



# Summer Day Camp

## Registration Form

COVID-19 Policies and Procedures Attached

Please complete the this form in full prior to registering for camp. If you have more than one child, please fill out a registration form for each child participating in camp.

\*If your camper experiences any COVID-19 symptoms at any point, before or during summer camp, please contact Katelyn Haniford, Recreation Specialist, (314) 521-4661.

### CAMPER INFORMATION

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Current School Attending:** \_\_\_\_\_ **Current Grade Level:** \_\_\_\_\_

**Sibling's name(s) at camp and age:** \_\_\_\_\_

**Does your child take any medication during:**

**School Year:**  Yes  NO **Summer:**  Yes  No

List Medications: \_\_\_\_\_

**Reminder:**

Breakfast and Lunch will **NOT** be provided  
*Registration fee has been reduced*

If medication will need to be administered during a program by our staff then a **Medication Form** must be completed!

### For Office Use Only:

Receipt #: \_\_\_\_\_ Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_

### PARENT / GUARDIAN #1

### PARENT / GUARDIAN #2

**Name:** \_\_\_\_\_ **D.O.B:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **D.O.B:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

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

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

**Employer:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

### EMERGENCY INFORMATION

In case of an emergency, which hospital do you prefer?

**Doctor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Allergies/Reactions (include food, drug, other): \_\_\_\_\_

### SPECIAL ACCOMMODATIONS

Is your child able to participate in recreation activities?  Yes  No

*Participation limitations and/or restricts:* \_\_\_\_\_

If necessary, please describe any accommodations (medical, physical, or behavioral needs) and/or other information that will assist camp staff in helping your child get the most out of our camp. \_\_\_\_\_

## PICK - UP AUTHORIZATION

See attached COVID-19 procedures information form for pick-up process.

Parent/Guardian #1: \_\_\_\_\_ Contact Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_ Contact Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact #1: \_\_\_\_\_ Relationship: \_\_\_\_\_

*\*Person to be reached if parent/guardian is not available in the event of an emergency.*

Home Phone: \_\_\_\_\_ Cell or Work Phone: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_ Relationship: \_\_\_\_\_

*\*Person to be reached if parent/guardian is not available in the event of an emergency.*

Home Phone: \_\_\_\_\_ Cell or Work Phone: \_\_\_\_\_

Authorized Person \_\_\_\_\_ Relationship: \_\_\_\_\_

Authorized Person \_\_\_\_\_ Relationship: \_\_\_\_\_

Authorized Person \_\_\_\_\_ Relationship: \_\_\_\_\_

\*Name of person(S) NOT allowed to pick up my child: \_\_\_\_\_

*\*Appropriate custody paperwork must be attached if a **parent** is not allowed to pick up a child.*

### PROGRAM RELEASES & ACKNOWLEDGMENTS

_____ Initial	<p><b>Field Trips</b> Summer Day Camp activities involve transportation to and from the destination. I grant permission for my child to be transported to field trips during the program. We are hoping to visit local parks later in the summer.</p>
_____ Initial	<p><b>Emergency Clause</b> In the event that I cannot be reached in an emergency, I hereby give my permission to employees of this Summer Day Camp program to secure proper medical care for my child as deemed necessary. This permission extends from minor first-aid treatment to (under a doctor's orders) hospitalization, injections, anesthesia, surgery, and other medical procedures deemed necessary.</p>
_____ Initial	<p><b>Media Release</b> I consent and give permission to allow the City of Ferguson the unlimited right to use photos, videos, direct quotes and/or audio clips that they have of my child participating in the Summer Day Camp program.</p>
_____ Initial	<p><b>Release Clause</b> The undersigned hereby releases and holds harmless the Summer Day Camp program and any officers employees or agents thereof, uncluding without limitation the Ferguson Park Board, City of Ferguson, from any and all claims liabilities, or demands whatsoever arising out of the enrollment or participation in any program by the participant herein.</p>
_____ Initial	<p><b>Late Pick - Up Policy</b> Main Camp pick up is no later than 4:00pm. Any guardian arriving late, will be charged \$5.00 for each 15 minutes he or she is late. Participants will not be allowed to return to the program until this fee is paid. If a parent is late more than three times, the child will not be allowed to return to the Summer Day Camp program.</p>
_____ Initial	<p><b>Parent Manual</b> I agree to read and abide by all of the policies and procedures listed in the Ferguson Summer Camp Parent Manual."</p>

I am aware of all the releases and policies stated above:

Signature of Responsible Party \_\_\_\_\_ Date \_\_\_\_\_



# Summer Day Camp

## Medication Administration & Authorization Form

For Prescription and Non-prescription Medication

Camper Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Prescription medication shall be in the original container and labeled with the child's name, instructions, including times and amounts for dosages and the physician's name. All non-prescription medication shall be in the original container and labeled by the parent(s) with the child's name and instructions for administration, including times and amounts for dosages. This form is valid **ONLY** for the dates indicated below.

### PHYSICIAN

I, \_\_\_\_\_ certify that it is medically necessary for the medication(s) listed  
(Name of Physician)

below to be administered to: \_\_\_\_\_ for the duration that exceeds 10 work days.  
(Child's Name)

Medication(s): \_\_\_\_\_

Dosage and Times to be administered: \_\_\_\_\_

Special instructions (if any): \_\_\_\_\_

This authorization is effective from: \_\_\_\_\_ until: \_\_\_\_\_  
(Start Date) (End Date)

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Phone: \_\_\_\_\_

### PARENT / GUARDIAN

Ferguson Parks and Recreation has my permission to administer the following medication

for \_\_\_\_\_.  
(Child's Name)

Medication(s): \_\_\_\_\_

Dosage and Times to be administered: \_\_\_\_\_

Special instructions (if any): \_\_\_\_\_

This authorization is effective from: \_\_\_\_\_ until: \_\_\_\_\_  
(Start Date) (End Date)

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



# Summer Day Camp

## COVID-19 Safety Guidelines

### Policies and Procedures

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City of Ferguson Parks and Recreation has followed and continues to follow the recommendations provided by the American Camp Association (ACA), CDC and St. Louis County Health Department. The following is prevention and treatment methods outlined by the above Departments:

Breakfast and Lunch will **NOT** be provided.

*We have reduced the weekly registration fee.*

- We ask that all staff and/or campers stay home if they are sick.
- Cough or sneeze into a tissue or your elbow.
- Camp enrollment and activities will follow the phasing recommendations.
- All campers need to bring a water bottle with their name on it.
- Campers will be broken into small groups adhering to phasing recommendations. Staff will be included in the small group number.
- Campers and Staff will wash their hands or use hand sanitizer every hour on the hour, before and after eating snack and lunch and before and after every activity.
- Staff will continue to follow all food handling policies by wearing gloves when preparing and/or serving any food.
- Staff will be provided face masks and other PPE for use when in close contact with others.
- Campers are welcome to bring face masks from home to wear.
- Campers will put their belongings in a designated spot (marked with tape or tray) that is distanced properly based on phasing recommendations. This spot will remain the same all week.
- Staff will cycle clean and disinfect frequently touched objects and surfaces (door knobs, handles, faucets, etc.).
- A designated sick area will be determined at camp in case of illness.
- Staff will complete a COVID-19 Employee entry screening questionnaire prior to working each day.
- **Field Trips:** Summer Camp will not go off site for field-trips. We are looking into program enhancing activities and possible vendors to provide special activities. Guest speakers will be required to complete a COVID-19 entry screening.
- **Swimming:** Splash at Wabash has been closed for the 2020 Summer Season. Due to this closure, we will not be taking the campers swimming this summer. We have incorporated several water activities and events into our camp days.
- **Drop Off and Pick Up:** See Parent Manual for information.



The above safety guidelines are subject to change at anytime per CDC or St. Louis County Healthy Department. If changes are made, we will notify campers families.