

May, 2018

Dear Pee Wee Camp Parents:

Welcome to Pee Wee Camp 2018! Session 1 will begin on Monday, June 4th or Tuesday, June 5th and Session 2 will begin on Monday, July 9th or Tuesday, July 10th. 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). Your child will be assigned to a specific classroom and staff will be in the front hall on the first day to direct you. 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

Fax: 847-526-3791

www.waucondaparks.com

Core Values

Integrity - Service - Teamwork - Commitment

WAUCONDA PARK DISTRICT
Pee Wee Camp 2018
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: _____

Other persons to contact in case of an emergency: (Parents will always be called first)

Name/Relationship	Phone #
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Persons authorized to pick up child:

Name/Relationship	Phone #
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

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 doing 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
