



Welcome to Fireflies Camp!  
9:30 am – 12 pm at the Alcott Center

We are so excited for camp to begin and can not wait for your child to be here. Every day we will play, make an art project and join in a variety of activities. We will go outside to play games, have water play and even paint or read a story outside! Fireflies' Camp will be in Room A at the Alcott Center.

- To help us prepare, please return the forms below at your earliest convenience. They can be returned at Meet and Greet, the Alcott Center front desk or Registration Drop Box, email to [Diana@bgparks.org](mailto:Diana@bgparks.org) or in person on your child's first day.
- We hope that you and your child can attend Meet and Greet on Friday, June 11. We split each group up into two to keep the number of people in the classroom limited at any one time. You can stop in to meet the staff and see the classroom in hopes that their first drop off is a little easier. Please note it is a just quick peek and one adult per child, please.
  - MWF attendees – Children with last names A – P: 10 – 10:15 am
  - MWF attendees – Children with last names Q – Z: 10:15 – 10:30 am
  - Tue/Thu attendees – Children with last names A – N: 10:45 – 11 am
  - Tue/Thu attendees – Children with last names O – Z: 11 – 11:15 am
- A parent handbook is also available for this camp with our current procedures. If you have questions regarding it, please contact [Diana@bgparks.org](mailto:Diana@bgparks.org) or 847.850.2111.
- This camp information will be available on the Camp page at [BGParks.org](http://BGParks.org) all summer.

The staff are looking forward to meeting the children!

Mon/Wed/Fri Staff:

On Mondays/Wednesdays - Ms. Hayley and Preschool Teacher, Mrs. Molly Phoenix.

On Friday's - Ms. Hayley and Preschool Teachers, Mrs. Pease or Ms. Kathy.

Tuesday/Thursday Staff: Ms. Hayley and Preschool Teacher, Mrs. Nakamura.

We look forward to an exciting summer!

Diana Clayson

Recreation Manager

[Diana@BGParks.org](mailto:Diana@BGParks.org)

847.850.2111



# Fireflies Camp 2021 Information Form



Attends camp on: Mon/Wed/Fri or Tue/Thu

Please return this form to the Buffalo Grove Park District  
Attention: Diana Clayson

Child's First and Last Name: \_\_\_\_\_ Name used at camp: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

Cell phone #: \_\_\_\_\_ Cell phone #: \_\_\_\_\_

Secondary phone #: \_\_\_\_\_ Secondary phone #: \_\_\_\_\_

Please circle which of the above phone numbers you want us to try first if we should need to reach you.

Alternate Local Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Primary Language spoken at home: \_\_\_\_\_

Siblings names and ages if any: \_\_\_\_\_

Please list any special needs, allergies, medications or other medical information Park District staff or emergency personnel should be aware of. \*Please note that a medication form must be filled out for all medication including Epi-Pens.\* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your child's favorite toy or activity?  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any fears (i.e. animals, the dark, lightning etc.)?  
\_\_\_\_\_  
\_\_\_\_\_

Please comment on anything else that is unique to your child that would help us get to know him/her.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



BUFFALO  
GROVE  
PARK  
DISTRICT

Child's Name: \_\_\_\_\_  
Camp Name: Fireflies Camp

Buffalo Grove Park District  
CAMP PICK-UP PERMISSION FORM 2021

The people listed below will be the ONLY persons allowed to pick-up the participant besides the parents/guardian listed in the household information in our registration system, unless court ordered documentation be provided to show otherwise. Under no circumstances will a child be released to any other person than those listed below unless the preschool junior staff is given permission in writing by one of the participant's parents/guardian. The staff will ask for identification from the person picking-up your child, so please make sure that every person listed below has some form of photo identification with them.

1. Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Available for pick up from the Alcott Center within 30 minutes

2. Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Available for pick up from the Alcott Center within 30 minutes

3. Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Available for pick up from the Alcott Center within 30 minutes

4. Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Available for pick up from the Alcott Center within 30 minutes

5. Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Available for pick up from the Alcott Center within 30 minutes

I swear or affirm that I am the parent or legal guardian of the minor I am enrolling in the Camp program of the Buffalo Grove Park District, and that I have legal authority to enroll the minor in this program. I acknowledge that I have read the pick-up procedures listed above and realize that my child will only be released to those persons listed above as well as the parents/legal guardians listed in my household information. I understand that if a person not listed above will be picking-up my child/ward on a regular basis, or any of the supplied information above changes, it is my responsibility to submit the changes in writing. I further understand that if a person not listed above is picking-up my child/ward, even one time, it is my responsibility to inform the Camp Staff in writing. I am fully aware that under no circumstances will the program deviate from their stated policies regarding child pick-up.

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_ Date