaf Allergy / Special Diet Authorization Form

If none, put N/A, sign and date

I, _____, parent/guardian of,
_____, authorize the staff of Camp Greenleaf Summer Childcare Program to give my child the food items I have prepared and/or supplied for them. I request that the staff of Camp Greenleaf Summer Childcare Program serve the items in place of what the center is serving for the specified snack times I have listed below. I hereby certify that Camp Greenleaf Summer Childcare Program or staff of Camp Greenleaf Summer Childcare Program is not held responsible if my child develops a reaction or illness symptoms after consuming what I have prepared or supplied for them. I agree to train the Director and Staff members directly involved with my child on any special procedures related to my child's needs.

Print Parent Name: _____

Signature of Parent: _____

Date: ____/____/____

.....

Please provide a brief description below of the food allergy (if none, put N/A)

Type of food I, the parent/guardian, will provided for my child _____

Reason food is substituted _____

Camp Greenleaf Medication Administration Form

Parent fills out when and if needed. This includes use of inhalers. If none, put N/A sign and date.

Child's Name: _____

Date of Birth: ____/____/____ Age: _____ Grade: _____

Medication Name: _____

Dose: _____ Route*: _____

Frequency: _____

Reason for Medication: _____

Special Instructions: _____

Restrictions and Side Effects (Adverse Reactions) if any: _____

Name of Health Care Provider Prescribing Medication: _____

Health Care Provider Phone Number: _____

Parent/Guardian Signature: _____

Parent/Guardian Name Printed: _____

Cell #: _____

Email: _____

Date: ____/____/____

*Route Examples: Oral, Injection, etc.

Camp Greenleaf CUSTOMER ACKNOWLEDGEMENT & RELEASE FORM CORONAVIRUS NOTICE

I, _____ and parent/guardian of

_____ acknowledge that I have voluntarily entered Camp Greenleaf Summer Childcare Program for childcare services and acknowledge that by doing so waive and release any claims against Camp Greenleaf Summer Childcare Program, it's Camp staff, Village of Island Lake and its officers, agents, servants and employees, fellow parents/guardians and classmates and hold harmless to any claims, suits, charges, or costs relating to any diagnosis or treatment of COVID-19. That I or a member of my household or workforce (and any guests visiting my household or workplace) receive following the date the services started by Camp Greenleaf Summer Childcare Program. I recognize that a national emergency has been declared related to the Coronavirus (COVID-19) pandemic. In response to this emergency, numerous state, and federal public health agencies, including the Centers for Disease Control and Prevention, have promoted "social distancing" from other individuals. I recognize, acknowledge, and accept the health risks of allowing my child in Camp Greenleaf Summer Childcare Program given the current COVID-19 pandemic, and acknowledge the recommendations of state and federal public health agencies, including the Centers for Disease Control and Prevention.

Name of Child Participant: _____

Parent/Guardian Name Printed: _____ **Date:** ____ / ____ / ____

Parent/Guardian Signature: _____

Camp Greenleaf Sick Child Policy Amendment: COVID-19

The safety and wellbeing of all staff, children, and the families at Camp Greenleaf Summer Childcare Program continues to be of utmost importance to us. We always commit to taking all precautions toward keeping children and staff safe and healthy, including the current time of the COVID-19 outbreak. The following is an additional sick child policy that will help Camp Greenleaf Summer Childcare Program do this. Children will be monitored for signs or symptoms of COVID-19 daily.

Children will be required to stay home or return home if any of the following applies with no exception:

- Have a fever of 100.4 or higher
- Have had a fever of 100.4 or higher or other potential symptoms of COVID-19, such as shortness of breath or persistent dry cough, within the last 72 hours.
- Have come in contact with others who have COVID-19.

To prevent the spread of COVID-19:

- Children with signs/symptoms of COVID-19 or who have been exposed to others with COVID-19 will be asked to stay home.
- Children who develop signs/symptoms of COVID-19 while at the program will be immediately separated from others and the program staff will contact the family member and/or emergency contact to pick the child up.
- We encourage families to practice frequent handwashing at home.
- Camp Greenleaf Summer Childcare Program will practice handwashing upon arrival to the program, before snacks, after outdoor play, after using the bathroom, prior to going home, after nose blowing or assisting a child with blowing their nose, coughing, or sneezing.
- Cover cough and sneezes with tissues, throw tissues in the trash, and clean hands with soap and water or hand sanitizer (if soap and water is not readily available).
- Clean and disinfect frequently touched surfaces daily, including tables, doorknobs, light switches, toys, games, handles, phones, etc.

If an enrolled child or employee tests positive for COVID-19:

- The local public health department and the Department of Children and Family Services (DCFS) will be contacted. Camp Greenleaf Summer Childcare Program will follow their guidance for next steps.
- The program will post and notify families of any confirmed staff or child cases of COVID-19.

Returning to a childcare facility after suspected COVID-19 symptoms:

If a staff member or child has symptoms of COVID-19 or is in close contact of someone with COVID-19, they can return to the program if the following conditions are met:

- If an individual has a fever, cough or shortness of breath and has not been around anyone who has been diagnosed with COVID-19, they can return to the center no sooner than 72 hours after the fever is gone (without the use of fever-reducing medication) and symptoms get better. If the person’s symptoms worsen, they should contact their healthcare provider to determine if they should be tested for COVID-19.
- Any child suspected of having COVID-19, diagnosed with COVID-19, or having been in contact with persons suspected of or diagnosed with COVID-19 shall be excluded from the facility until written documentation is provided by the child’s physician that the child is no longer communicable and may return to childcare.

I, _____, parent/guardian of,
_____, have read and agree to the above sick child policy amendment.

Parent/Guardian Signature: _____

Date: ____/____/____

Camp Greenleaf General Liability Waiver and Tuition Agreement

Please read the following very closely as you will be waiving and releasing all claims for injuries your child might sustain arising from activities of this childcare program.

I, the Parent/Guardian, wave and release all claims for injuries that your child might sustain arising from this Summer Camp Greenleaf Childcare Program.

I, the Parent/Guardian, recognize and acknowledge that there are certain risks of physical injury to participants in the Summer Camp Childcare Program and you agree to assume the full risk of any such injuries, damages, or loss (regardless of severity) which your child may sustain as a result of participating in any activities connected to or associated with any such Village of Island Lake Childcare Program.

I, the Parent/Guardian, agree to waive and relinquish all claims your child may have as a result of participating in the Summer Camp Childcare Program against the Village of Island Lake and its officers, agents, servants, and employees.

I, the Parent/Guardian, understand that Camp Greenleaf is an independent entity, operating a childcare program within the Village of Island Lake’s premises. We are a License Exempt Summer Camp Childcare Program. We adhere to IDHS DCFS regulations, a standard requirement for all childcare programs licensed by the Illinois Department of Children and Family Services. These guidelines dictate our safety protocols. This program is exempt from Illinois DCFS licensing and regulations; the Facility is not licensed or regulated by DCFS. All employees have had background checks through the State of Illinois and follow the DCFS guidelines.

I, the Parent/Guardian, do hereby fully release and discharge the Village of Island Lake and its officers, agents, servants, and employees from any and all claims resulting from injuries, illnesses, damages, and losses sustained by your child and arising out of connected with or in any way associated with the other children, counselors, and activities of any of the Summer Camp Childcare Program.

I, the Parent/Guardian, further agree that all tuition shall be paid on the Friday before attendance. Camp Greenleaf reserves the right to deny admission to any child whose tuition is not paid on time per the terms of this agreement and for any other reason deemed necessary. You further understand, that there will be a \$20.00 fee if you are 3 days late from the billing due date; Payments not received by the 3rd day, will incur a \$20.00 late fee per child, which could result in your child being taken off of Camp Greenleaf enrollment. The undersigned agrees to pay court costs and attorney’s fees incurred by Camp Greenleaf and the Village of Island Lake in enforcing any of the terms of this agreement.

I, the Parent/Guardian, understand that I am expected to pick up my child no later than 5:30 p.m. I further understand a late pick-up fee will be imposed for any child not picked up by Camp’s closing time of 5:30 pm. The fee is a \$20.00 fee, plus \$1.00 per minute that I am tardy, this also applies if I call to inform Camp Staff if I will be arriving late.

I, the Parent/Guardian, understand that The Village of Island Lake keeps all personal records private and under lock and key. I know that The Village also has a Records Disposal Certificate that is done once a year.

I, the Parent/Guardian, attest that I have read, fully understand, and will abide by the terms of the General Liability Waiver and Tuition Agreement.

Name of Child Participant: _____

Parent/Guardian Name Printed: _____ **Date:** ____ / ____ / ____

Parent/Guardian Signature: _____

Camp Greenleaf Discipline, Procedures, and Safety Rules

Campers are expected to always exhibit appropriate behavior. Camp rules will be enforced by the Camp Staff. We ask that you, as parents, go over this information with your child so they know the consequences of unacceptable behavior. For more details on Camp Greenleaf Discipline, Procedures, and Safety Rules, see the Parent Handbook.

The GOAL of our discipline is to maintain a safe and fun Camp environment.

DO...

- Demonstrate respect for Camp Staff, fellow Campers, and Village property.
- Show tolerance of diversity to Camp Staff, fellow Campers, and to the public onsite and on field trips.
- Be a good sport during games and activities. Clean up after yourself.
- Ask Camp Staff for permission to leave any room / area.
- Wear gym/athletic shoes for outdoor and playground activities.

DO NOT...

- Use foul or obscene language or gestures.
- Cause or threaten bodily harm to others.
- Damage equipment or property of others or the Village.
- Bring or use alcohol, illegal substances, or weapons.

The following behaviors are **prohibited**.

1. **Verbal Confrontations (Bullying)**, harmful or antagonistic physical confrontation
2. **Swearing or Disrespect** to the Camp Staff, other Campers, Village Staff or the public.
3. **Harmful or Physical Confrontation**, Physical fighting in any way
4. **Leaving Camp without Permission**, leaving the Village grounds without permission

If there is a discipline issue with a Camper, the Director will contact the parent. The Director will always be informed of any situation involving one of the Campers and will bring it to the parent’s attention along with the Camp Staff involved if needed. All warnings require a Camp Staff member to fill out a Behavior Incident Report and must be signed by a parent/guardian. When necessary, a child may be separated from the group or an ongoing activity for a period of time and be asked to fill out a ‘Think Sheet’, a ‘Feeling Reflection Sheet’, or start a ‘My Check-In Journal’, including a counselor-camper discussion of the behavior.

Bullying is **PROHIBITED** in the Summer Camp Greenleaf Childcare Program.

Camp Greenleaf and The Village of Island Lake reserves the right to dismiss without refund any child whose behavior violates the Behavior and Safety Rules or poses a danger to self or others.

I, the Parent/Guardian, attest that I have read, understand, and will abide by the Camp Greenleaf Discipline, Procedures, and Safety Rules. I further attest that I have read the guidelines to my child who understands and will abide by them. My child may be removed from Camp Greenleaf for failure to comply with the Discipline, Procedures, and Safety Rules.

Name of Child Participant: _____

Parent/Guardian Name Printed: _____ Date: ____ / ____ / ____

Parent/Guardian Signature: _____

Camp Medication and Medical Authorization Agreement

Medication should be administered before or following Camp, if possible by the parents/guardians. If medication is required during Camp attendance hours, a Medication Authorization Form must be filled out before Camp administers each new medication and giving to the Camp Director, this includes inhalers. For further detail, see Parent Handbook.

From the Parent/Guardian requesting Camp to administer any medical care or medication, Written Permission must be obtained before giving any child medical care or medication. All medication must be in a container appropriately labeled by a Pharmacy or Physician and will be kept in a locked cabinet. Medication requiring refrigeration is also maintained in a secure area.

We will keep a record of all medication dispensed to Campers specifying the time the medication was administered and the Supervising Personnel. These regulations do not apply to medication dispensed on an emergency basis, which may be administered, by any Camp Staff member.

On Field Trip day's medicine must be in a container labeled by a pharmacy or physician. **DO NOT** send your child's medicine in a zip-lock bag without such a container.

We depend on parents/guardians to assist us in maintaining a safe and healthy environment for all of our Campers and Camp Staff. If your child will not be attending on a regularly scheduled day due to illness, please notify the Camp Cell Phone **847-977-9147**, before your child's normal start time.

I, the parent/Guardian, understands that if my child becomes ill at Camp, a Camp Counselor will call me to notify me of the situation. If I call my child out sick with a fever, cough, sore throat, congestion, nausea, vomiting, or diarrhea, I will be asked for a physician's note by Camp Staff and that my child must be fever-symptom-free for 24 hours without medication before returning to Camp.

I, the parent/Guardian, understand and give Camp Greenleaf permission for my child to receive medical care and said medication when needed.

I, the parent/Guardian, further understand it is my responsibility to give any medication directly to the Camp Director or Camp Supervisor in the original dosage container clearly labeled with the following information:

- ✍ PHARMACY'S NAME,
- ✍ DOCTOR'S NAME,
- ✍ PATIENT'S NAME,
- ✍ TYPE OF MEDICATION,
- ✍ STRENGTH, and
- ✍ DOSAGE INSTRUCTIONS

I, the parent/Guardian, I understand and agree that it is my responsibility to fill out the *Medication Administration Form* any time my child needs to take any medication while sick or on a regular daily basis.

I, the Parent/Guardian, attest that I have read, fully understand, and will abide by the terms of the Camp Medication, Medical Emergency, and Health Policy Authorization Agreement.

Name of Child Participant: _____

Parent/Guardian Name Printed: _____ Date: ____/____/____

Parent/Guardian Signature: _____

Firearms Rules and Regulations

With Camp Greenleaf being located in the Village Hall, which is also a building open to the public. We do not allow people to bring any type of firearms inside. There is “**No Firearms**” allowed signage placed outside every entrance and exit. Below is a copy of the Village of Island Lake’s ordinance pertaining to the No Firearms Rule. Safety is our utmost concern.

Village of Island Lake Code, Title 6, Police and Public Safety

6-5-13 UNLAWFUL USE OF WEAPONS

A person commits the offense of unlawful use of weapons when he knowingly:

- A.** Sells, manufactures, purchases, possesses, or carries any bludgeon, black-jack, sling-shot, sand-club, sandbag, metal knuckles, or any knife commonly referred to as a switch-blade knife, which has a blade that opens automatically by hand pressure applied to a button, spring or other device in the handle of the knife; or
- B.** Carries or possesses with intent to use the same unlawfully against another, a dagger, dirk, Billy, dangerous knife, razor, stiletto, broken bottle or other piece of glass, or any other dangerous or deadly weapon or instrument of like character; or
- C.** Carries on or about his person or in any vehicle, a tear gas gun projector or bomb or any object containing noxious liquid, gas, or substance; or
- D.** Carries concealed in any vehicle or concealed on or about his person except when on his land or in his own abode or fixed place of business any pistol, revolver, or other firearm; or
- E.** Possesses any device or attachment of any kind designed, used, or intended for use in silencing the report of any firearm; or
- F.** Sells, manufactures, purchases, possesses, or carries any weapon from which more than eight (8) shots or bullets may be discharged by a single function of the firing device, any shotgun with a barrel less than eighteen inches (18" } In length, or any bomb, bomb-shell, grenade, bottle or other container containing an explosive substance, such as but not limited to black powder bombs and Molotov cocktails; or
- G.** Carries or possesses any firearm or other deadly weapon in any place which is licensed to sell intoxicating beverages, or at any public gathering held pursuant to a license issued by any governmental body or any public gathering at which an admission is charged, excluding a place where a showing, demonstration or lecture involving the exhibition of unloaded firearms is conducted; or
- H.** Carries or possesses in a vehicle or on or about his person any pistol, revolver, or firearm, when he is hooded, robed, or masked in such manner as to conceal his identity.

6-5-14 UNLAWFUL DISCHARGE OF FIREARMS

- A.** it shall be unlawful to discharge any pistol, revolver, or firearm in the Village; provided that this section shall not be construed to prohibit any officer of the law to discharge a firearm in the performance of his duty.
- B.** It shall be unlawful to discharge any air gun, air rifle, BB gun, pellet gun, paintball gun or bow and arrow from or across any street, sidewalk, road, highway, or public land or any public place except on a safely constructed target area

I, the Parent/Guardian, attest that I have read, fully understand, and will abide by the terms of the Firearms Rules and Regulations.

Name of Child Participant: _____

Parent/Guardian Name Printed: _____ **Date:** ____ / ____ / ____

Parent/Guardian Signature: _____

Student's Name			Birth Date	Sex	School	Grade Level/ ID #
Last	First	Middle	Month/Day/ Year			

HEALTH HISTORY TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER

ALLERGIES (Food, drug, insect, other)			MEDICATION (List all prescribed or taken on a regular basis.)		
Diagnosis of asthma?	Yes	No	Loss of function of one of paired organs? (eye/ear/kidney/testicle)	Yes	No
Child wakes during the night	Yes	No		Hospitalizations? When? What for?	Yes
Birth defects?	Yes	No	Surgery? (List all.) When? What for?		Yes
Developmental delay?	Yes	No		Serious injury or illness?	Yes
Blood disorders? Hemophilia, Sickle Cell, Other? Explain.	Yes	No	TB skin test positive (past/present)?		Yes*
Diabetes?	Yes	No		TB disease (past or present)?	Yes*
Head injury/Concussion/Passed out?	Yes	No	Tobacco use (type, frequency)?		Yes
Seizures? What are they like?	Yes	No		Alcohol/Drug use?	Yes
Heart problem/Shortness of breath?	Yes	No	Family history of sudden death before age 50? (Cause?)		Yes
Heart murmur/High blood pressure?	Yes	No		Dental <input type="checkbox"/> Braces <input type="checkbox"/> Bridge <input type="checkbox"/> Plate <input type="checkbox"/> Other	
Dizziness or chest pain with exercise?	Yes	No	Information may be shared with appropriate personnel for health and educational purposes.		
Eye/Vision problems? _____ Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Last exam by eye doctor _____ Other concerns? (crossed eye, drooping lids, squinting, difficulty reading)				Parent/Guardian Signature	Date
Ear/Hearing problems?	Yes	No			
Bone/Joint problem/injury/scoliosis?	Yes	No			

PHYSICAL EXAMINATION REQUIREMENTS Entire section below to be completed by MD/DO/APN/PA

HEAD CIRCUMFERENCE	HEIGHT	WEIGHT	BMI	B/P
DIABETES SCREENING (NOT REQUIRED FOR DAY CARE) BMI > 85% age/sex Yes <input type="checkbox"/> No <input type="checkbox"/> And any two of the following: Family History Yes <input type="checkbox"/> No <input type="checkbox"/> Ethnic Minority Yes <input type="checkbox"/> No <input type="checkbox"/> Signs of Insulin Resistance (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) Yes <input type="checkbox"/> No <input type="checkbox"/> At Risk Yes <input type="checkbox"/> No <input type="checkbox"/>				
LEAD RISK QUESTIONNAIRE Required for children age 6 months through 6 years enrolled in licensed or public school operated day care, preschool, nursery school and/or kindergarten. Questionnaire Administered? Yes <input type="checkbox"/> No <input type="checkbox"/> Blood Test Indicated? Yes <input type="checkbox"/> No <input type="checkbox"/> Blood Test Date _____ (Blood test required if resides in Chicago.)				
TB SKIN OR BLOOD TEST Recommended only for children in high-risk groups including children immunosuppressed due to HIV infection or other conditions, frequent travel to or born in high prevalence countries or those exposed to adults in high-risk categories. See CDC guidelines. No test needed <input type="checkbox"/> Test performed <input type="checkbox"/> Skin Test: Date Read / / Result: Positive <input type="checkbox"/> Negative <input type="checkbox"/> mm _____ Blood Test: Date Reported / / Result: Positive <input type="checkbox"/> Negative <input type="checkbox"/> Value _____				

LAB TESTS (Recommended)	Date	Results		
Hemoglobin or Hematocrit			Sickle Cell (when indicated)	
Urinalysis			Developmental Screening Tool	

SYSTEM REVIEW	Normal	Comments/Follow-up/Needs	Normal	Comments/Follow-up/Needs
Skin			Endocrine	
Ears			Gastrointestinal	
Eyes		Amblyopia Yes <input type="checkbox"/> No <input type="checkbox"/>	Genito-Urinary	LMP
Nose			Neurological	
Throat			Musculoskeletal	
Mouth/Dental			Spinal Exam	
Cardiovascular/HTN			Nutritional status	
Respiratory		<input type="checkbox"/> Diagnosis of Asthma	Mental Health	
Currently Prescribed Asthma Medication: <input type="checkbox"/> Quick-relief medication (e.g. Short Acting Beta Antagonist) <input type="checkbox"/> Controller medication (e.g. inhaled corticosteroid)			Other	

NEEDS/MODIFICATIONS required in the school setting	DIETARY Needs/Restrictions
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SPECIAL INSTRUCTIONS/DEVICES e.g. safety glasses, glass eye, chest protector for arrhythmia, pacemaker, prosthetic device, dental bridge, false teeth, athletic support/cup

MENTAL HEALTH/OTHER Is there anything else the school should know about this student?
 If you would like to discuss this student's health with school or school health personnel, check title: Nurse Teacher Counselor Principal

EMERGENCY ACTION needed while at school due to child's health condition (e.g. ,seizures, asthma, insect sting, food, peanut allergy, bleeding problem, diabetes, heart problem)?
 Yes No If yes, please describe.

On the basis of the examination on this day, I approve this child's participation in _____ (If No or Modified, please attach explanation.)
PHYSICAL EDUCATION Yes No Modified **INTERSCHOLASTIC SPORTS** (for one year) Yes No Limited

Print Name	(MD,DO, APN, PA) Signature	Date
Address	Phone	

(Complete both sides)



Campers Daily Checklist

2025

Daily

Everything MUST be Labeled with Childs Name

Backpack
Refillable Water Bottle
Swimsuit (one-piece <u>Only</u>)
Towel
Gym shoes
Spray Sunscreen
Bug Spray
Lunch
Snacks
Sweatshirt
↓ (Extra Change of Clothes) ↓
T-Shirt
Shorts
Underwear
Socks
Extra (if needed)
Hearing Aid & Case
Lotion / Ointment for Eczema
Case for Prescription Glasses
Inhaler / Prescription Medication*

Optional

Everything MUST be Labeled with Childs Name

Ponytail
Hat
Sunglasses
Reading Book
SPF Chapstick
Journal
For Rainy Days
Rain Gear – Frogg Toggs
Rain Boots
Umbrella
Blanket – No bigger than 40” x 60” for a movie

Camper / Parent Notes

* Prescription Medication goes directly to Camp Staff