



P.L.E.X. Kids Camp Registration Packet

General Info

Camper's Name: _____ Nickname: _____

Age: _____ Birthdate: _____ Sex: _____ Shoe Size: _____

Grade (As of Fall 2024): _____

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian: _____

Parent/Guardian: _____

Home: (____) _____ - _____

Home: (____) _____ - _____

Work: (____) _____ - _____

Work: (____) _____ - _____

Cell: (____) _____ - _____

Cell: (____) _____ - _____

Email*: _____

Email*: _____

***Required* Important camp information is sent via email**

Authorized Pick Up

Name: _____ Relationship to camper: _____ Phone: _____

Name: _____ Relationship to camper: _____ Phone: _____

Name: _____ Relationship to camper: _____ Phone: _____

Name: _____ Relationship to camper: _____ Phone: _____

Name: _____ Relationship to camper: _____ Phone: _____

Emergency Contacts

If an emergency occurs and neither parent or guardians can be reached, please contact:

1. Name: _____ Phone Number: _____

Relationship to Child: _____

2. Name: _____ Phone Number: _____

Relationship to Child: _____

How did you hear about P.L.E.X. Kids Camp? online search social media mailer friend
 flyer other _____



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Health Report and History

List all known medical conditions including food allergies: _____

List any over the counter, or prescription drugs taken regularly: _____

Will any of the above listed medicines need to be administered during camp hours? _____ YES* _____ NO

**Any prescriptions that are required to be administered during camp hours will need to be listed on the medicine authorization form.*

Check any or all that may apply:

Does your child have an Individual Education Plan (IEP)? _____ YES* _____ NO

Does your child have a Behavior Management Plan? _____ YES* _____ NO

Does your child have a 504 Student Accommodation Form? _____ YES* _____ NO

**A copy of a current IEP/BMP/504 Student Accommodation Plan must be turned in with the registration packet.*

Although every effort is made to provide reasonable accommodations, there may be instances where a child's needs may exceed the parameters of the scope of our program.

Has your child been diagnosed with the following: _____ ADD _____ ADHD _____ DD _____ ID _____ ED _____ ODD
_____ OCD _____ Autism _____ Aspergers _____ Cerebral Palsy _____ Down Syndrome _____

Chronic Health Condition _____ Other _____

Immunization Record

I/We certify that our child has received and is current on their immunization. _____ YES _____ NO

AUTHORIZATION My child has permission to engage in all prescribed camp activities except as noted. The information provided on this form is accurate to the best of my knowledge. I have indicated any special health conditions, including required medication and activity limitations which should be known to the camp staff and medical personnel. I am aware of and accept the risk inherent in the program activity. I give consent in advance for medical treatment at an appropriate facility in case of illness or injury. I certify that all the information provided is complete & correct to the best of my knowledge and recognize failure to disclose, falsification or deliberate omission of my information will result in termination of services.

Signature of Parent/Guardian: _____ **Date:** _____

Signature of Parent/Guardian: _____ **Date:** _____

Other Notes:



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Camper's Name: _____

Age: _____ Birthdate: _____ Sex: _____

Person Responsible for Billing: _____ Member: Yes No

Today's Date: _____

Early Registration Discounts

Discounts do not apply to Plex Plus Time or deposits

Members only through 2/01 \$5/week- before 3/01

Please note that only one camp can be chosen per week per camper.

MEMBER PRICING LISTED BELOW: NON MEMBER PRICE + \$50/WEEK

Part Time Camp is a member only program

Please take a picture or make a copy of this page for your records

~\$10 late registration fees will apply the Tuesday before~

Dates	Traditional Camp- Full Time NON MEMBER PRICE + \$50/WEEK 9 am – 4 pm School Age for ages 5-14 Pre K for ages 3 – 5 NO CAMP 5/27, 7/4, OR 7/5			Traditional Camp- Part Time Members Only 9 am – 4 pm School Age for ages 5-14 Pre K for ages 3 – 5			Premium Camp NON MEMBER + \$50/WEEK Full Time Only Ages 8 – 14 9 am – 4 pm	Plex Plus Time 7 am – 9 am & 4 pm – 6 pm
	P.L.E.X. Kids Traditional Themes	School Age ↓	Pre K ↓	School Age ↓	Pre K ↓	What days? Monday + 2 days Preferred	P.L.E.X. Kids Premium Themes	\$45 (4-5 days) \$35 (1-3 days)
May 28- June 2	W1: Aloha (T-F)	<input type="checkbox"/> \$160	<input type="checkbox"/> \$165	<input type="checkbox"/> \$145	<input type="checkbox"/> \$150	T W Th F	N/A	<input type="checkbox"/> \$45 <input type="checkbox"/> \$35
June 5- 9	W2: Art Camp	<input type="checkbox"/> \$195	<input type="checkbox"/> \$200	<input type="checkbox"/> \$145	<input type="checkbox"/> \$150	M T W Th F	<input type="checkbox"/> W2: TBD	<input type="checkbox"/> \$45 <input type="checkbox"/> \$35
June 12-16	W3: S.T.E.A.M.	<input type="checkbox"/> \$195	<input type="checkbox"/> \$200	<input type="checkbox"/> \$145	<input type="checkbox"/> \$150	M T W Th F	<input type="checkbox"/> W3: TBD	<input type="checkbox"/> \$45 <input type="checkbox"/> \$35
June 19- 23	W4: Secret Spy	<input type="checkbox"/> \$195	<input type="checkbox"/> \$200	<input type="checkbox"/> \$145	<input type="checkbox"/> \$150	M T W Th F	<input type="checkbox"/> W4: TBD	<input type="checkbox"/> \$45 <input type="checkbox"/> \$35
June 24 - 30	W5: Animal Camp	<input type="checkbox"/> \$195	<input type="checkbox"/> \$200	<input type="checkbox"/> \$145	<input type="checkbox"/> \$150	M T W Th F	<input type="checkbox"/> W5: TBD	<input type="checkbox"/> \$45 <input type="checkbox"/> \$35
July 1 - 3	W6: My Town (M-W)	<input type="checkbox"/> \$145	<input type="checkbox"/> \$150	<input type="checkbox"/> \$145	<input type="checkbox"/> \$150	M T W	N/A	<input type="checkbox"/> \$45 <input type="checkbox"/> \$35
July 8 – 12	W7: Air & Space	<input type="checkbox"/> \$195	<input type="checkbox"/> \$200	<input type="checkbox"/> \$145	<input type="checkbox"/> \$150	M T W Th F	<input type="checkbox"/> W7: TBD	<input type="checkbox"/> \$45 <input type="checkbox"/> \$35
July 15 - 19	W8: Circus Camp	<input type="checkbox"/> \$195	<input type="checkbox"/> \$200	<input type="checkbox"/> \$145	<input type="checkbox"/> \$150	M T W Th F	<input type="checkbox"/> W8: TBD	<input type="checkbox"/> \$45 <input type="checkbox"/> \$35
July 22 - 26	W9: Shark Week	<input type="checkbox"/> \$195	<input type="checkbox"/> \$200	<input type="checkbox"/> \$145	<input type="checkbox"/> \$150	M T W Th F	<input type="checkbox"/> W9: TBD	<input type="checkbox"/> \$45 <input type="checkbox"/> \$35
July 29 – Aug 2	WX: Survivor	<input type="checkbox"/> \$195	<input type="checkbox"/> \$200	<input type="checkbox"/> \$145	<input type="checkbox"/> \$150	M T W Th F	<input type="checkbox"/> WX: TBD	<input type="checkbox"/> \$45 <input type="checkbox"/> \$35
Aug 5 – Aug 9	WXI: PLEX Best	<input type="checkbox"/> \$195	<input type="checkbox"/> \$200	<input type="checkbox"/> \$145	<input type="checkbox"/> \$150	M T W Th F	N/A	<input type="checkbox"/> \$45 <input type="checkbox"/> \$35

Payment Plan Options

pay in full weekly auto draft (total - \$25 deposit drafted Monday BEFORE - ex. Wk 1 tuition is drafted 5/20)

_____ weeks of camp x \$25 = _____ minimum payment due today



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P.L.E.X. Kids Summer Camp 2024

Traditional Themes

Field Trips & Special Guests Finalized by 5/20

Aloha Summer- May 28- June 2 (No Camp Monday) - Campers will dive into tropical fun!

Art Camp - June 5- Discover clay, collage, drawing, painting, and dramatic arts! Bring a white article of clothing to tie dye!

S.T.E.A.M. Camp - June 12 -This S.T.E.A.M. camp will focus on building simple machines and use the scientific method as they explore classic experiments with a messy twist!

Secret Spy Camp- June 19- Somewhere deep inside an empty ice arena, an elite group of spy camp recruits prepares to take on top secret missions! Special guest escape room set ups for every age group!

All About Animals- June 24- Calling all creature lovers! Explore fan favorite animals, add science exploration & hands on fun!

My Town- July 1 – 3 (No Camp - Th –F)- We will learn about our neighborhood, fire safety from a fire fighter, and play yard games!

Air & Space Camp- July 8 - Campers will learn about outer space, rockets and air travel! In house special guest field trip in the works!

Circus O Plex – July 15 - Lions, Tigers, & Bears OH MY! Magic & more for this NEW theme!

Shark Week!- July 22- Come for a JAW-some time and dive deep with us as we explore shark facts, marine life and ocean antics!

PLEX Survivor Games-July 29- Get ready to get messy, do obstacle courses, and be challenged!

Best of the PLEX- Aug 5- Campers choose what weeks/activities & themes were the best!

Premium Themes- TBD by 2/1

Swim Camp

Swimmers will swim with university level athletes, experience an abbreviated version of PLEX Swim and play cool water games EVERYDAY!

Skate Camp

Skaters will ice skate with university level athletes, learn to skate an abbreviated version of PLEX Skate & play games EVERYDAY!

Get Active Camp

Each day campers will experience a different form of fitness classes and exercise every day. We will also incorporate nutrition lessons, kids cooking classes and a field trip to a local farm.

STEM Partner: Sylvan Learning Center

Sylvan is the largest provider of STEM programs in North America. We're on a mission to engage kids in fun STEM programs today, so they become our leaders of tomorrow.

STEM Partner: Metro East Bricks

Campers utilize Robotics using WeDo LEGO® Education, additional LEGO® Education resources, Stop Motion Animation using LEGO® Bricks, Digital Comic Book Creations, and additional STEM based resources.



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Camper's Name: _____

Birthdate: _____

Tuition Terms

- Deposits are NON-Refundable- 1 week notice required for camp cancellations- 50% credit issued for less than 1 week notice
- Remaining camp balance must be paid the Monday prior to the first day of the camp start date. Payment plans must be set up for an automatic withdrawal. NSF charges will result in a \$25 service fee. Any registrations with remaining balances on Wednesday prior to the first day of the camp start date will result in forfeiting the spot to the waiting list.
- Late pick up & late registration fees (\$10 extra after Tuesday for the following week) are outlined in the family handbook
- I understand I am financially responsible for P.L.E.X. Kids Summer Camp services.
- I understand all camp fees will be paid in full by close of business day Monday, prior to attending camp. I understand if the balance is not paid in full by the Wednesday prior to the start of camp, the MetroRecPlex reserves the right to discontinue service and place another camper off the waiting list in my child's spot.

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____

Please read the following information and sign:

- I understand when my child is ill he/she will not be accepted into camp.
- If my child is experiencing problems or illness in the program, I may be required to retrieve my child early from camp. Pick up must be within one hour of call.
- I understand my child will not be released to any person(s) not listed on the camp enrollment form.
- I understand my child will not be released to any person(s) who seem to be under the influence of drugs or alcohol.
- Should my child be suspended or dismissed from camp due to behavioral issues, I understand the MetroRecPlex will not prorate the weekly camp balance and I will be responsible for the full amount due.
- I understand the MetroRecPlex Behavior Management Guidelines will be followed and enforced.
- The MetroRecPlex reserves the right to terminate services if it is determined that the placement is unsatisfactory.
- I have read, understand and agree to abide by all the policies, procedures, fee requirements as outlined in the family handbook.
- I/We have been notified and agree that we are notified that:
 - All employees and volunteers must have background checks before being left alone and unsupervised with children. The background check consists of three (3) elements: A CANTS (Child Abuse and Neglect Tracking System) check, A check of the Illinois and/or National Sex Offender Registries (SOR), and A criminal background check (done through fingerprinting).
 - Firearms are not permitted in the P.L.E.X.Kids program
 - PLEX Kids is not licensed by the State of Illinois and meets the criteria for the exemption that it claims. We certify that our facility or program is exempt from licensure & has attained exemption verification from the Illinois Department of Children and Family Services. Our exemption status is renewed every two years. Our program receives an annual monitoring visit by a Children's Home & Aid –Health and Safety Coach.

Parent/Guardian Signature: _____

Printed Name: _____



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Waiver and Release of All Claims

As a participant in the above noted activity; you acknowledge the use of the MetroRecPlex facilities, equipment, merchandise, services, and programs (including personal training) involves the inherent risk of personal injury to yourself, guests and invitees. You voluntarily agree to assume all risks of personal injury to yourself, spouse, partner, children, unborn children, other family members, guests and invitees while using the MetroRecPlex, its equipment, supplies, supervised or unsupervised programs in exercise rooms, on running track, in swimming pools, gymnasium, ice rinks, locker rooms, showers, dressing rooms, grounds and parking lots and waive any and all claims or actions that you may have against the MetroRecPlex, any of our officers, directors, employees, agents or successors. The provisions of this section shall survive the expiration of the program. I hereby certify that the named participant is in good physical condition and able to safely participate in a program of this type.

Release: I grant permission to the McKendree MetroRecPlex and its representatives to take photography and video and publish my likeness or my child's likeness with or without my name in print and electronic media outlets without limitation and without any form of compensation for the lawful purposes of publicity, advertising and website content. I release the McKendree MetroRecPlex and its representatives from all claims and demands arising out of or in connection with the use of my likeness or my child's likeness.

Signature of Parent/Guardian: _____ **Date:** _____

Printed Name: _____ **Relationship:** _____



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Payment Schedule Information

Camper's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Do you have an active online account with MetroRecPlex through Club Automation? _____

What email address is listed on your account? _____

Deposits must be paid upon registration in order to set up a payment plan for multiple weeks of camps.
Please see complete cancelation/transfer policy.
Deposits are NON-Refundable

Remaining camp tuition must be paid the Monday prior to the first day of the camp start date. Payment plans must be set up for an automatic withdrawal.
NSF charges will result in a \$25 service fee. Any registrations with remaining balances on Wednesday prior to the first day of the camp start date will result in
forfeiting the spot to the waiting list.

I _____ authorize McKendree MetroRecPlex to charge my credit card

(full name)

account indicated above for _____ on or after _____. This payment is for
(total due today) (today's date)

P.L.E.X. Kids Summer Camp. I understand the remaining balance is due by the Monday prior to the first day of camp
(description of goods/services)

and will be set up for automatic withdrawal.

Account Type: Visa MasterCard Discover ACH (attach voided check)

Card on file last four # _ _ _ _

Cardholder Name _____

Account Number _____

Expiration Date _____

Security Code _____

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

After account is set up, MMRP Staff destroy the payment information listed above.

SIGNATURE _____

DATE _____

I authorize the above named business to charge the credit card/ACH indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.



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P.L.E.X. KIDS CAMP CHANGE/ADD FORM

Deposits are **NON-REFUNDABLE**

Please note that changes/transfers cannot be made after Sunday the week before.

Withdrawal must be received 1 week prior to camp starting to receive a refund/credit minus the deposit
50% *credit* will be issued for less than one week notice.

Child's Name: _____ Today's Date _____

ADD:

Name of camp to add: _____ Date of camp to be added _____ Plex Plus Time: AM PM

_____ I understand that there is a **\$25.00** deposit due **today** for the camp added.

(Parent/Guardian Initials)

CHANGE/TRANSFER:

Name of camp to transfer from: _____ Date of Camp _____ Plex Plus Time: AM PM

Name of camp to transfer to: _____ Date of Camp _____ Plex Plus Time: AM PM

_____ I understand that the **\$25.00** deposit is non-refundable.

(Parent/Guardian Initials)

CANCEL/DROP:

Name of camp to cancel: _____ Date of Camp _____ Plex Plus Time: AM PM

_____ I understand that the **\$25.00** deposit is non-refundable.

(Parent/Guardian Initials)

The reason for the cancellation:

- Vacation/Off Work
- relatives are in town to watch my child
- illness/medical reasons
- other: please explain below

PAYMENT PLANS:

I am requesting that MetroRecPlex:

- Cancel the registration and the automatic payment draft for the date listed above.
- Change the registration and the automatic payment draft to the request change date of camp
- Request a refund

For: _____

Parent Name: _____ Signature: _____

Child Care Medication Authorization Form

Name of Child: _____ D.O.B.: _____ Today's Date: _____

Name of Medication: _____

Reason for Medication: _____

Dose: _____ Time/Frequency: _____

Route: Oral Topical Inhaled Injection Other

Date to Start: _____ Date to stop: _____ Expiration: _____

Additional Instructions/Comments: _____

Known side effects: _____

FOR PRESCRIPTION MEDICATION
Prescribing Health Care Provider: _____
Phone Number: _____

FOR CONTROLLED SUBSTANCES
Amount of Medication Received: _____
Staff Member Signature: _____
Staff Member Signature: _____

I authorize (*child care center*) _____ personnel to administer the medication named above to my child in the manner as stated. I release any liability in relation to the administration of this medication. I also acknowledge that I, the parent/guardian, have given the first dose of this medication without any allergic or unexpected reactions.

Parent/guardian printed name: _____ **Date Signed:** _____

Parent/guardian signature: _____

RETURN OR DISPOSAL OF MEDICATION
Return Date: _____ Parent Signature: _____
Disposal Date: _____ Staff Signature: _____
Witness to Disposal: _____

Child's Name: _____ Name of Medication: _____ Child's Primary Group: _____

ALWAYS review the written Parent/Guardian medication instructions and Health Care Provider's medical order (when necessary according to regulation) prior to EVERY administration. Instructions should be attached to this sheet.

7 Rights MUST be performed with EVERY dose! Right **child**, Right **medication**, Right **dose**, Right **route**, Right **time**, Right **reason**, Right **documentation**

Date Given	Time Given	Dose Given	Route Given	Time last dose was given by Guardian	Comments/Reactions	CONTROLLED SUBSTANCES				Staff Signature	Quality Check
						# on Hand	# Given	# Remain	Staff Signature		

When medication has been discontinued, it should be returned to the parents or disposed of properly.