

Ela Township

2024

Shooting Stars

Summer Camp



SUMMER

2024

JUNE 3 —AUGUST 9

Ela Township Youth

847-438-9160

youth@elatownship.org

www.elatownship/youth





Ela Township Youth Department Shooting Stars Summer Camp 2024

Who?

Children entering grades 1-6 during the 2024-2025 school year

*****MUST BE A RESIDENT OF ELA TOWNSHIP*****

What?

Shooting Stars Summer Camp is a healthy, safe, and fun camp that engages kids and gives parents a much-needed break. Camp is about making new friends, engaging kids in daily activities such as games and crafts, and having fun! Shooting Stars Summer Camp will be following all social distancing safety guidelines. The goal of Shooting Stars Summer Camp is to provide children with a safe environment where they enjoy themselves and make lasting memories.

When?

Mondays through Fridays from 8:30 am – 4:30 pm

Starts: June 3 / Ends: August 9

***Shooting Stars will NOT run on Wednesday, June 19, Thursday, July 4, and Friday, July 5.**

Where?

Knox Park

1155 E. Route 22, Lake Zurich, IL 60047

Cost:

\$150 per week, per child (\$120 for week 3, \$90 for week 5)

Registration and Fee: \$50

Registration fee is due at the time of registration.

One registration fee per family and includes 1 camp shirt per child to be worn on field trip days. **Payment for ALL weeks attending is due by May 10.**

Registration should be dropped off at or mailed to the Ela Township Community Center
380 Surryse Road, Lake Zurich, IL 60047

**Participant cap at 48*

PAYMENT MUST ACCOMPANY REGISTRATION TO RESERVE SPOT

Cash, check, made payable to *Ela Township*, or credit card (2.65% fee added)

For more information call (847) 438-9160 or email youth@elatownship.org



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PLEASE WRITE LEGIBLY AS THIS INFORMATION IS VITAL FOR YOUR CHILD'S RECORDS

Child #1 Information:

First Name: _____ Last Name: _____ Age: _____ Birthdate: ____/____/____

Grade: _____ School: _____

Health Record:

Does this child have any medical concerns we should be aware of?

No _____ Yes _____

Does this child have any allergies we should be aware of?

No _____ Yes _____

Allergic reaction: _____

Treatment: _____

Does this child have any social-emotional concerns we should be aware of?

No _____ Yes _____

Triggers: _____

Coping Strategies: _____

Additional Information:

Please provide us with any additional information that would benefit this child's experience at our program.

Photograph Permission:

Do you give Ela Township permission to publish photographs of this child for promotional purposes?
(i.e. Ela Township website, bulletin boards, weekly program update emails, etc.)

No _____ Yes _____

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Child #2 Information:

First Name: _____ Last Name: _____ Age: _____ Birthdate: ____/____/____

Grade: _____ School: _____

Health Record:

Does this child have any medical concerns we should be aware of?

No _____ Yes _____

Does this child have any allergies we should be aware of?

No _____ Yes _____

Allergic reaction: _____

Treatment: _____

Does this child have any social-emotional concerns we should be aware of?

No _____ Yes _____

Triggers: _____

Coping Strategies: _____

Additional Information:

Please provide us with any additional information that would benefit this child's experience at our program.

Photograph Permission:

Do you give Ela Township permission to publish photographs of this child for promotional purposes?
(i.e. Ela Township website, bulletin boards, weekly program update emails, etc.)

No _____ Yes _____

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Child #3 Information:

First Name: _____ Last Name: _____ Age: _____ Birthdate: ____/____/____

Grade: _____ School: _____

Health Record:

Does this child have any medical concerns we should be aware of?

No _____ Yes _____

Does this child have any allergies we should be aware of?

No _____ Yes _____

Allergic reaction: _____

Treatment: _____

Does this child have any social-emotional concerns we should be aware of?

No _____ Yes _____

Triggers: _____

Coping Strategies: _____

Additional Information:

Please provide us with any additional information that would benefit this child's experience at our program.

Photograph Permission:

Do you give Ela Township permission to publish photographs of this child for promotional purposes?
(i.e. Ela Township website, bulletin boards, weekly program update emails, etc.)

No _____ Yes _____

Please indicate the weeks you are registering your child(ren) for *Shooting Stars Summer Camp* by putting an 'X' under the appropriate child/week. In the event that we have reached our participant capacity for any given week you wish to register for, you will be placed on a waitlist and notified as soon as space becomes available.

Week	Fee per Child	Child #1	Child #2	Child #3
June 3—June 7	\$150			
June 10—June 14	\$150			
June 17, 18, 20, & 21	\$120			
June 24—June 28	\$150			
July 1—July 3	\$90			
July 8—July 12	\$150			
July 15—July 19	\$150			
July 22—July 26	\$150			
July 29—Aug. 2	\$150			
Aug. 5—Aug. 9	\$150			
Registration Fee	\$50		NA	NA

*Shooting Stars will **NOT** run on Wednesday, June 19, Thursday, July 4, and Friday, July 5.

Child's Information: Please note grade your child will **start** in August 2024. Please also note Youth or Adult shirt sizes.

First Name: _____ **Last Name:** _____

Age: ____ Birthday (M/D/Y): ____ / ____ / ____ Grade: ____ School: _____ Shirt Size _____

First Name: _____ **Last Name:** _____

Age: ____ Birthday (M/D/Y): ____ / ____ / ____ Grade: ____ School: _____ Shirt Size _____

First Name: _____ **Last Name:** _____

Age: ____ Birthday (M/D/Y): ____ / ____ / ____ Grade: ____ School: _____ Shirt Size _____

Parent/Guardian Information: PRIMARY E-MAIL: _____

Parent/Guardian 1: _____ Relationship: _____

Address: _____

Cell #: _____ Other #: _____

Parent/Guardian 2: _____ Relationship: _____

Cell #: _____ Other #: _____

Emergency Contact Information (Not Parent/Guardian):

Name of Emergency Contact: _____ Relationship: _____

Cell #: _____ Other #: _____

Adults authorized to pick up my child (other than Parents/Guardians and Emergency Contacts):

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

*****Your child will not be released on their own or to any person not specified on this form*****

Drop Off & Pick Up:

Participants should be dropped off and picked up at the pavilion located next to the football field at Knox Park.

Participants must be accompanied by an authorized adult (parent/guardian, baby sitter adult, etc.) to/from the pavilion for drop off/pick up, as we require participants to be signed in/out by their authorized adult.

*****The Ela Township Shooting Stars Summer Camp program ends promptly at 4:30 pm***
A \$5.00 fee will be assessed for late pickups. Up to the first 15 minutes is \$5.00 and an additional \$1.00 for every 1 minutes thereafter.**

Behavior Expectations:

The following behavior expectations are in effect at all Ela Township Youth Department programs. Ela Township Youth staff may develop more expectations as they pertain to individual programs.

- * Children take responsibility for their actions.
- * Children respect themselves, other children and staff, and program equipment and environment.
- * Children participate in program activities to the best of their ability.

Program Dismissal:

Ela Township has the right to dismiss any child whose behavior, attitude, or action is, in our judgment, contrary to the best interests of our program community. This includes but is not limited to: destruction of property, excessive fighting or other aggressive behavior, harassment, bullying, sexual behavior, theft, excessive disobedience, or for other conduct that is ruining another child's experience or is harmful to the program. Ela Township will not dismiss any child without first consulting with the child's parent.

Registration Confirmation:

I am registering my child(ren) for the *Ela Township Shooting Stars Summer Camp program*. I have read, understand, and will comply with the rules stated in this packet. I confirm that the information I have given in this packet is true, complete, and accurate. I understand that it is my responsibility to inform Ela Township Youth Department staff of any changes of information, particularly contact information.

Name (Please Print)

Signature

_____/_____/_____
Date

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Camper Behavior Contract

Upon signing this document, both the parent and camper agree to the guidelines set forth, and will abide by the discipline actions issued if this contract is not followed.

- I will be respectful of my fellow campers and all program staff. This means that I will speak to others in a respectful manner and tone of voice.
- I will follow directions of my counselor and Ela camp staff.
- I will not threaten or cause physical harm towards others, including possessing sharp or other dangerous instruments.
- I will respect the personal space of others and keep my body to myself.
- I understand that disrespectful behavior includes, but is not limited to, hitting, punching, kicking, biting, spitting, swearing, lying, and refusing to listen to the Ela staff.
- I will be respectful of the camp grounds, the Ela buildings, and any other location I may visit while attending camp.
- I will not litter, vandalize, steal, or destroy items that do not belong to me.
- I agree to follow all Summer Camp rules including those that are not listed on this behavior agreement or rules set forth by my camp director and counselors during the camp day.

Name _____ Signature _____

Name _____ Signature _____

Name _____ Signature _____

Parent Signature _____ Date _____