

# Kendall County Forest Preserve District 2022 Winter Break Camp

Nature doesn't take a break over winter and neither do we!



## ***\*Frosty Expedition\****

**Ages: Grades K-4**

**Date: December 28 – 29**

*Wednesday & Thursday*

**Time: 9 am — 2 pm**

**Location: Hoover Forest Preserve**

**Price: \$90**

Looking for something fun to do while on Winter Break? Come and learn how animals have adapted to survive the snow and cold of winter. We will search for animal tracks, perform winter experiments, make fun crafts, read stories, play games, and celebrate all things winter! Be prepared to head outside, so dress very warm for the weather.

***Registration Deadline: December 19th!***

For additional information on the program:

Call 630-553-2292 or email  
[kadams@kendallcountyil.gov](mailto:kadams@kendallcountyil.gov)



# Kendall County Forest Preserve District 2022 Winter Break Camp Program

## Camper Information

*Registration Deadline: Monday, December 19th. First come first served, spots fill up fast.*

Name of camp:	2022 Winter Break Camp	Date of camp: December 28th and 29th 2022
---------------	------------------------	---

Child's name:

Date of Birth:

Current Grade Level:

Parent/Guardian Name:

Address:

City:

State:

ZIP:

Home Phone:

Alternate Phone:

Email Address:

Emergency Contact:

Relationship:

Home Phone:

Alternate Phone:

**Your signature below indicates that you have read and agree to the following, 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. All staff have been trained and certified in emergency epinephrine procedure. Staff members carry generic epinephrine pens in their backpacks in case of first-time severe allergy response resulting in signs of anaphylaxis. Please indicate below if you want your child to receive epinephrine from forest preserve staff should they present signs of anaphylaxis.  
**Yes, I authorize forest preserve staff to administer epinephrine should my child present signs of anaphylaxis.**
5. 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.

**6. 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:	
---------------	--

Name of Camp: 2022 Winter Break Camp	Date of Camp: December 28 & 29, 2022
--------------------------------------	--------------------------------------

Camp Fee: \$90	
----------------	--

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) |
| <input type="checkbox"/> | Credit card (Fill out information below)                            |

### 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.

Camp letters regarding the camp you are registered for will be sent 1 week prior to camp. If you have questions regarding nature camps 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: \_\_\_\_\_



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

Child's Name:

Name of Camp: 2022 Winter Break Camp

Date of Camp: December 28 & 29, 2022

## Personal Information

Height:

Weight:

Sex: M, F, Non-Binary

## 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

Emergency Contact Name:

Relationship:

Primary 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.**

Signature:

Date: