

Capital Kids School Year 2022/2023

Thank you for entrusting your child(ren) with the Capital Kids Enrichment Program!

Our program receives federal funding from the Federal Community Development Block Grant (CDBG). It is their requirement that we show documentation for the population that we enroll in our program. You will be required to attach with your application a copy of your previous year's 1040 IRS tax form or some document that shows your income for the year. If you are married and file separately, a copy of your spouse's 1040 IRS tax form must be attached as well.

All registration forms must be completely filled out:

- A copy that can be kept safely at the site of the first two pages of your 2021 Federal 1040 tax form filed with the IRS. If your filing status was "Married Filing Separately," a copy of your spouse's 2021 Federal 1040 tax form must be submitted as well.
- A completed and legible copy of the registration form for the 2022-2023 program. No previous year's applications will be accepted.
- A signed copy of the Parent Agreement.
- Full payment or the required deposit must accompany the registration form. Columbus Recreation and Parks offers partial grants through our PLAY scholarship fund for those who qualify. Your site director will discuss these items with you.

Thank you for choosing the Capital Kids program for your child(ren)! If you have any questions or comments regarding the application process, please contact your site director or Sheri-Lynn Wynn, the program director, at 614-645-3330 or by email at slwynn@columbus.gov.

Registration

All applications must have the following to register:

- A copy of the first two pages of your 2021 Federal 1040 tax form that you filed with the IRS; this copy will be kept with your application. If your filing status was "Married Filing Separately," a copy of your spouse's 2021 Federal 1040 tax form must be submitted as well.
- A completed, legible copy of the application for the 2022-2023 program. No previous year's applications will be accepted. We must obtain new information each year.

Please return this application to the site director at the site you are interested in attending. No applications are taken online or at our administrative office. If you have any questions, contact your site director or Sheri-Lynn Wynn, the program director, at 614-645-3330 or slwynn@columbus.gov.

Thank you for choosing the Capital Kids program!

The Capital Kids Enrichment Program School Year Program 2022-2023

I, the Parent/Guardian agree to the following:

- I will regularly check my email to learn of current events or any changes in the Capital Kids program.
- It is expected that participants will attend every day. I will inform the site director or leave a message at the site if my child is not attending the program that day so the program has accurate numbers for meal count and for field trips. My child may be dismissed from the program if there are excessive absences.
- I understand the program ends at 6 p.m. I will do everything I can to make sure my child is picked up by 6 p.m. If I have an urgent situation, it is my responsibility to call my site director.
 - *In the event that contact is not made and staff is not able to reach you or anyone on the emergency contact list, they will contact the Columbus Police Department to escort the child(ren) to Franklin County Childrens Services (FCCS). If recovery of a child is necessary, that location is 4071 East Main Street, Whitehall, 614-229-7100. If your child is taken to FCCS, we will discuss a plan so it doesn't occur again.*
- If my child is posing serious or recurring discipline problems, he/she may be suspended or removed from the program. If my child is removed, Capital Kids staff will decide if my child can come back to the program at a later date after a parent/guardian and staff conference.
- Parent conferences with Capital Kids staff are welcome and encouraged. If I would like a conference, I will contact staff. Capital Kids staff will reach out to me if they feel a conference is needed. Conferences can be done through Zoom or in person with appropriate safety protocols.
- Volunteer opportunities with the program are available, however, all volunteers must complete and pass a department background check. If I am interested in volunteering (chaperoning field trips, tutoring, gardening, etc.) I will check with the site director for more information.
- I will keep the site director informed of any changes to my registration information (i.e., address, telephone numbers, custody, medical, etc.).
- If I have any serious concerns relative to staff or program site, I will contact Sheri-Lynn Wynn, the program director, at 614-645-3330 or slwynn@columbus.gov.

Parent/Guardian Signature: _____ Date: _____

Name(s) of enrolled children: _____

2022/2023 School Year Registration Form Beginning Sept. 6, 2022

A Program of Columbus Recreation and Parks Department
 All information must be filled out completely and must be legible.

Program Site (Select one): Beatty, Feddersen, Marion Franklin, Sullivant Gardens				
Total # in Family:		Yearly Income (Adjusted Gross Income from Federal Tax Form 1040):		
Child resides primarily with (Check one): Mother, Father, Both, Guardian, Other				

Parent/Guardian Information

Parent No. 1 Name:			
Address:		City:	ZIP:
Home Phone:	Cell Phone:		Work Phone:
Which telephone number can we reach you at during the hours of 9 a.m.-6 p.m.: Home, Cell, Work			
E-mail:			
Parent No. 2 Name:			
Cell Phone:		Is this a female-headed household? Yes No	

Participant No. 1

Child's Name:		Birth Date:	Age:
School:		Teacher:	Grade in Fall:
Gender (Check one): Male, Female, Non-binary, Other		Ethnicity (Check all that apply): American Indian, Alaska Native, Asian, Black or African American, Native Hawaiian/Other Pacific Islander, Hispanic/Latino, White/Caucasian, Prefer not to identify	
*Health Conditions (Check all that apply): Speech Impairment, Hearing Impairment, Vision Impairment, Asthma, Diabetes, Hyperactivity, ADD, ADHD, ODD, Bleeding/Clotting Disorders, Convulsions, Frequent Ear Infections, Insect Stings and Hay Fever			
Allergy Restrictions:	Treatment for allergies:	Medications:	Food allergies:
Activities to be encouraged or limited:		Other health information:	

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Participant No. 2

Child's Name:		Birth Date:	Age:
School:		Teacher:	Grade in Fall:
Gender (Check one): Male, Female, Non-binary, Other		Ethnicity (Check all that apply): American Indian, Alaska Native, Asian, Black or African American, Native Hawaiian/Other Pacific Islander, Hispanic/Latino, White/Caucasian, Prefer not to identify	
*Health Conditions (Check all that apply): Speech Impairment, Hearing Impairment, Vision Impairment, Asthma, Diabetes, Hyperactivity, ADD, ADHD, ODD, Bleeding/Clotting Disorders, Convulsions, Frequent Ear Infections, Insect Stings and Hay Fever			
Allergy restrictions:	Treatment for allergies:	Medications:	Food allergies:
Activities to be encouraged or limited:		Other health information:	

****Medical information must be accurate. We are not to dispense medicine to participants.***

Emergency Contacts (Other Than Parents)

Name	Home Phone	Cell Phone	Work Phone	Relationship

****I.D. is required when first picking up the child.***

PLEASE CHECK ONE:

My Child(ren) will arrive to the program: Walking_____ Drop off_____ Bus_____

Capital Kids Emergency Medical Authorization

(You *must* complete all sections of *either* Part 1 *or* Part 2 of this section. **Do not complete both.**)

Part 1: Permission to Transport Child:

In the event of an emergency, I _____ hereby give the Emergency Medical Service (EMS) permission to take my child to the following medical and dental facilities or to the nearest available source of help. I understand that staff will give children basic first aid when necessary.

Parent/Guardian signature: _____ **Date:** _____

Part 2: Refusal to Give Permission to Transport Child

(Only complete if you don't complete Part 1)

I _____ **DO NOT** give permission to take my child to a medical or dental facility. I understand that staff will give participants basic first aid when necessary, but if an illness or injury requires emergency treatment, please do the following: _____

Parent/Guardian signature: _____ **Date:** _____

Does your child have health insurance coverage such as Medicaid, Healthy Start or a private insurer?

Yes _____ **No** _____

Photography Release

The staff, media and programming partners, with permission from the City of Columbus Recreation and Parks Department, may photograph or videotape my child for educational and public relations purposes.

Signature: _____ **Date:** _____

Parents and family members of the City Leaders may attend the sessions however do we have your permission to photograph and videotape you? **Yes** _____ **No** _____

Signature: _____ **Date:** _____

Field Trip, Routine and Activity Release

I give permission for my child to participate in all field trips and activities offered by the Capital Kids Program. These trips may include skating, bowling, swimming, and walks to parks and/or libraries or other places close to the center. I understand while staff attempts to tell parents when they will leave for a trip, sometimes trips are spontaneous and parents cannot be told in advance (such as a walk to the park or library). Community center staff will always know when the group left and are expected back. I also authorize the City of Columbus to do everything necessary to make sure of my child's health and safety in case of an emergency. I agree to not hold the City of Columbus, staff and sponsors of the program responsible for property damage or injury that results from my child's participation in this program.

Signature: _____ **Date:** _____

Academic and School Health Records Release

I understand that, in order to meet the academic needs of my child, the program will be working with my child's school. I give permission to the site director to obtain my child's school attendance records, reading and math levels, and report cards.

To meet the health needs of my child, the program will work closely with the school nurse to facilitate health screenings, control communicable disease and incorporate health education awareness. I give permission to the Site Director to obtain health records from the school nurse and seek their counsel to ensure my child is healthy. All information obtained from academic and health records will be confidential. The parent/guardian will be informed and included in all consultations.

Signature: _____ **Date:** _____

I certify that the above information is true to the best of my knowledge. I also understand that by knowingly submitting false information may be grounds for dismissal from this program.

Signature: _____ **Date:** _____