



Jump N' Jam Playland Summer Camp Program

Location: 16795 Torrence Ave, Lansing, IL 60438

Phone: (708) 862-2500

Email: jumpnjaminflatables@gmail.com

1st Session: June 2nd – July 3rd

2nd Session: July 7th - August 15th

Pricing and Terms

- **Weekly Rate (M-F):** \$175 per child
- **Sibling Discount:** 20% off for additional children
- **Registration Fee:** \$50 per child (one time fee)
- **Early Bird Registration:** \$10 off if registered by May 16th
- **Two Sessions:** 10% discount on second session if paying for both sessions
- A **\$10 late fee** applies to payments received after Monday morning.
- Children cannot attend until payment is made.

Summer Camp Objectives

- **Promote Active Play** - Encourage daily physical activity through open play, structured games, inflatables, and sports that support gross motor skills and healthy lifestyles.
- **Foster Creativity and Expression**- Provide diverse arts and crafts experiences that inspire imagination, self-expression, and fine motor development.
- **Enhance Social Skills and Teamwork** - Create opportunities for children to build friendships, practice communication, and collaborate through group games, team challenges, and role-play.
- **Support Cognitive Growth** - Offer age-appropriate enrichment activities including puzzles, STEM crafts, and interactive games that promote problem-solving and critical thinking.
- **Encourage Independence and Responsibility** - Help campers build confidence and personal responsibility through routine, choice-based activities, and peer leadership roles.
- **Inspire Fun and Positive Camp Memories** - Ensure each camper experiences joy, excitement, and a sense of belonging every day through engaging activities and themed events.
- **Celebrate Diversity and Inclusion** - Cultivate an inclusive environment where all children feel seen, heard, and valued, regardless of background or ability.
- **Ensure a Safe and Supportive Environment** - Maintain high standards for safety, supervision, and emotional well-being to give families peace of mind and campers the freedom to explore and grow.



Jump N' Jam Playland Summer Camp Policies

Address: 16795 Torrence Ave., Lansing, IL 60438

Contact: (708) 862-2500 | shaneke@jumpnjaminflatables.com

1. Camp Hours

- Regular camp hours: **9:00 AM – 4:00 PM**, Monday to Friday.
 - Early drop-off: **8:00 AM** (additional \$5 per day)
 - Late pick-up: **until 5:00 PM** (additional \$5 per day)
 - If late pick-up is not arranged and paid for in advance, late pick-up fee is \$20 and is due at the time of pick-up.
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2. Ages Accepted

- Camp is open to children aged **5 to 15 years old**.
 - Children must be fully potty-trained.
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3. Arrival & Dismissal

- Campers must be **signed in/out daily by an authorized adult (18+)**.
 - Only individuals listed on the **Authorized Pickup List** will be allowed to pick up a child. Photo ID is required.
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4. Health & Safety

- Children showing symptoms of illness (fever, vomiting, persistent cough, rash) will not be allowed to attend.
 - Staff is trained in **CPR and first aid**.
 - In case of an emergency, 911 will be called and parents will be notified immediately.
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5. What to Bring

- Labeled backpack
- Socks (required for play areas)
- Water bottle
- Lunch

- Change of clothes
 - Comfortable, **play-friendly clothes** and **gym/tennis shoes** required daily.
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6. Code of Conduct

- Campers are expected to be respectful, follow directions, and behave safely.
 - **No bullying, fighting, or inappropriate language** will be tolerated.
 - Discipline steps: verbal warning → parent contact → possible removal from camp (without refund).
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7. Discipline Policy

- We use positive reinforcement and redirection.
 - If inappropriate behavior continues:
 1. Verbal warning
 2. Parent communication
 3. Possible removal from activities or dismissal from camp
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8. Refund & Cancellation Policy

- All fees paid are non refundable.
 - **Cancellation Policy:** All fees paid are non refundable
 - No refunds for missed days.
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9. Photography & Social Media

- We may take photos or videos of campers during activities for promotional use only.
 - Parents must opt in or out on the registration form.
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10. Weather & Emergencies & Facility Closures

- In the event of severe weather or emergencies, parents will be notified of closures via email and social media.
 - We will be closed on **July 4th**.
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11. FOOD POLICY

- Campers may bring a **nut-free lunch** or purchase a meal plan.
 - We provide **afternoon snacks**.
 - No glass containers, soda, or candy allowed.
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12. MEDICATION ADMINISTRATION

- All medications require a **Medication Authorization Form**.
 - Must be provided in original containers with **clear labeling**.
 - Staff will store and administer medications per instructions.
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13. FIELD TRIPS & SPECIAL EVENTS

- **Permission slips** are required for all trips.
 - Camp shirts must be worn on trip days.
 - Most trips are included in tuition unless otherwise noted.
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14. PAYMENT & TUITION

- Tuition: **\$175/week per camper**.
 - **Accepted payment methods**: cash and debit/credit cards
 - **No checks accepted**.
 - Payment is due **each Friday by 5pm**.
 - Late payment fee is \$20 if paid after Friday at 5pm.
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11. CANCELLATIONS

- One-week **written notice** is required for cancellations. Please email notice to jumpnjaminflatables@gmail.com
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Attendance

Please check week(s) you plan to attend: *

- ☐ **I plan to attend Session 1**
- ☐ **I plan to attend Session 2**
- ☐ **I plan to attend Both Sessions**
- ☐ Week 1: June 12 – June 13
- ☐ Week 2: June 16 – June 20
- ☐ Week 3: June 23 – June 27
- ☐ Week 4 : June 30 – July 4
- ☐ Week 5: July 7 – July 11
- ☐ Week 6: July 14 – July 18
- ☐ Week 7: July 21 – July 25
- ☐ Week 8: July 28- August 1
- ☐ Week 9: Aug 4 – August 8
- ☐ Week 10 : Aug 11 – August 15

Campers Full Name * _____

Birth Date (mm/dd/yyyy) * _____

School & Grade * _____

T-Shirt Size * _____

Home Address * _____

City * _____ Zip * _____

Parent/Guardian* _____

Home Phone * _____ Cell * _____

Work Phone _____ Email _____

Parent/Guardian* _____

Home Phone * _____ Cell * _____

Work Phone _____ Email _____

- Person(s) Authorized to pick up child(ren) other than parents. Please indicate relationship to family and contact telephone numbers:

Name:	Relationship:	Phone:
_____	_____	_____
_____	_____	_____
_____	_____	_____

- Are there any physical / emotional conditions, special needs, medications, or any other general information about which we need to be informed? YES or NO
- If YES Please Explain _____

Daily Schedule

- **8:30 AM:** Check In & Free Play
- **9:00 AM:** Morning Meeting & Warm Up Games
- **9:30 AM:** Snack Time
- **9:45 AM:** Group Rotations: Inflatables/Jungle Gym/Basketball
- **11:00 AM:** Storytelling/Journaling/Calming Time
- **12:00 PM:** Lunch Break
- **1:00 PM:** Arts & Crafts
- **2:00 PM:** Free Choice Station: Inflatables/Jungle Gym/Basketball/VR
- **2:30 PM:** Afternoon Activity
- **4:00 PM:** Pick-Up



Jump N' Jam Playland Summer Camp

Medical Release & Emergency Authorization Form

Camper #1 Information

- Child's Full Name: _____
 - Date of Birth: ____ / ____ / ____
 - Age: _____
 - Parent/Guardian Name: _____
 - Phone Number (Primary): _____
 - Phone Number (Secondary): _____
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Camper #2 Information

- Child's Full Name: _____
 - Date of Birth: ____ / ____ / ____
 - Age: _____
 - Parent/Guardian Name: _____
 - Phone Number (Primary): _____
 - Phone Number (Secondary): _____
-

Emergency Contacts (Other than Parent/Guardian)

1. Name: _____ | Phone: _____
 2. Name: _____ | Phone: _____
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Medical Information

- Primary Physician: _____
- Phone: _____
- Preferred Hospital: _____
- Health Insurance Provider: _____
- Policy Number: _____

Allergies:

☐ None

☐ Yes – Please list: _____

Medical Conditions or Disabilities:

- ☐ None
☐ Yes – Please explain: _____

Medications (prescription or over-the-counter):

- ☐ None
☐ Yes – Please list name, dosage, and time: _____

All medications must be provided in the original container with prescription label and doctor's instructions.

Consent & Authorization

I, the undersigned parent/legal guardian of the above-named child, authorize the staff at **Jump N' Jam Playland Summer Camp** to obtain emergency medical treatment for my child in the event that I cannot be reached. I understand that every effort will be made to contact me prior to treatment.

I release Jump N' Jam Playland, its staff, volunteers, and representatives from any liability arising from medical treatment provided in good faith.

- ☐ I consent to medical treatment in case of emergency.
☐ I DO NOT consent to medical treatment and understand I must remain onsite.

Parent/Guardian Signature

Signature: _____

Printed Name: _____

Date: ____ / ____ / ____



Liability Release and Waiver of Claims Form

Jump N' Jam Playland Summer Camp
16795 Torrence Ave., Lansing, IL 60438
(708) 862-2500 | jumpnjaminflatables@gmail.com

Camper Information

- **Child's Full Name:** _____
 - **Date of Birth:** ____ / ____ / ____
-

Camper Information

- **Child's Full Name:** _____
 - **Date of Birth:** ____ / ____ / ____
-

Parent/Guardian Information

- **Name:** _____
 - **Phone Number:** _____
 - **Email:** _____
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Acknowledgment of Risk

I, the undersigned parent or legal guardian of the above-named child, understand that participation in the activities at Jump N' Jam Playland Summer Camp involves inherent risks, including but not limited to:

- Injuries resulting from play on inflatables or playground equipment
- Slips, trips, falls, or collisions with other participants
- Exposure to communicable illnesses, including COVID-19

I voluntarily assume full responsibility for any and all risks, injuries, or damages, known or unknown, which my child may incur as a result of participation.

Release of Liability

In consideration of my child being allowed to participate in Jump N' Jam Playland's Summer Camp, I hereby release, discharge, and hold harmless Jump N' Jam Playland, its owners, directors, employees, agents, and volunteers from any and all liability, claims, demands, or causes of action whatsoever arising out of or relating to any loss, damage, injury, or illness, including death, that may be sustained by my child or me, while participating in camp activities or while on the premises.

Consent for Participation

I certify that my child is physically fit and able to participate in all camp activities. I agree to follow all safety rules and staff instructions, and to notify staff of any health concerns prior to participation.

Photography Release (Optional)

- ☐ I grant permission for my child's photo/video to be used in camp promotions, including social media, flyers, and website.
- ☐ I do not grant permission for my child's image to be used.
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Parent/Guardian Consent

By signing below, I acknowledge that I have read and fully understand this Liability Release and Waiver Form and agree to its terms.

Signature: _____

Printed Name: _____

Date: ____ / ____ / ____
