

## 2008 Four Corners Camper Application

*Check, application and swim form must be turned in by March 21, 2008!!!!*

**Description** – Four Corners is an eight-week outdoor recreation program for neighborhood\* children ages 4 (as of September 1, 2008) to 6 years and who will not yet have begun first grade. Camp runs from 9:30 am to 12:30\*\* pm, Monday through Friday. Activities include playground play, art, crafts, music, stories, games, swimming, and a one-night campout for six-year-olds at the end of the program. On most days, the children walk to the pool from Four Corners park for swimming fun with the pool staff.

In the event of inclement weather, the program may be held at the Community Center, located above the pool. Alternatively, camp may be cancelled for part or all of the day, and parents are responsible for making sure their children are picked up promptly.

The program has two sessions. **Session I** runs from June 16 to July 11 and **Session II** runs from July 14 to August 8. Children may attend either or both sessions. Registration for both sessions must be made at the original time of sign up due to hiring needs. All fees must be paid no later than March 21, 2008 to secure placement in the program. **Late applicants may not be accepted.**

### Four Corners Camp Reminders

- Parents are expected to drop off and pick up their children **on time!** Camp begins at Four Corners park at 9:30 am (not before), and ends at the pool at 12:30 pm or at the park at 12:00 noon (depending on whether or not it is a swim day).
- On swim days, children should arrive in swimsuits (under their clothes), sunblock and have a towel packed in their backpacks.
- Camp may be cancelled for part or all of the day as a result of bad weather, and parents are responsible for making sure their children are picked up promptly. The program should not be relied upon as a substitute for childcare.
- Parents of camp participants are expected to provide a nutritious group snack and drink one time during the 8 week program. A sign up form and list of foods will be available at a later date.

\* Note: Please contact a member of the parent committee regarding exceptions to this rule.

\*\* Note: On Fridays and during weeks with no swimming lessons, pickup time is at 12:00 noon at Four Corners Park.

Please provide the following information:

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade in Fall of 2008: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade in Fall of 2008: \_\_\_\_\_

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

Parent's Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact (if unable to reach parent): \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Phone: \_\_\_\_\_ Child's Doctor: \_\_\_\_\_ Dr.'s Phone: \_\_\_\_\_

Medical concerns or allergies (please explain): \_\_\_\_\_

I would like to enroll my child(ren) in: \_\_\_\_\_ Session I (June 16 – July 11) x \$140.00 per child = \_\_\_\_\_

\_\_\_\_\_ Session II (July 14 – August 8) x \$140.00 per child = \_\_\_\_\_

TOTAL AMOUNT ENCLOSED = \_\_\_\_\_

RELEASE: I, the undersigned parent/guardian of the child(ren) above, on behalf of myself, heirs and assigns in consideration of permission granted my children to participate in this program do hereby release the Village of Shorewood Hills and the Recreation Program, their agents and employees from any claim for accidental injury or death of my child during participation in the Shorewood Hills Recreation Program.

Signed \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Please check here if you do not want your child's name and phone number included in the new Four Corners directory, to be distributed to Four Corners staff and families.

Please return this application, swim form and a check payable to the Village of Shorewood Hills (or VoSH) by **Friday, March 21, 2008** to: Mya Collins, 3402 Sunset Drive, Madison, WI 53705. If you have any questions, please contact parent committee members Mya Collins (233-9494) or Lori Clark (238-4256).

**2008 Four Corners Swimming Form**

*This form must be returned with the program application and payment by March 21, 2008!!*

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent's Name(s) \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_

Child's Physician \_\_\_\_\_ Clinic \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Hospital Choice \_\_\_\_\_

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Please answer the following questions to the best of your ability. Knowing your child's aquatic skills will help us design the best possible swimming experience for him / her. **Please circle your responses:**

- |   |     |    |
|---|-----|----|
| 1. Does your child willingly wade into the water unassisted?                                  | YES | NO |
| 2. Will your child get his / her face wet?  | YES | NO |
| 3. Will your child completely submerge his / her head?  | YES | NO |
| 4. Does your child like to be in the water?   | YES | NO |
| 5. Can your child keep their head above the water unassisted?                                 | YES | NO |
| 6. Can your child float on his / her back?  | YES | NO |
| 7. Can your child float on his / her belly?   | YES | NO |
| 8. Will he / she jump into deep water <u>without</u> someone there to catch him / her?        | YES | NO |
| Will he / she jump into deep water <u>with</u> someone there to catch him / her?              | YES | NO |
| 9. Can he / she dive?   | YES | NO |
| 10. Does he / she go off of the diving board <u>without</u> someone there to catch him / her? | YES | NO |
| Does he / she go off of the diving board <u>with</u> someone there to catch him / her?        | YES | NO |
| 11. Has your child had any formal lessons?  | YES | NO |
| If yes, what level was achieved? _____ Where were the lessons taken? _____                    |     |    |
| 12. Can your child do the crawl stroke?   | YES | NO |
| Flutter kick?   | YES | NO |
| Swim underwater?  | YES | NO |

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**Please list four (4) goals or specific skills that you would like to see your child accomplish during the swimming sessions this summer:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_