

Belvidere Park District  
Youth Participant Packet  
2017-2018

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

**Included in this packet:**

- Annual Information Form
- Program Registration Form
- ACH paperwork
  - Complete only if utilizing ACH payments
- Payment Registration Notice Form
- Authorized Pick up Form
- Field Trip Waiver
- Medication Dispensing Waiver
  - Complete only if medication is dispensed during program hours
- Child Questionnaire
- Discipline Policy

To register for the 3<sup>rd</sup> Base Program or Camp Compass you must register online at [belviderepark.org](http://belviderepark.org) or in person at River's Edge Recreation Center. Finished Youth Participant Packet can be turned in at River's Edge Recreation Center or emailed to me at the email listed below. If you have any questions regarding the paperwork, then feel free to contact me.

**Victoria Packer**  
Recreation Supervisor- Youth  
Office: 815-547-5711 ext. 16  
Fax: 815-544-4648  
[vpacker@belviderepark.org](mailto:vpacker@belviderepark.org)



# Belvidere Annual Information Form

# 2017-2018

This information will be used for all youth programs during 2017-2018  
Please contact the Belvidere office if any information changes throughout the year.



Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Male Female  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Mother/Guardian's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Father/Guardian's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Parent/Guardian Email: \_\_\_\_\_  
 T-Shirt Size: **Youth** S M L **Adult** S M L XL XXL Shoe Size: \_\_\_\_\_  
 School: \_\_\_\_\_ Teacher/Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### EMERGENCY CONTACT\* (Within 20 mile radius)—Other than Parent/Guardian listed above.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

\*This person will be contacted when a parent/guardian is not reachable; in the event of an emergency.

### MEDICAL HISTORY (Please Check all that Apply)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Attention Deficit Hyperactivity Disorder | <input type="checkbox"/> Emotional Illness                     | <input type="checkbox"/> Physical Limitations          |
| <input type="checkbox"/> Autism                                   | <input type="checkbox"/> Anxiety Disorder                      | <input type="checkbox"/> Arthritis                     |
| <input type="checkbox"/> Asperger Syndrome                        | <input type="checkbox"/> Bipolar Disorder                      | <input type="checkbox"/> Cerebral Palsy                |
| <input type="checkbox"/> Childhood Disintegrative Disorder        | <input type="checkbox"/> Manic Depression                      | <input type="checkbox"/> Muscular Dystrophy            |
| <input type="checkbox"/> Pervasive Developmental Delay (PDD/NOS)  | <input type="checkbox"/> Post-Traumatic Stress Disorder (PTSD) | <input type="checkbox"/> Multiple Sclerosis            |
| <input type="checkbox"/> Autism Spectrum Disorder                 | <input type="checkbox"/> Learning Disorder                     | <input type="checkbox"/> Orthopedic Impairment         |
| <input type="checkbox"/> Behavior Disorder                        | <input type="checkbox"/> Sensory Disorder                      | <input type="checkbox"/> Other _____                   |
| <input type="checkbox"/> Cognitive Impairment                     | <input type="checkbox"/> Behavior Disorder                     | <input type="checkbox"/> Tourette Syndrome             |
| <input type="checkbox"/> Deaf/Hard of Hearing                     | <input type="checkbox"/> Cognitive Impairment                  | <input type="checkbox"/> Visually Impaired             |
| <input type="checkbox"/> Diabetic                                 | <input type="checkbox"/> Deaf/Hard of Hearing                  | <input type="checkbox"/> Not Otherwise Specified _____ |
| <input type="checkbox"/> Down Syndrome **                         |  |  |
| <input type="checkbox"/> Epilepsy                                 |  |  |

\*\*If Down Syndrome, has participant been tested for atlanto axial instability? YES / NO Does participant have atlanto axial instability? YES / NO

### PERMISSION TO TRANSPORT IN DISTRICT VEHICLES:

My child/adult ward has my permission to be transported by NASR/BPD staff in Belvidere Park District vehicles for programs, field trips, park visits, or any other various excursions they may encounter while participating in the NASR/Belvidere Park District programs under the supervision of NASR/BPD staff.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### PHOTO/VIDEO AUTHORIZATION AND CONSENT:

I hereby authorize and give my permission to NASR-Belvidere Park District to photograph/video my child/adult ward (or me), and without limitation, to use such photographs/video in connection with promoting/advertising the services, programs, and facilities of NASR-Belvidere Park District, including, but not limited to its website, Facebook, promotional materials, brochures, fliers, and other publications without consideration of any kinds. **I have read and fully understand the above photo/video authorization and consent.**

I do not authorize or give photo/video consent.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### EMERGENCY TREATMENT PERMISSION:

I acknowledge that NASR/Belvidere Park District does not carry medical insurance. My family's own health insurance must assume responsibility in the event of injury. I understand that every precaution is taken to protect the safety of every participant. I agree to emergency treatment by a physician or hospital in the event that I cannot be reached. I hereby acknowledge that the above information is accurate and I understand that it is my responsibility to inform NASR/Belvidere Park District staff of any changes in the above information.

Medical Insurance Company: \_\_\_\_\_ Date: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_

**IMMUNIZATIONS**

Is participant up to date on all required immunizations?  YES  NO  Never been immunized

Comments: \_\_\_\_\_

**MEDICATION**

Medication	Dosage	Purpose	Side Effects
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\*Please note that staff will NOT administer ANY medications without a completed Permission to Dispense Medication Form.\*

**HEALTH**

Does participant seizure?  YES\*  NO Comments: \_\_\_\_\_

\*If yes, there must be a current SEIZURE ACTION PLAN complete and on file with Belvidere Park District.

Does participant have asthma?  YES  NO \_\_\_\_\_

Does participant have allergies?  YES  NO \_\_\_\_\_

**DIETARY**

Does participant require assistance eating or drinking?  YES  NO Comments: \_\_\_\_\_

• Have any food restrictions/allergies?  YES  NO \_\_\_\_\_

• is Participant Diabetic?  YES  NO \_\_\_\_\_

**BEHAVIOR**

Does participant display unusual fears?  YES  NO Comments: \_\_\_\_\_

Does participant comply with verbal requests?  YES  NO \_\_\_\_\_

Does participant respond to specific directions?  YES  NO \_\_\_\_\_

Does participant have any known situations that sets them off?  YES  NO \_\_\_\_\_

What actions are to be taken if a particular behavior is presented? \_\_\_\_\_

Does participant respond to any behavior improvement techniques? \_\_\_\_\_

**GENERAL**

Does participant enjoy swimming/water?  YES  NO Swim Level: \_\_\_\_\_

Other: \_\_\_\_\_

# Program Registration Form



1006 W. Lincoln Avenue  
 Belvidere, IL 61008  
 Phone: 815-547-5711  
 Fax: 815-544-4648

Date Registered: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

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

City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Participant's First & Last Name	M/F	DOB	Program Code	Fee
<b>TOTAL FEE</b>				

CHECK T-SHIRT SIZE (if applicable):

Youth: YS YM YL (circle one)  
 Adult: Small Medium Large X-Large (circle one)

School: \_\_\_\_\_ Grade \_\_\_\_\_

Please list any special needs or accommodations you may need:

\_\_\_\_\_  
 \_\_\_\_\_

It is understood that any participants that register and participate in such activities assume all risk for liability, medical or accident claims or damages.

Any action to enforce the terms of this contract, the prevailing party shall be entitled to reasonable attorney fees and court costs.

*Belvidere Township Park District Photographs and Video Tapes Program participants:* By registering for these programs, the participant consents to use by the park district of his/her likeness in park district advertising and other uses related to park district programming.

**PARTICIPANT'S OR PARENT'S SIGNATURE** \_\_\_\_\_



# Camp Compass Registration Procedures & Fee Information

Effective for 2018 Summer  
(Updated 4/13/2018)

Participant Name: \_\_\_\_\_

Camp Compass has a substantial impact on Belvidere Park District’s financial position, which means that the revenue and expenses for the program undergo regular review. The financial stability of this program is critical to Belvidere Park District’s ability to continually offer our programs and services. At this time, the following procedures have been set forth to accommodate the continued success of Camp Compass.

### **PARTICIPANT INTAKE PROCEDURE:**

In order to register for Camp Compass, each participant must complete a Camp Compass Registration Packet which includes the following:

- Camp Compass Parent Handbook
  - Program Registration Form
  - Camp Compass Information & Registration Procedures
  - Credit/Debit Authorization Form
  - Annual Information & Emergency Contact Form
  - Authorized Pick Up Form
  - Field Trip Waiver
  - Medication Dispensing Waiver (as needed)
  - Getting to Know Your Child
- OR**
- Recurring Credit Card Charge Authorization Form

### **Camp Compass FEE INFORMATION:**

Camp Compass 2018 will be conducted in 11, one-week sessions starting May 29th– August 10th. A non-refundable deposit of \$20 can be made to reserve your weeks of camp.

**\*The registration deadline is the Wednesday at 11:59pm before the week attending.\***

<u>Age Group</u>	<u>Code</u>	<u>R/NR after 5/1</u>	<u>Dates</u>	<u>Time</u>	<u>Days</u>
Discover (Ages 3-5)	410016-(01-11)	\$145/\$215	5/29-8/10	7:00 – 6:00 pm	M-F
Explore (Grades K-1)	410026-(01-11)	\$145/\$215	5/29-8/10	7:00 – 6:00 pm	M-F
Achieve (Grades 2-3)	410036-(01-11)	\$145/\$215	5/29-8/10	7:00 – 6:00 pm	M-F
Lead (Grade 4-5)	410046-(01-11)	\$145/\$215	5/29-8/10	7:00 – 6:00 pm	M-F
Succeed (Grade 6-8)	410046-(01-11)	\$145/\$215	5/29-8/10	7:00 – 6:00 pm	M-F

**\*\*Fees will be prorated for shortened holiday weeks\*\***

### **PAYMENT PROCEDURE:**

#### **1. Payment Options:**

- a. ACH Payment Option (Installment Billing - automatic weekly withdrawal from a debit/credit card or your checking account):
  - Complete a “Belvidere Park District Credit/Debit Authorization Form” or a “Recurring Credit Card Charge Authorization Form.”
  - First payment for Camp Compass is due at time of registration and will be withdrawn within 24 hours of registration.
  - Remaining payments will be withdrawn on Thursday mornings before the week attending.
- b. NON-ACH Payment Option (payments made at time of registration):
  - All registration payments are due in full at the time of registration by cash or check in person or debit/credit card in person or online.



## Camp Compass Registration Procedures & Fee Information

Effective for 2018 Summer

(Updated 4/13/2018)

Participant Name: \_\_\_\_\_

### 2. **EMV Compliance**

In compliance with EMV, phone payments will not be taken.

### 3. **Prompt Payment**

Prompt payments are essential to Belvidere Park District programming, the participant, & their family. If payment is not prompt, your child will be removed from the program.

### 4. **Payment Interruptions**

- Payment Declined: A phone call will be made by the Business Office to the phone number provided. If you are not reachable by phone, an email will be sent. A new form of payment is expected in person before your child can attend the next week.
- Processing Fee & NSF Fee: If a payment is rejected and/or bounced, you will be assessed a processing fee of \$10.00, as well as, be charged a \$35.00 NSF fee. All fees must be paid before a participant can return to the program.

### 5. **Removal From & Reinstatement In Camp Compass**

- Repeated Payment Rejection (Bouncing): participant will be removed from the program and his/her place will be forfeited to the next individual seeking to register.
- Camp Compass Reinstatement:
  - If a participant requests reinstatement, the following must occur:
    - All outstanding balances must be paid in full.
    - 3 weekly payments must be submitted and clear the bank, up front. 1 payment will be applied to current participation. The 2<sup>nd</sup> and 3<sup>rd</sup> payments will be applied towards the last 2 payments for the summer.
    - Weekly payments begin immediately; in line with the current payment schedule & **MUST** be through the ACH option.
- Consideration for reinstatement will be given on a case by case basis and **ONLY** if there is a space available.

### **REFUND PROCEDURE:**

There are no refunds or credits given for missed days; including personal vacation time off and program suspensions due to behavior. It is the responsibility of the parent/guardian to choose the weeks of care needed.

- **Exception**: will be given with a written doctor's note stating that the participant was ill for an extended amount of time and under the care of a physician.
  - Doctor's note must be presented to the Recreation Supervisor in order for any refund to be considered and a refund request form must be filled out.
  - On a case by case basis, refunds may not be given if discounts were previously applied to participant's registration.



**Camp Compass**  
**Registration Procedures & Fee Information**

Effective for 2018 Summer  
(Updated 4/13/2018)

Participant Name: \_\_\_\_\_

**PLEASE SELECT CHOICE OF PAYMENT:**

**PAYMENT OPTION 1:**

- Automatic payments from your credit card or bank account on the Thursday the week before attendance. In the event this date falls on a holiday or non-business date this payment would be deducted on the next available date.

**PAYMENT OPTION 2: NON-ACH PAYMENT (Payments made at time of registration)**

- No automatic payments. You will come into the River's Edge Recreation Center at 1151 W. Locust St by the Wednesday before the week of attendance and pay your payment in person. In the event this date is a holiday the payment would be due on the next available business date.

**\*\*All payments will begin May 24<sup>th</sup> 2018. A \$20.00 NON REFUNDABLE deposit is due at the time of the registration and will go towards the balance of that week\*\***

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**Camp Compass REGISTRATION PROCEDURES & FEE INFORMATION**  
**ACKNOWLEDGEMENT/AGREEMENT**

I have read and understand the Camp Compass Fee Information & Registration Procedures. I agree that, if at any time, I do not understand the above information I will seek out the information by contacting the Recreation Supervisor.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Recurring Credit Card Charge Authorization Form

I (we) hereby authorize, The Belvidere Park District, to make recurring charges to my credit card listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error.

This authority will remain in effect until The Belvidere Park District is notified by me (us) in writing to cancel it in such time as to afford The Belvidere Park District and credit card company a reasonable opportunity to act on it.

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**Name –PLEASE PRINT AS APPEARS ON CARD**

---

**Address-PLEASE PRINT**

---

**Phone Number/EMAIL-PLEASE PRINT**

---

**Last 4 digits of card**

\_\_\_\_\_  
Visa/MasterCard

**Please circle**

---

**Expiration Date**

---

**CVV Code**

---

**Charge Amount**

---

**Billing Zip Code**

---

**Signature**

---

**Effective Date**

**\*\*2018 CAMP COMPASS PROGRAM\*\***



**Checking Account Credit/Debit Authorization Form**

I (we) hereby authorize **Belvidere Park District** (The Company) to initiate a debit entry to my (our) checking account at the Financial Institution indicated below, and initiate adjustments (if necessary) for any transactions debited in error. This authority will remain in effect until the Belvidere Park District is notified by me (us) in writing to cancel it in such time as to allow the **Belvidere Park District** and Bank a reasonable opportunity to act on it.

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**Name of Financial Institution:** \_\_\_\_\_

**Location (City & State):** \_\_\_\_\_

**Financial Institution's Routing Transit Number:** \_\_\_\_\_

**Checking Account Number:** \_\_\_\_\_

**Customer Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Customer Name (Print)** \_\_\_\_\_

**\*\*Please attach a copy of a canceled check\*\***

**\*\*Should this payment be returned you will be responsible for fees (\$35.00) assessed to the Belvidere Park District as a result of your returned item/s**

**\*\* Should this payment be returned during any of the billing cycles you will be removed from the installment billing/automatic ACH program and then prepay thereafter.**

**\*\*2018 CAMP COMPASS PROGRAM\*\***

# 2017-2018

## EMERGENCY AND/OR AUTHORIZED PICK UP CONTACT FORM

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

Primary Emergency Contacts: Mother: \_\_\_\_\_ Phone: \_\_\_\_\_  
Belvidere Park District staff will make every effort to contact these primary contacts before those in chart below. Father: \_\_\_\_\_ Phone: \_\_\_\_\_

**TO BEST SERVE YOUR CHILD, PLEASE FILL OUT THE CHART IN ITS ENTIRETY.**

First Name	Last Name	Phone

I give permission that in case of the illness or accident of my child, and I am unable to pick up my child, one of the primary emergency contacts or individuals approved from the chart above has permission to be contacted. I also give permission to all primary emergency contacts and those individuals approved from the chart above to pick up my child from program in the event of a late or alternate pick up. Please inform each person on this list that they are on it and that they MUST show a state issued photo ID when picking your child up.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

\*NOTE: Belvidere Park District staff members may not be considered as an emergency or authorized pick up contact for a participant (including family members) if they are working or on the schedule to work that day. If the BPD staff member is not working, they may be listed and considered as an eligible emergency or authorized pick up contact.

# 2017-2018

## EMERGENCY AND/OR AUTHORIZED PICK UP CONTACT FORM

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

Primary Emergency Contacts: Mother: \_\_\_\_\_ Phone: \_\_\_\_\_  
Belvidere Park District staff will make every effort to contact these primary contacts before those in chart below. Father: \_\_\_\_\_ Phone: \_\_\_\_\_

**TO BEST SERVE YOUR CHILD, PLEASE FILL OUT THE CHART IN ITS ENTIRETY.**

First Name	Last Name	Phone

I give permission that in case of the illness or accident of my child, and I am unable to pick up my child, one of the primary emergency contacts or individuals approved from the chart above has permission to be contacted. I also give permission to all primary emergency contacts and those individuals approved from the chart above to pick up my child from program in the event of a late or alternate pick up. Please inform each person on this list that they are on it and that they MUST show a state issued photo ID when picking your child up.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

\*NOTE: Belvidere Park District staff members may not be considered as an emergency or authorized pick up contact for a participant (including family members) if they are working or on the schedule to work that day. If the BPD staff member is not working, they may be listed and considered as an eligible emergency or authorized pick up contact.

# **GENERIC PROGRAM WAIVER & RELEASE**

## **IMPORTANT INFORMATION**

The (District/SRA) is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The (District/SRA) 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 this program/activity 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 adequately skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or has recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

## **WARNING OF RISK**

Recreational activities 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. All hazards and dangers cannot be foreseen. Depending on the particular activity, certain risks, dangers and injuries may exist due to inclement weather, slips and falls, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and other risks inherent to the particular activity. In this regard, it is impossible for the (District/SRA) 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 this program/activity, 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 this program/activity (including transportation services and vehicle operations, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, 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 this program/activity against the (District/SRA), including its officials, agents, volunteers and employees.

The following field trips will be taken by Camp Compass. Week 6 has a separate waiver that is required for your child's attendance and will be given to parents at check in during that week. IH means in house field trip and will be held at the Park District.

**Week 1:** Madison Zoo

**Week 2:** Rockford Rivets

**Week 3:** Rockford Your Beat (IH)

**Week 4:** Showplace 16 Rockford

**Week 5:** Little Amerricka

**Week 6:** Trampoline Park

**Week 7:** Krape Park

**Week 8:** Haunted House (IH)

**Week 9:** Zoo To You- Petting Zoo (IH)

**Week 10:** Carnival Week (IH)

**Week 11:** Wheeling Park District Aquatic Center

**I have read and fully understand the above important information, warning of risk, assumption of risk and 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.**

PLEASE PRINT

Participant's Name \_\_\_\_\_

Participant's Signature \_\_\_\_\_  
(18 years or older or Parent/Guardian)

Date \_\_\_\_\_

**PARTICIPATION WILL BE DENIED**

**If the signature of adult participant or parent/guardian and date are not on this waiver.**



**MEDICATION DISPENSING INFORMATION**  
(Page 1 of 2)

**Background Information:**

Participants Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

Parent/Guardian Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medication Information**

TO BETTER SERVE YOUR CHILD, FILL OUT THE INFORMATION BELOW TO ITS ENTIRETY.

<p><b>Name of Medication:</b> _____ <b>Dosage:</b> _____</p> <p><b>Time of Day:</b> wake: _____ am    breakfast: _____ am    lunch: _____ pm    dinner : _____ pm    bedtime: _____ pm Other: _____</p> <p><b>Dispensing and storage instructions:</b> _____</p> <p>_____</p> <p><b>Possible Side Effects:</b> _____</p> <p>_____</p>
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<p><b>Name of Medication:</b> _____ <b>Dosage:</b> _____</p> <p><b>Time of Day:</b> wake: _____ am    breakfast: _____ am    lunch: _____ pm    dinner : _____ pm    bedtime: _____ pm Other: _____</p> <p><b>Dispensing and storage instructions:</b> _____</p> <p>_____</p> <p><b>Possible Side Effects:</b> _____</p> <p>_____</p>
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**MEDICATION DISPENSING INFORMATION**  
(Page 2 of 2)

<b>Name of Medication:</b> _____ <b>Dosage:</b> _____
<b>Time of Day:</b> wake: _____ <u>am</u> breakfast: _____ <u>am</u> lunch: _____ <u>pm</u> dinner : _____ <u>pm</u> bedtime: _____ <u>pm</u> Other: _____
<b>Dispensing and storage instructions:</b> _____ _____
<b>Possible Side Effects:</b> _____ _____

<b>Name of Medication:</b> _____ <b>Dosage:</b> _____
<b>Time of Day:</b> wake: _____ <u>am</u> breakfast: _____ <u>am</u> lunch: _____ <u>pm</u> dinner : _____ <u>pm</u> bedtime: _____ <u>pm</u> Other: _____
<b>Dispensing and storage instructions:</b> _____ _____
<b>Possible Side Effects:</b> _____ _____

Comments/Additional Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that it is my responsibility to give the medication directly to a **Belvidere Park District (BPD)** program staff member in original prescription container/s and clearly labeled with the following information: Participant's name, name of medication, and complete dosing instructions.

In all cases, medication dispensing can only be changed or modified by completing another Medication Information Form.

I hereby acknowledge that the above information is accurate and I understand that it is my responsibility to inform **BPD** of any changes in the medication or dispensing of medication occurs.

\_\_\_\_\_  
Signature of Parent of Guardian

\_\_\_\_\_  
Date

# Getting to Know Your Child

**Please complete this form so we may get to know your child better.**

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Parent(s)/Guardian \_\_\_\_\_

Nickname/What would you like us to call your child \_\_\_\_\_

Siblings (Name & Ages) \_\_\_\_\_

Does your child have any special fears? If so, please explain \_\_\_\_\_

What do you do to reassure your child? \_\_\_\_\_

Does your child have any special interests? (i.e. trips, bugs, pets) \_\_\_\_\_

Previous School Experience \_\_\_\_\_

Is your child generally: friendly slow to warm up active sensitive other \_\_\_\_\_

How does he/she get along with siblings/playmates? \_\_\_\_\_

How does your child express feelings? \_\_\_\_\_

How do you discipline? \_\_\_\_\_

Primary language spoken at home \_\_\_\_\_

What do you hope your child takes away from this program? \_\_\_\_\_

Is there anything else you would like to share about your child?



**Belvidere Park District**  
**3<sup>rd</sup> Base & Camp Compass**  
**Program Behavior Guidelines & Expectations**

Belvidere Park District promotes and encourages the concept of fun for everyone. However, certain rules have been established to ensure the safety and enjoyment of all people involved. The following guidelines have been established to make sure -Belvidere's programs are safe and enjoyable for everyone. Belvidere's participants are expected to demonstrate appropriate behavior during programs. The district's basic behavior guidelines and expectations insist that participants shall:

- Show respect to each other and staff
- Abstain from using foul or abusive language
- Refrain from inflicting bodily harm to any individual
- Demonstrate respect to equipment and facilities
- Follow directions given by Belvidere Staff
- Stay within program boundaries
- Have control of bowel and bladder

A caring, positive approach will be utilized regarding the use of any disciplinary methods. Additional or individual behavior management plans may be developed on the advice of parents, guardians, Belvidere Park District staff, or other professionals. Belvidere Park District reserves the right to dismiss a participant if the above noted guidelines and expectations are not adhered to, and/or, parent/guardian response to a problem situation is not attempted. Each situation will be evaluated individually and on its own merit.

Additional rules may be developed for particular programs and athletic leagues as deemed necessary by Belvidere Park District staff.