



DAY CAMP INFORMATION FORM

Circle the camp & days you are selecting 5 days (M thru F) or 3 days (M/W/F)

CAMPER'S NAME: _____ Grade entering in Fall 2023: _____

Male ☐ Female ☐

Buddies K to 2nd	Buddies Breakfast Club 7a-8:45a	Buddies 9a-3p	Buddies Plus 9a-6:30p		Voyagers 3rd - 5th	Voyagers Breakfast Club 7a-8:45	Voyagers 9-3p	Voyagers Plus 9a-6:30p
Session 1	3 day 5 day 95191 95180	3 day 5 day 95168 95166	3 day 5 day 95185 95184		Session 1	3 day 5 day 95193 95192	3 day 5 day 95172 95170	3 day 5 day 95197 95196
Session 2	3 day 5 day 95181 95182	3 day 5 day 95169 95167	3 day 5 day 95187 95186		Session 2	3 day 5 day 95195 95194	3 day 5 day 95173 95171	3 day 5 day 95199 95198

Adventurers 6th to 7th	Adventurers Breakfast Club 7a-8:45a	Adventurers 9a-3p	Adventurers Plus 9a-6:30p		Campalooza K to 7th	Campalooza Breakfast Club 7a-8:45	Campalooza 9-3p	Campalooza Plus 9a-6:30p
Session 1	3 day 5 day 95201 95200	3 day 5 day 95176 95174	3 day 5 day 95205 95204		Week 1	All Week 95183	All Week 95178	All Week 95208
Session 2	3 day 5 day 95203 95202	3 day 5 day 95177 95175	3 day 5 day 95207 95206		Week 2	All Week 95190	All Week 95179	All Week 95209

Camper Request for family and friends

- Please list the first and last name of family/friends you would like to request to be in your camper's group.
- Please remember that groups larger than 4 will not be assigned together in order to foster the spirit of making friends.
- Family/friend request must be in the **same age group**.
- Requests **are not a guarantee** that campers will be together.

1. _____ 3. _____
2. _____ 4. _____

1. Is your child a swimmer? Yes _____ No _____
2. Does your child take any medication (over the counter or prescribed)? Yes _____ No _____
If yes, please specify: _____ (Medication Form must be completed if being administered at camp.)
3. Does your child have allergies? Yes _____ No _____ If yes, please list: _____
4. T-shirt size - *Child sizes not available for Adventurers* **CIRCLE SIZE** (T-shirt sizes are not guaranteed after May 1)
Child: S (6/8) M (10/12) L (14/16) OR Adult: S M L XL XXL

Camper's Home Address: _____

Father/Guardian's Name: _____ Mother/Guardian's Name: _____

Home#: _____ Cell#: _____ Home#: _____ Cell#: _____

Business#: _____ Business#: _____

If we need to contact you during Day Camp hours, who should be contacted first? (CIRCLE ONE) Father Mother Guardian
In case of emergency, if parental contact is not made, please call:

Name & Relationship: _____ Phone: () _____

Name & Relationship: _____ Phone: () _____

I give permission for my child to be transported on the bus for scheduled swim days to Centennial Park Aquatic Center and field trip destinations to be announced. If I cannot be reached or there is insufficient time to contact me, I give my consent to the Village of Orland Park Recreation and Parks Department in the event of any accident or emergency to seek and procure whatever emergency care or treatment deemed reasonably necessary at the time. I agree to the permission stated, and agree to pay medical bills arising from such treatment. My child and I agree to read the Day Camp Procedures and Discipline Policy available upon registration. We understand and agree to abide by them, plus acknowledge that the appropriate consequences will be implemented if necessary.

Parent/Guardian Signature: _____ Date: _____ Staff Initial: _____