School’s Out 2016

Ages 5-15 (must have been in kindergarten as of June 13, 2016, and be no older than 15 by this date). Five year olds’ participation will depend upon their maturity level and ability to participate in all program activities. School’s Out Program is a day long, well-supervised fitness program that will allow children to take part in a variety of fitness activities planned to increase their mental, cultural and physical fitness awareness in a safe and secure environment. Activities will be designed to make use of many current programs, as well as offer a variety of field trips, aerobics, arts and crafts and other fitness related activities. This program is designed to especially meet the needs of working parents. Proof of Employment is required (see below).

**HOURS & DATES**
7 a.m. – 6 p.m.
Mon – Fri, June 13 – August 5

**SITES**
Feddersen Community Center
Blackburn Community Center
Howard Community Center
Glenwood Community Center
3911 Dresden Street (24)
263 Carpenter St. 05
2505 N. Cassady Ave. (19)
1888 Fairmont Ave. (23)

Flexible drop off time between 7-9 a.m. Flexible pick up time between 4-6 p.m. All children must arrive by 9 a.m. and must be picked up after 4 p.m., but not later than 6 p.m.

**INCOME ELIGIBILITY**
This program is open to residents of Columbus that meet the following Income Guidelines. **Over Income applicants will be accepted up to 10% of total enrollment.**

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Income Amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-person</td>
<td>$44,800</td>
</tr>
<tr>
<td>3-person</td>
<td>$50,400</td>
</tr>
<tr>
<td>4-person</td>
<td>$56,000</td>
</tr>
<tr>
<td>5-person</td>
<td>$60,500</td>
</tr>
<tr>
<td>6-person</td>
<td>$65,000</td>
</tr>
<tr>
<td>7-person</td>
<td>$69,450</td>
</tr>
<tr>
<td>8-person</td>
<td>$73,950</td>
</tr>
</tbody>
</table>

**REGISTRATION**
All applicants must bring to registration:
- A copy that can be kept of the first two pages of your **2015 Federal 1040 tax form** that you filed with the IRS. If your filing status was “Married Filing Separately”, a copy of your spouse’s **2015 Federal 1040 tax form** must be submitted as well.
- A completed **2016** application for the program. No previous year’s applications will be accepted
- A copy that can be kept of each child’s birth certificate. Although a certified copy is not required, the copy that you submit should show the certification stamp of the certificate in which the copy was made. **NO OTHER FORMS OF ID WILL BE ACCEPTED. COPIES WILL NOT BE MADE FOR APPLICANTS ON SITE.** All participants must come from a household where taxes have been filed for the tax year ending December 31, 2015. **This is the only proof of income accepted.**
- There are 60 spaces available at each site.
- Registration will begin Saturday, April 23, 2016, 10 am – 6 pm and will continue Tuesday-Friday, 2-7 pm beginning Tuesday, April 26th and will continue until all sites are filled. All registration is on a **FIRST COME, FIRST SERVED** basis. Once a site is filled, applicants will be placed on a waiting list. **No applications will be accepted prior to April 23rd.**
- **The cost of the program is $195.** Payment of $100.00 per child, by money order or cashier’s check only, made payable to City of Columbus, must accompany your application which pays for the **first four weeks of the program.** The second payment will be due on Monday, **July 11th** by 9:00 a.m. and is always by **money order and/or cashier’s check only.**
- You may register by bringing your completed application and payment (no mail-in) with all appropriate tax forms and birth certificates to Dodge Community Center, 667 Sullivant Avenue. An application is included in this brochure on the next page, available at the four recreation center sites and at [www.columbusrecparks.com](http://www.columbusrecparks.com)
SCHOOL’S OUT PROGRAM APPLICATION SUMMER 2016

ALL INFORMATION MUST BE FILLED OUT COMPLETELY AND MUST BE LEGIBLE

Site: (circle only) Feddersen Blackburn Howard Glenwood

Total # in family ________ Yearly Income $________ (AGI – Adjusted Gross Income from Federal Tax form 1040)

1. Child resides primarily with:

2. Parent #1 Name: _________________________________ _________________________________
   Last First MI
   Address: ______________________________________ _________________________________
   Number & Street _________________________________ _________________________________
   Home Phone (____) _________________________________ Work Phone (____) _________________________________
   Cell Phone (____) _________________________________ Email _________________________________

3. Parent #2 Name: _________________________________ _________________________________
   Last First MI
   Cell Phone (____) _________________________________

4. Child 1 Name: _________________________________ _________________________________
   Gender: (circle one) Male Female
   Date of Birth: _______/_____/______ Age: ________
   T-Shirt Size (circle one) Child Large (smallest size) Adult Small
   Health Conditions (circle all that apply) Speech Impairment Hearing Impairment Vision Impaired
   Asthma Diabetes Hyperactivity
   Allergies: _________________________________

Ethnicity: (you must check one) Hispanic/Latino ______ Non-Hispanic/Non-Latino ______

Race: Check All That Apply: African American/Black_______ Native Hawaiian/Other Pacific Islander_______

Other (fill in) _________________________________

5. Child 2 Name: _________________________________ _________________________________
   Gender: (circle one) Male Female
   Date of Birth: _______/_____/______ Age: ________
   T-Shirt Size (circle one) Child Large (smallest size) Adult Small
   Health Conditions (circle all that apply) Speech Impairment Hearing Impairment Vision Impaired
   Asthma Diabetes Hyperactivity
   Allergies: _________________________________

Ethnicity: (you must check one) Hispanic/Latino ______ Non-Hispanic/Non-Latino ______

Race: (Check All That Apply): African American/Black_______ Native Hawaiian/Other Pacific Islander_______

Other (fill in) _________________________________

6. Child 3 Name: _________________________________ _________________________________
   Gender: (circle one) Male Female
   Date of Birth: _______/_____/______ Age: ________
   T-Shirt Size (circle one) Child Large (smallest size) Adult Small
   Health Conditions (circle all that apply) Speech Impairment Hearing Impairment Vision Impaired
   Asthma Diabetes Hyperactivity
   Allergies: _________________________________

Ethnicity: (you must check one) Hispanic/Latino ______ Non-Hispanic/Non-Latino ______

Race: (check All that Apply): African American/Black_______ Native Hawaiian/Other Pacific Islander_______

Other (fill in) _________________________________
7. Child 4 Name: 

<table>
<thead>
<tr>
<th>First</th>
<th>MI</th>
<th>Last</th>
<th>Male</th>
<th>Female</th>
<th>T-Shirt Size (circle one)</th>
<th>Adult Medium</th>
<th>Adult Large</th>
<th>Adult XLarge</th>
<th>Adult XXLarge</th>
<th>Health Conditions (circle all that apply)</th>
<th>Asthma</th>
<th>Diabetes</th>
<th>Hyperactivity</th>
</tr>
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<tr>
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<td></td>
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<td></td>
<td>Child Large (smallest size)</td>
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<td></td>
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<td>Speech Impairment Hearing Impairment</td>
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<td></td>
<td></td>
<td></td>
<td>Adult Medium</td>
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<td></td>
<td></td>
<td>Vision Impaired</td>
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Allergies: ____________________________
Other Illness: (explain) __________________

Ethnicity: (you must check one) | Hispanic/Latino | Non-Hispanic/Non-Latino

Race: (Check All that Apply) | African American/Black | White | Asian | Alaskan Native | Amer. Indian | Other (fill in) |

Native Hawaiian/Other Pacific Islander

I have filled in the required above information, and guarantee that all information, to the best of my knowledge, is correct, concerning qualifications for this program. I understand and agree that my child can and will participate in all activities, and that non-participation in any activity is grounds for immediate exclusion and/or dismissal from the program.

____________/_______/_______
TODAY’S DATE

PARENT SIGNATURE

8. AUTHORIZED ESCORTS (other than parents)

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
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</tbody>
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9. EMERGENCY CONTACTS (other than parents)

<table>
<thead>
<tr>
<th>Name</th>
<th>Home Phone</th>
<th>Cell Phone</th>
<th>Work Phone/ext</th>
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10. SCHOOL’S OUT EMERGENCY MEDICAL AUTHORIZATION, ACTIVITY RELEASE AND PUBLIC RELATIONS RELEASE

Physician and/or Clinic: Name: ______________________ Phone Number: ______________________

Dentist and/or Dental Clinic: Name: ______________________ Phone Number: ______________________

Medication Policy: Columbus Recreation and Parks Department staff shall not administer medication to participants of their programs. All medication taken by participant shall be self-administered, and no participant on medication shall be registered in the program unless that person is capable of taking his/her own medications, or parent/guardian is available to administer the medication. Recreation staff may (1) Remind a participant to take medication (2) Assist participant by taking the medication from the locked storage area and hand it to the participant. Please identify type, dosage, and time for all medication that the participant is currently taking.

Medication: ______________________ Dosage: ______________________ Frequency: ______________________

Medical Authorization Policy: If attempts to contact me at the above listed phone numbers are unsuccessful, I authorize and give my consent for any emergency medical, surgical or dental treatment for my child (listed above) anywhere/anytime should it be deemed advisable by a qualified medical Doctor or Dentist, and the transportation of the child to the nearest hospital reasonably accessible. I understand this is to avoid undue delay and to assure prompt attention/treatment in an emergency. I hereby give permission to the City/CRPD to provide routine first aid care, administer prescribed medications in a life or death situation, and seek emergency medical treatment for my child when deemed necessary. In case of accident or injury, I will not hold the City of Columbus or its employees responsible. I understand and assume all risks that may occur during my child’s participation in these programs. I understand that should any injury occur to my child at this camp, I will be responsible for all medical treatment and other costs through my medical insurance policy and/or personal finances.

Public Relations Policy: Please initial one of the following:

- I authorize the City of Columbus to use my child’s photograph/video for public relations purposes.
- I do not authorize the City of Columbus to use my child’s photograph/video for public relations purposes.

Date __/__/____ Parent/Guardian Signature ________________________________

- or -

Date __/__/____ Parent/Guardian Signature ________________________________