



Hello!

We are excited that your child will be joining us for school break MAX Days! We know there are many choices when it comes to youth activities and we thank you for choosing to send your child to The Max.

Your child will have the opportunity to participate in a variety of planned recreation ranging from sports, games, crafts, and group activities!

Please review the parent handbook for our policies, procedures and expectations. A careful reading will answer many questions and help you prepare for your child's time at the MAX.

Thank you for choosing Max Camp and we are looking forward to a great summer!

Erica Padilla  
708-485-9900

**MAX DAYS**

Welcome to MAX Days. This handbook provides parents and guardians with information regarding all of our program policies and procedures.

## **PROGRAM PHILOSOPHY**

The purpose of MAX Days is to provide a safe, fun and interactive experience for children.

## **PROGRAM DESCRIPTION**

MAX DAYS provide children with recreational opportunities. Activities include sports, games and arts and crafts. Children will be placed in age appropriate groups for games and activities.

Full day program hours are 8:00 a.m. to 4:00 p.m. All campers will need to be dropped off no later than 9:00am. We are unable to accept late arrivals. After care hours are 4p-6p for an additional fee.

## **ESSENTIALS**

Please label everything with child's full name

Please make sure your child has the following in their bag everyday:

- Sack lunch/Snacks
- Labeled water bottle
- Sneakers/socks

The following items are **not allowed** at camp:

- Toys/trading cards
- Cell Phones
- Electronics (games, iPods, etc.)
- Valuables/money
- Cameras
- Cell phones

### **Lunch/Snacks**

All campers must bring their own lunch and snacks every day. Refrigeration is not available so please send your child with a lunch that will not spoil. Campers are not allowed to purchase food, snacks or drinks from vending machines or lunch cafes.

### **Staff**

All MAX Days staff have gone through an interview and background check process to ensure the safety of your child. Counselors are trained in leading and organizing activities and how to manage behaviors

### **Protection Procedures**

All staff members are mandated to report any suspected child abuse.

### **Our Policies:**

- Staff is prohibited from working one-on-one with children outside of the MAX (i.e. babysitting).
- Policies exist to ensure that we have a minimum of two staff members supervising children at all times.

- A buddy system is in place to ensure campers safety.
- Campers are split into groups by age.

### **Sign In/Out Procedures:**

An authorized parent or guardian must sign in/out child. We will not allow a child to leave with someone who is not on the authorized pick-up list.

### **Health Policies:**

#### **Medications:**

All medications must be given directly to the Program Coordinator from a parent or guardian in its original bottle. A medication form must be filled out by a parent/guardian with specific details for administering the medication. We do not object to giving prescribed medicine to a camper as long as the camper is well enough to participate in activities and that giving the medicine does not interfere with the daily schedule. Camp is not permitted to give medication to a camper without a med form filled out and medication clearly labeled in original bottle, there are no exceptions.

#### **Injury Protocol:**

A camper who receives an injury at camp will be given first aid by a certified staff member and a parent will be notified. Any camper sent home with a serious injury may not return to camp unless approved by a physician. The Program Coordinator must receive a note from the physician prior to the camper returning.

#### **Illness at Camp:**

A sick child cannot do well in a group setting and it is difficult for the staff to give a sick child the extra attention they may need. If a child becomes ill during the day a parent will be notified and the child must be picked up from the program.

**Please help keep our program healthy and do not send a sick child to MAX Days.**

# EXPECTATIONS AND BEHAVIOR MANAGEMENT

It is the goal of the MAX to provide a healthy, safe, and secure environment for all participants. Children who attend the program are expected to follow the behavior expectations and to interact appropriately in a group setting.

## Behavior Expectations for Campers

- Each child is responsible for their actions
- Children keep hands and feet to self
- Respect others and the program environment
- Be safe

## Behavior Management Procedures

When a child does not follow the behavior guidelines, we will take the following steps:

1. Staff will redirect the child to more appropriate behavior.
2. The child will be reminded of the behavior guidelines and program rules.
3. If the behavior continues, staff will remove the child from the activity for “quiet time”.
4. A parent will be notified of the problem.
5. The staff will document the situation. This written documentation will include what the behavior problem is, what provoked the problem, and the corrective action taken.
6. If the problem still persists, staff will schedule a meeting that includes the parent, child, MAX Days Coordinator and the MAX General Manager. One or more incidents of unacceptable behavior may result in the child’s suspension from program for a designated period of time.
7. If a child’s behavior at any time threatens the immediate safety of that child, other children, or the parent will be notified and expected to pick up the child immediately.
8. There will be a Zero Tolerance policy regarding verbal or physical threats toward fellow children or staff.
8. Expulsion from program will be considered in extreme cases.
9. No refunds will be issued if your child has been removed from the program for disciplinary reasons.

## **The following behaviors are not acceptable and will not be tolerated:**

- Endangering the health and safety of themselves or others
- Swearing
- Leaving the MAX without permission
- Continuing to disrupt the program
- Damage of property
- Bullying another camper

## Payment Plans

- All Payments are due by the dates listed on the registration form.

- Payment can be made with check payable to Village of McCook, cash or credit card.
- Tax Information: Invoices for tax purposes are by request.
- Field Trip/Transportation/Pool fees are included in the daily camp fee.
- NO refunds will be issued. Space is limited.

**Before/After Care Policies**

Before Care is offered from 8:00-9:00 a.m.

Late care is offered from 4p-6p

Before/ Late care will need to be determined on your Camper Registration form and be paid weekly along with regular payment.

# MAX DAYS INFORMATION FORM

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Grade entering in Fall: \_\_\_\_\_ School: \_\_\_\_\_

Home Address/City/Zip: \_\_\_\_\_

Contact #: \_\_\_\_\_ Other #: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Email Address: \_\_\_\_\_

Would you like to receive emails regarding future camps? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Has your child (ren) attended a day camp before? If so which one?

How did you hear about our camp? \_\_\_\_\_

## **Child Health Profile**

Please list any medical issues we should be aware of:

\_\_\_\_\_

Does your child currently take medication? If so please list:

\_\_\_\_\_

Please list any medication, food or additional allergies your child may have:

\_\_\_\_\_

Please comment if there is any other medical issues that may assist The MAX in facilitating your child's participation in our program:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# PHOTOGRAPHY, VIDEO AND PROMOTIONAL RELEASE

I, the undersigned, hereby authorize and release The MAX to take and use photographs, video and written comments of or by my child for promotional and informational materials. I understand that MAX Activity Day Camp shall be the owner of any such photographs, video and written comments. I hereby release, discharge and covenant not to sue the Village of McCook, McCook Athletic and Exposition Center and their collective officials (whether elected or appointed), officers, directors, agents, representatives, attorneys, insurers, volunteers, employees, independent contractors, successors, predecessors and any other party in any way related to the foregoing from any and all claims, suits, damages and liabilities associated with the use of such photographs, video and written comments of or by my child.

Child's Name: \_\_\_\_\_

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

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

# MEDICAL AUTHORIZATION AND RELEASE AGREEMENT

I, \_\_\_\_\_ (*Print your first and last name*), the parent/legal guardian of \_\_\_\_\_ (*Print child's first and last name*) (the "Participant"), consent to the Participant's participation in the MAX Days Program activities (the "Activities"). In an emergency, I can be reached at the numbers listed below. In the event that I cannot be reached, I authorize the McCook Athletic and Exposition Center Staff to authorize necessary medical emergency treatment for the Participant, and I agree to be financially responsible for any charges associated therewith, including but not limited to ambulance calls.

For and in consideration of the Participant's participation in the Activities, the receipt and sufficiency of which is hereby acknowledged, I, as the parent or legal guardian of the Participant, and on behalf of myself, the Participant and our collective personal representatives, heirs, administrators, assigns and next of kin, hereby release, waive, discharge and covenant not to sue the Village of McCook, McCook Athletic and Exposition Center, and their collective officials (whether elected or appointed), officers, directors, agents, representatives, attorneys, insurers, volunteers, employees, independent contractors, successors, predecessors and any other party in any way related to the foregoing (collectively, the "Released Parties") of and from any claims, suits, damages and liabilities whatsoever, including but not limited to personal injury, property damage, court costs, attorney fees and interest, however caused, even if caused by the negligence of the Released Parties, as a result of the Participant's participation in the Activities.

To the fullest extent permitted by law, I agree to and shall indemnify, hold harmless and defend the Released Parties of and from any loss, liability, claim, judgment, damage or cost incurred, however caused, even if caused by the negligence of MAX staff, arising from or in any way connected with the Participant's participation in the Activities.

I further agree that the Released Parties reserve the right to terminate the participation of the Participant in the Activities for failure to behave and act in a respectable manner. If participation is terminated, no fees will be refunded.

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

\_\_\_\_\_  
Date



**Parent/ Guardian Contact and Medical Information for a Child**

Child's Name _____		Date of Birth _____	Check Sex: Male__ Female__
Parent's/Guardian's Name _____		Parent's/Guardian's Name _____	Other, _____
Home Phone _____	Work Phone _____	Home Phone _____	Work Phone _____
Address _____		Address _____	

**Alternative Contacts and Adults Authorized to Pick and/or Drop off**  
(Note: If not listed here will require verbal consent if being picked up and/or dropped off)

Contact Name _____	Contact Name _____		
Home Phone _____	Work Phone _____	Home Phone _____	Work Phone _____
Relationship _____	Relationship _____		
Address _____	Address _____		
If your child will be walking or riding a bike home, please check in the next column (Note: They will be released to leave until the end of camp time)	Walk__ Bike__ Other, _____		
Circle your child's swimming ability in the following column	Can't Swim    Shallow Water    Deep Water		

**Medical Information**

Hospital/Clinic Preference _____	
Physician's Name _____	Phone Number _____
Insurance Company _____	Policy Number _____

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Allergies/Special Health Considerations

If you or your emergency contacts cannot be reached in an emergency, and if the judgement of the camp counselor, Immediate medical attention is needed, do you authorize responsible MAX Camp staff to send your child (Properly accompanied) to an available hospital or physician?

Yes \_\_\_ No \_\_\_

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Parent's/Guardian's Signature

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Date

I give permission for my child to go on field trips. I release MAX Camp and individuals from liability in case of accident during activities related to MAX Camp, as long as normal safety procedures have been taken.

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Parent's/Guardian's Signature

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Date

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