O'Fallon CCSD #90
Registration Form
SUMMER CAMP 2026
SCHOOL: _____Current Grade_____

Please Print:
Student's Name: _____ DOB: _____ Age: _____

Home Address: _____ Phone: _____

Email Address: _____ Grade: _____

PARENT/ GUARDIAN INFORMATION:

Adults with whom the child lives:

1. _____ _____ _____
First Name Last Name Relationship to child

_____ _____ _____
Place of employment Work Phone Number Cell Phone

2. _____ _____ _____
First Name Last Name Relationship to child

_____ _____ _____
Place of employment Work Phone Number Cell Phone

IS there someone who, by court order, is not permitted to be in contact with this child? □ yes □ No
If yes, please fill out the following information and provide a copy of the court order.

_____ _____ _____
Name Address Relationship to child

EMERGENCY CONTACTS (in the event you cannot be reached)

Name	Relationship to child	Phone Number"
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

OTHER:
Does your child have a disability or active IEP? □ Yes □ No If yes, explain _____

Does your child require any special accommodations or modifications in the classroom? Explain
_____

Please list any medical conditions, current medications, or
allergies:_____
_____.

I understand the Before and After Care Handbook contains all policies and procedures for participating in the O'Fallon CCSD #90 school age care programs. I have received a copy of the handbook and understand it is my responsibility to read and become familiar with the policies and procedures detailed within. Additionally, I agree to follow all billing and payment procedures required for my child's participation in the program. My child will adhere to the same behavioral expectations as during the school day; including but not limited to dress code, school rules, and conduct. Families will be removed from the program in the event the district policies and procedures are not followed.

Signature _____ Date: _____

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Summer Camp Sign up: (Please check each week your child is registering for. You may sign up for additional weeks throughout the summer if space allows)

◯ June 1-5, 2026

◯ June 8-12, 2026

◯ June 15-18, 2026 (closed June 19th for Juneteenth)

◯ June 22-26, 2026

◯ June 29- July 2, 2026 (closed July 3rd)

◯ July 6-10, 2026

◯ July 13-17, 2026

◯ July 20-24, 2026

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Student: _____

FIELD TRIP PERMISSION FORM for Walking Field trips

I give my permission for my child to leave Marie Schaefer school for supervised trips walking to local areas walking around school. (ex. Woods Bakery, Ice Cream, O'Fallon Garden, library)

Restrictions on such trips for my child include:

_____

Parent Initial_____

SUNSCREEN RELEASE

I will make sure my child has sunscreen applied to their person prior to arriving at camp daily. In the event extra sunscreen is needed, I give the summer camp staff permission to use Coppertone Sport 30 spf spray on my child. Lotion based sunscreens will not be applied by any school staff.

Parent Initial_____

PHOTO RELEASE

I give my permission for my child to be photographed while in attendance at summer camp.

Parent Initial_____