

May, 2017

Dear Pee Wee Camp Parents:

Welcome to Pee Wee Camp 2017! Session 1 will begin on Monday, June 5<sup>th</sup> or Tuesday, June 6<sup>th</sup> and Session 2 will begin on Monday, July 10<sup>th</sup> or Tuesday, July 11<sup>th</sup>. Pee Wee Camp begins at 9:00am and ends at 11:30am. Camp will be held at the Wauconda Park District Community Center located at 600 North Main Street in either the Boardroom (upstairs) or Room D (downstairs). If you have a friend request, please contact me as soon as you register. We will do our best to accommodate requests, but there are no guarantees. **Participants should bring a snack and drink each day to camp. PLEASE REMEMBER THAT PEE WEE CAMP IS A NUT-FREE ZONE. It is recommended that you apply sunscreen to your child prior to dropping them off, since several activities will be outside.**

Attached you will find emergency contact paperwork that must be completed and returned on or before the first day of Pee Wee Camp. Campers will not be allowed to attend camp until these forms are completed and submitted to our staff. If your child has a medical condition or allergy that requires the administration of medication or the use of an epi-pen, please fill out the "Permission to Dispense Medication Form". This form is available online or at the front desk.

If you have any questions, please contact me at (847) 526-3610.

We look forward to another fun-filled summer with your children.

Sincerely,

Mary Foersterling

Wauconda Park District



**Mary Foersterling**

Early Childhood/Preschool  
Supervisor

Office: 847-526-3610

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[www.waucondaparks.com](http://www.waucondaparks.com)

Core Values

Integrity - Service - Teamwork - Commitment

**WAUCONDA PARK DISTRICT**  
**Pee Wee Camp 2017**  
**PARTICIPANT INFORMATION FORM**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Age \_\_\_\_\_

Father's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Occupation \_\_\_\_\_ Name of Business \_\_\_\_\_  
Business Phone \_\_\_\_\_ Business Address \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Cell Carrier \_\_\_\_\_

Mother's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Occupation \_\_\_\_\_ Name of Business \_\_\_\_\_  
Business Phone \_\_\_\_\_ Business Address \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Cell Carrier \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Physician's Address \_\_\_\_\_

Allergies and Food Restrictions: \_\_\_\_\_

**Persons to contact in case of an emergency:**

Name/Relationship

1. _____	Phone # _____
2. _____	Phone # _____
3. _____	Phone # _____
4. _____	Phone # _____
5. _____	Phone # _____

**Persons authorized to pick up child:**

Name/Relationship

1. _____	Phone # _____
2. _____	Phone # _____
3. _____	Phone # _____
4. _____	Phone # _____
5. _____	Phone # _____

**PERSONAL INFORMATION ON CHILD**

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

Allergies \_\_\_\_\_

Food Restrictions \_\_\_\_\_

Physical Limitations \_\_\_\_\_

Has your child ever had any difficulty with hearing, vision or other parts of the body?

\_\_\_\_\_

If yes, please explain \_\_\_\_\_

Are there any speech difficulties? \_\_\_\_\_

Has your child ever attended preschool before? \_\_\_\_\_

If yes, where and for how long? \_\_\_\_\_

What special interests does your child have? \_\_\_\_\_

\_\_\_\_\_

What fears does your child express? \_\_\_\_\_

Does your child become angry easily? \_\_\_\_\_ Temper Tantrums? \_\_\_\_\_

What do you enjoy with your child? \_\_\_\_\_

\_\_\_\_\_

What do you hope your child will gain from his/her experience in our camp? \_\_\_\_\_

\_\_\_\_\_

Please add any additional information that you feel is necessary for the staff to know about your child

\_\_\_\_\_

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