

## Capital Kids Spring Camp 2023

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

### Registration

- This program is open to 51% of families meeting the CDBG income guidelines. Over income applicants will be accepted up to 49% of total enrollment.
- All applications are to be turned into the site director at the site you are registering. No applications will be accepted by mail, email or online.
- All applications must have the following in order to register:
  - A copy that can be kept of the first two pages of your 2022 Federal 1040 tax form that you filed with the IRS. If your filing status was "Married Filing Separately," a copy of your spouse's 2022 Federal 1040 tax form must be submitted as well. If you don't receive a W2 we will need an official document that shows your income from the previous year. Your information will be safely guarded at the program site.
  - A completed and legible copy of the application for the program. Application must be a current one.
  - A signed copy of the Parent Agreement. It is your responsibility to read this and be aware of the Capital Kids Program's policies and procedures.

Thank you for choosing the Capital Kids program for your child(ren). PLEASE RETURN THIS APPLICATION TO THE SITE DIRECTOR AT THE CHOSEN SITE.

If you have any questions or comments regarding the application process please contact your site director or you may contact the program director at 614.645.3330 or by email at [slwynn@columbus.gov](mailto:slwynn@columbus.gov).

## Spring Camp Program 2023

I, the Parent/Guardian agree to the following:

- I recognize it is my responsibility to read this document and agree to follow all the requirements below.
- I will drop off my child(ren) every day by 9:30am and pick up my child by 5:00pm each day. A parent or guardian will be required to sign in and out their camp participants daily.
- 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 on that day. My child may be dismissed from the program if there are excessive absences.
- During our summer camp season there may be youth workers assisting with our program. I will reiterate to my child that they are to respect these helpers just as they would the staff.
- I am aware that during the summer my child may come in contact with outside programmers bringing experiences to our camp. They will respect them just as they would the staff.
- There will be no early drop off or late pick up.
- I know the Camp ends at **5:00pm**. I will do everything I can to make sure my child is picked up by 5:00pm. If I have an urgent situation, it is my responsibility to call the Capital Kids site director. In the event that contact is not made and staff is not able to reach you nor anyone on the emergency contact list, they will contact the Columbus Police Department to escort the child(ren) to Franklin County Childrens Services. If recovery of your child is necessary, that location is 4071 East Main Street, Whitehall, Ohio 43213, 614.229.7100. If your child is taken to FCCS, we will discuss a plan so it doesn't occur again. Please be considerate of our staff who have families as well.
- If my child is posing serious or recurring discipline problems, he/she may be suspended or removed from the program. If your 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 and must be scheduled in advance. If I would like such a conference, I will contact the staff. Capital Kids staff will reach out to me if they feel a conference is needed.
- I will keep the Site Director informed of any changes in the registration information. (i.e. address, telephone numbers, etc.)
- If I have any serious concerns relative to staff or program site that I feel cannot first be resolved at designated site, I will contact the Program Director at 614.645.3330 or by email at slwynn@columbus.gov.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Name(s) of enrolled children \_\_\_\_\_

## 2023 Spring Camp Registration Form April 10 - 14, 2023

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

|   |  |
|---|--|
| <b>Program Site</b> (Select one): <input type="checkbox"/> Beatty, <input type="checkbox"/> Feddersen, <input type="checkbox"/> Marion Franklin, <input type="checkbox"/> Sullivant Gardens                         |  |
| <b>Total # in Family:</b>   | <b>Yearly Income</b> (Adjusted Gross Income from Federal Tax Form 1040): |
| <b>Child resides primarily with</b> (Check one): <input type="checkbox"/> Mother, <input type="checkbox"/> Father, <input type="checkbox"/> Both, <input type="checkbox"/> Guardian, <input type="checkbox"/> Other |  |

### Parent/Guardian Information

|  |                    |   |             |
|--|--------------------|---|-------------|
| <b>Custodial Parent No. 1 Name:</b>  |                    |   |             |
| <b>Address:</b>  |                    | <b>City:</b>  | <b>ZIP:</b> |
| <b>Home Phone:</b>   | <b>Cell Phone:</b> | <b>Work Phone:</b>  |             |
| <b>Which telephone number can we reach you at during the hours of 9 a.m.-5 p.m.:</b> |                    |   |             |
| Home,  | Cell,              | Work  |             |
| <b>E-mail:</b>   |                    | <b>Parent Birth Date:</b>   |             |
| <b>Parent No. 2 Name:</b>  |                    |   |             |
| <b>Cell Phone:</b>   |                    | <b>Is this a female-headed household?</b> <input type="checkbox"/> Yes, <input type="checkbox"/> No |             |

### Participant No. 1

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

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

## Participant No. 2

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

*\*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*

## 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.

\_\_\_\_\_ (Medical) \_\_\_\_\_ (Dental)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Part 2: Refusal to give permission to transport child:

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\_\_**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Field Trip, Routine and Activity Release

I give permission for my child to participate in all field trips, routine 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: \_\_\_\_\_