

# 2024 Spring Break

*You won't want to miss  
this fun two day camp!*

**Dates: March 26th & 27th  
Tuesday and Wednesday**

**9:00am—2:00pm  
Price: \$110**

**At Hoover Forest Preserve**



## Grades K – 4

Come on out and explore all that Hoover Forest Preserve has to offer, in this hands-on nature camp.

Campers will explore our prairies, forests, and creeks in our forest preserve. Our activities will include hikes on our many trails, story times, nature-inspired arts and crafts, unstructured play, and more!

We will focus on our explorations on various plants, animals, and insects who are waking up from the winter and looking to be discovered.

### **To Register for this camp:**

Email/US Mail/Drop off your completed registration forms and payment.

Register today— spots fill up quickly.

Your child's spot will not be reserved until registration forms, health forms **and** payment are received.

For additional information:  
Email [kadams@kendallcountyl.gov](mailto:kadams@kendallcountyl.gov) or  
call 630-553-2292.



# Kendall County Forest Preserve District 2024 Spring Break Camp Program

## Camper Information

*Registration Deadline: Monday, March 11th. First come first served, spots fill up fast.*

Name of camp:	2024 Spring Break Camp	Date of camp: March 26th and 27th 2024
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Cost: \$110 per child

Child's name:

Date of Birth:

Current Grade Level:

Parent/Guardian Name:

Address:

City:

State:

ZIP:

Cell Phone:

Home/Work Phone:

Email Address:

**Your signature below indicates that you have read and agree to the following 1-5 statements, and that your child has your permission to attend this program:**

1. I have been informed of the details of this program & my child has my permission to participate in this supervised program.
2. I understand that my child will be under the instructor's, or other authorized personnel's supervision at all times. I agree to instruct my child to obey all rules, regulations, and instructions given by instructors and/or authorized personnel. I further agree that no teacher or other authorized personnel shall be held responsible or liable for injuries or other mishaps caused by my child's deliberate disobedience of rules, regulations, or instructions.
3. I authorize the instructors or other authorized personnel, acting in my place, as parent, to give consent to any hospital or physician to provide my child with whatever examination, treatment, hospitalization, medical or surgical care that may be needed in the event that an injury or illness may occur to my child while attending the program.
4. I consent to the KCFPD's use of photographs & recordings for educational, promotional or publicity purposes and agree that these photographs/recordings may be displayed during presentations or published in mass media publications, newspapers, social media promotions, or websites.
5. **Cancellation Policy:** A \$15 non-refundable registration fee is included in this program fee. **We are unable to give refunds for cancellations with less than two weeks notice**, prior to the first day of the program.

Signature:

Date:

## Payment Information & Mailing Instructions

Child's Name:	
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Name of Camp: <b>2024 Spring Break Camp</b>	Date of Camp: <b>March 26th &amp; 27th 2024</b>
Camp Fee: \$110	Tuesday and Wednesday

Payment Option (check one):	
<input type="checkbox"/>	Cash (In person drop-off only at our main office)
<input type="checkbox"/>	Check (Make payable to The Kendall County Forest Preserve District) Mail or Drop off
<input type="checkbox"/>	Credit card (Fill out information below) Email, Mail, or Drop off

### Credit Card Information (2.5% processing fee applied)

Name on Card:					
Billing Address:					
City:		State:		ZIP:	
Card Type (circle one):	Visa	Master Card	Discover Card		
Card Number:					
Security Code:		Expiration Date:			

I authorize Kendall County Forest Preserve District to charge my credit card the amount indicated on the dates as noted. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail completed registration form, payment form, health form, and payment to Kendall County Forest Preserve District, Attn: Camp Registration, 110 W. Madison St., Yorkville, IL 60560.

**Cancellation Policy:** No refund will be given for cancellations with less than two weeks notice from the first day of the program. A \$15 nonrefundable registration fee is applied to participants who qualify for a refund.

Program letters regarding more details about the program will be sent 1 week prior to the first day of the program. If you have any other questions or need assistance with your registration, please contact Kimberly Adams, Environmental Education Coordinator, at 630-553-2292 or email [kadams@kendallcountyil.gov](mailto:kadams@kendallcountyil.gov). Thank you!

**Office Use Only:**

Forms rec'd: \_\_\_\_\_

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

Initials: \_\_\_\_\_

Confirmation Email: \_\_\_\_\_

1 Week Prior Parent Letter: \_\_\_\_\_



# HEALTH FORM (TO BE FILLED OUT BY PARENT/GUARDIAN)

Child's Name:		
Name of Camp: Spring Break Camp—2024		Date of Camp: March 26—27, 2024

## Personal Information

Height:	Weight:	Sex: M    F    Non-binary
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### Health History: Has the camper experienced any of the following? If so, circle and indicate dates.

Frequent colds	Asthma	Rheumatic fever
Frequent sore throats	Chicken pox	Tuberculosis
Sinusitis	Measles	Epilepsy
Abscessed ears	German Measles	Heart problems
Fainting	Mumps	Kidney problems
Bronchitis	Whooping Cough	Sleep walking
Stomach upsets	Diabetes	Constipation
Hay Fever	Polio	Arthritis
Frostbite	Fractures	Operations/Serious Injuries

Other medical concerns:

### Allergies: Is the camper allergic to any of the following? If so, circle and provide details.

Medication (e.g. penicillin, aspirin, sulfa, etc.)	Foods (e.g. shellfish, milk, peanuts, etc.)	Insect bites (e.g. bee stings)
Plants (e.g. poison ivy)	Environmental (e.g. mold, dust, etc.)	Other (please indicate)

### Medications: Please note any medications camper is taking and special instructions for staff.

## Healthcare Provider Information

Physician name:	
Office Name:	Phone Number:
Hospital Preference:	
Medical Insurance Company:	Policy Number:

### Emergency Contact Information—List someone other the Parent/Guardian on page#1

Emergency Contact Name:	Relationship:
Primary/Cell Phone:	Alternate Phone:

**Parent Agreement: The above medical information is complete and accurate to my knowledge. Also, my child is fit to participate in all camp activities except for the limitations noted in this health form.**

<u>Signature:</u>	Date:
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