

Capital Kids Enrichment Program 2021/2022

Thank you for entrusting your child(ren) to the Capital Kids Enrichment Program! Our program receives federal CDBG funding, which allows our program to be so reasonably priced. As a result, we must maintain documentation for everyone registered in our program. You are required to attach to your application a copy of the prior year's 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. If you don't receive a W-2, we will need documentation that shows your income from the previous year. CDBG also requires you to complete the section below on "Ethnicity." Your information will be safely guarded at the program site.

Registration

All applications must have the following to register:

- A copy of the first two pages of your prior year's 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 prior year's Federal 1040 tax form must be submitted as well.
- A completed, legible copy of the application for the 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 Ms. Wynn, the program director, at 614-645-3330 or slwynn@columbus.gov.

Thank you for choosing the Capital Kids program!

2021/2022 School Year Registration Form

Programming begins Tuesday, September 7, 2021

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

Registration Fee: \$75(Scholarships may be available)

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

Parent/Guardian Information

Parent No. 1 Name:			
Address:		City:	Zip:
Home Phone:	Cell Phone:	Work Phone:	
<i>Circle which telephone number is best to reach you during the hours of 9 a.m.-6 p.m.</i>			
E-mail:			
Parent No. 2 Name:			
Cell Phone:	Is this a female-headed household? (circle one) Yes No		

Participant No. 1 **Medical information must be accurate. We are not to dispense medicine to participants.*

Child's Name:		Birth Date:	Age:
School:		Teacher:	Grade in Fall:
Gender (Circle one): Male Female, Non-binary Other	Ethnicity (Circle 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 (Circle 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:	

Participant No. 2 **Medical information must be accurate. We are not to dispense medicine to participants.*

Child's Name:		Birth Date:	Age:
School:		Teacher:	Grade in Fall:
Gender (Circle one): Male Female Non-binary Other		Ethnicity (Circle 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 (Circle 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:	

Emergency Contacts (other than parents)

Name	Home Phone	Cell Phone	Work Phone	Relationship
1.				
2.				
3.				

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

ACADEMIC AND SCHOOL HEALTH RECORDS RELEASE

I understand 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 _____

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:

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 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, routine trips and activities offered by the Capital Kids Program. 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 tend to 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 loss or injury that results from my child's participation in this program.

Signature: _____ Date: _____

THE CAPITAL KIDS ENRICHMENT PROGRAM

School Year Program

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. I will also check the parent resource area in the classroom regularly.
- 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 so we can provide this opportunity for those on our wait list.
- I understand the Capital Kids 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 525 E. Mound Street, 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 my child is removed, Capital Kids staff will decide if my child can return to the program at a later date after a parent/guardian and staff conference.
- Parent conferences with Capital Kids staff are welcomed and encouraged. If I would like a conference, I will contact staff. Also, Capital Kids staff will reach out to me if they feel a conference needs to be scheduled.
- 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 let my site director know and submit my information online: www.opportunities.averity.com/crpd.
- I will keep the site director informed of any changes to my registration information (i.e., address, telephone numbers, email, etc).
- If I have any serious concerns relative to staff or program site, I will contact Ms. Wynn, the program director, at 614-645-3330 or slwynn@columbus.gov.

Parent/Guardian Signature: _____ Date: _____

Name(s) of enrolled children: _____

ARRIVAL TO THE PROGRAM FOR AFTERSCHOOL

PARTICIPANT NAME(S): _____

☐ My child(ren) will be arriving at _____ pm. by: car school bus walking (please circle one)

☐ My child needs to be picked up at _____ (approved school name) at dismissal.
This is to request bus service for your child. Appropriate bus transportation Form 1 may be obtained at your child's school. It may sometimes take up to two or three weeks for this request to be processed
transportation for my child to be established.

Note: At this point, we are still uncertain what school transportation will look like this year. The decision is in the hands of Columbus City Schools transportation.

Parent/Guardian Signature _____ Date _____