



**Neighbor  
Scapes**

3011 West 183<sup>rd</sup> Street, #257, Homewood, IL 60430

Tel/Fax: 1-877-214-6630 | [www.neighborscapes.org](http://www.neighborscapes.org)

SERVICE FOR YOUR NEIGHBORHOOD

# “Fun In The Sun” Summer Camp

## 2010 PARENT PACKET





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## WELCOME TO NEIGHBORSCAPES!

June, 2010

Dear Parent/Guardian:

Congratulations! NeighborScapes welcomes your child to our 2010 "Fun in the Sun" summer camp. The program information is listed below:

<b>Dates:</b>	<b>June 14 – August 13, 2010</b>	<b>Days:</b>	<b>Monday - Friday</b>
<b>Hours:</b>	<b>8:00am – 6:00pm</b>	<b>Cost:</b>	<b>\$100 per week</b>

The hours for the NeighborScapes summer camp are exactly as listed above. There is no busing for the summer camp and camp will close promptly at 6:00pm each day. Therefore, parents and guardians **MUST** be on time to pick up their children. **Parents will be charged a late fee of \$10 for every 5 minutes they are late picking up their children.**

**Guidelines.** We are very happy to offer the summer camp in the safe, secure, and familiar environment of your child's community. We are also pleased to be able to offer your child FREE LUNCH every day. Please remember that this is an optional summer program. Every child will be given the opportunity to learn and have fun. Every child will be expected to give others the opportunity to learn and have fun, and must do so in order to remain in the program.

**Activities.** During the course of the program, children will participate in a variety of activities including arts & crafts, daily reading time including weekly trips to the library, sports, swimming and fun and exciting team building activities.

**Cost.** Your \$100/week summer camp fee covers almost all of the costs associated with the program. NeighborScapes will plan several field trips throughout the summer (White Sox games, movies, etc.) which may require an additional fee. We will notify you in advance of these trips so that you and your child can be prepared. In addition, if you are unable to pay the total amount for the summer up front, NeighborScapes offers you the option to pay on a weekly basis. **Payment MUST be received each Friday by 6:00pm in order for your child to participate in the camp the following week.**

Once again, thank you for choosing NeighborScapes. We look forward to a fun and educational summer.

Sincerely,

The NeighborScapes Team



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## MISSION STATEMENT

NeighborScapes' mission is to strengthen the social and physical fabric of neighborhoods, and to foster a cradle-through-college covenant of care, enrichment and development for young people.

## OBJECTIVES

1. To develop a Civic Leadership Corps program for teenagers and young adults that combines paid green work experience and job readiness counseling, civic engagement and volunteer opportunities, and personal and leadership development workshops
2. To develop after-school and summer youth enrichment programs for school-aged children that are simple, easily replicable and sustainably priced in order to produce positive academic and social outcomes on a broad scale



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## DAILY ACTIVITIES

NeighborScapes participants will engage in a variety of fun and exciting activities this summer.

The curriculum will include:

- Art & crafts
- Daily reading/storytelling
- Culinary arts
- Reading and writing for fun
- Sports and fitness
- Swimming
- Outside play
- Games
- Movies
- Field Trip

### Swimming

NeighborScapes will be taking weekly trips to a local swimming pool. Please be sure to pack appropriate swimwear, towels, goggles and sun block for your child.

### Lunch

NeighborScapes is happy to provide free lunch to all participants in the summer camp. If your child has food allergies or specific food requirements, please be sure to complete BOTH SIDES of the enrollment form.

### Late Pick-Up

The hours for the NeighborScapes summer camp are from 8:00am to 6:00pm. NeighborScapes does not provide transportation to and from the camp site and the program will close promptly at 6:00pm each day. Therefore, parents and guardians MUST be on time to pick up their children. **Parents will be charged a late fee of \$10 for every 5 minutes they are late picking up their children.**



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## GUIDELINES FOR PARTICIPATION SUMMER 2010

We are very happy to offer the summer camp in the safe, secure, and familiar environment of your child's community. The "Fun in the Sun" camp is designed for all campers to have a fun, safe and enjoyable summer. Please remember that this is an *optional* summer program. Every child will be given the opportunity to learn and have fun. Every child will be expected to give others the opportunity to learn and have fun, and must do so in order to remain in the program. We appreciate your selection of our program for your child and your cooperation and understanding of the following guidelines for participation:

### Guidelines

- Participants must show respect for all children, staff, equipment, supplies, facilities and camp guests at all times
- Participants must listen to and follow all rules and instructions given by NeighborScapes staff
- No outside toys, phones, MP3 players or other devices are allowed into the program
- No offensive or profane language will be tolerated
- No aggressive behavior, including verbally or physically intimidating other participants or camp staff, will be tolerated
- No inappropriate touching, dancing or body language will be tolerated
- **Stealing of any kind will not be tolerated and will result in immediate dismissal from the program**
- **Fighting or physical abuse of any kind will not be tolerated and will result in immediate dismissal from the program**

### Discipline Procedure

First infraction: Verbal warning, parent notification

Second infraction: Written warning, parent conference with Site Director, suspension

Third infraction: Dismissal from program (no refunds)

*NeighborScapes reserves the right to suspend or dismiss a child from the program for violation of any of the above rules or if NeighborScapes interprets actions or behaviors of a participant as threatening or dangerous to the child, other participants or staff.*



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## GUIDELINES AGREEMENT

Please read and explain these guidelines to your child (children). Sign and return this agreement to the Site Director.

I have read the rules and guidelines as outlined above. I understand that my participation in the NeighborScapes summer camp is voluntary and I may be dismissed from the program at any time for violation of these guidelines. I agree to follow the rules and guidelines as outlined above.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child Name/Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## PROGRAM RELEASE INFORMATION

I, \_\_\_\_\_ parent/guardian of \_\_\_\_\_ will drop off and pick up my child from Neighborcapes Summer Camp. In the event that I am unable to do so, I authorize the following people to pick up my child:

Name	Phone	Phone2
1.		
2.		

The above names are the only persons with whom my child is allowed to leave the program.

OR

I, \_\_\_\_\_ parent/guardian of \_\_\_\_\_ give permission for my child to (circle one)

Walk

Ride bike

to and from the NeighborScapes Summer Camp. I understand that any changes to these arrangements must be made in writing to the Site Director.

Parent/Guradian Signature \_\_\_\_\_ Date \_\_\_\_\_



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PERMISSION TO USE PHOTOGRAPHS

NeighborScapes will take photos of children periodically throughout the year and use them in our newsletter, on our website or for other projects. Your permission is required in order for us to use these photos. Please select one of the options listed below.

Yes, I give my permission for NeighborScapes to use my child's photos.

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

OR

No, I do not give my permission for NeighborScapes to use my child's photos.

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

**NEIGHBORSCAPES SUMMER CAMP 2010**  
**Health Examination/Emergency Treatment Form**

Participant First Name \_\_\_\_\_

Participant Last Name \_\_\_\_\_

 Birth Date \_\_\_\_\_  
 \_\_\_\_\_

 Sex   M     F  

 Age \_\_\_\_\_  
 \_\_\_\_\_

Parent / Guardian First Name \_\_\_\_\_

Parent / Guardian Last Name \_\_\_\_\_

Address \_\_\_\_\_

Apartment # \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_

**Participant Health History (check if appropriate)**

Illnesses	Allergies	Chronic Recurring Illnesses	
Chicken pox _____	Hay fever _____	Diabetes _____	Heart problems _____
German measles _____	Asthma _____	Earaches _____	Menstrual problems _____
Whooping cough _____	Ivy Oak _____	Sinus Infections _____	Other _____
Measles _____	Medication _____	Epilepsy _____	
Mumps _____	Food _____	Rhumatic fever _____	

Please provide details for any of the conditions selected above:

Please list all medications being taken:

Please list any injuries or special restrictions:

**All participants taking medication (prescription and non-prescription) at camp MUST have a doctor's order on file.**

The health history is correct to my knowledge and the person named above has permission to participate in all NeighborScapes Summer Camp activities except as noted by me or by a physician. In the event of an emergency, I authorize NeighborScapes, NFP to secure from any licensed hospital, physician and/or medical personnel any treatment deemed reasonable and necessary for my immediate care and agree that I will be responsible for payment of any kind and all medical services rendered.

Participant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent's Signature (if participant is under 18) \_\_\_\_\_

Date \_\_\_\_\_

**SAMPLE FORMAT:** Distributed by SFSP for SFSP discretionary use only  
Format may be modified and/or copied to meet specific SFSP recordkeeping needs. Do not return to ISBE.

**SUMMER FOOD SERVICE PROGRAM  
MEDICAL EXCEPTION STATEMENT FOR FOOD SUBSTITUTION**

CHILD'S NAME \_\_\_\_\_

DATE \_\_\_\_\_

NAME OF SFSP SITE AND ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear Parent/Guardian:

This SFSP Site participates in the Summer Food Service program (SFSP) and must serve meals and snacks meeting the SFSP requirements. Food substitutions may be made only when supported by a physician's statement. Please ask your physician to complete and sign this form. Return the completed form to the SFSP Site. If you have any questions, please contact me at

\_\_\_\_\_  
SFSP Sponsor Telephone Number

Sincerely,

\_\_\_\_\_  
SFSP Contact Person

**SFSP SPONSOR - Keep completed form signed by physician on file at the SFSP Site.**

**COMPLETE ALL INFORMATION**

1. Does child have a disability according to 7 CFR Part 15b.3 (defined as "any person who has a physical or mental impairment which substantially limits one or more major life activities")?

YES If yes, provide the following information and complete 3, 4 and 5 below.

NO If no, go to 2 below.

a. What is the disability? \_\_\_\_\_

b. How does the disability restrict the diet? \_\_\_\_\_

c. What major life activity is affected? \_\_\_\_\_

2. Child has no disability but requires a special diet.  
Provide the following information and complete 3, 4 and 5 below.  
Identify medical problem which restricts the child's diet.

3. List food/type of food to be omitted.

4. List food/type of food to be substituted.

5. \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Physician