



RECREATION AND PARKS DEPARTMENT



2015 Fees	
Spring Camp	\$ 50.00
Summer Camp	\$100.00
School Year	\$ 75.00

**2015 SPRING CAMP REGISTRATION FORM**  
 ALL INFORMATION MUST BE FILLED OUT COMPLETELY AND MUST BE LEGIBLE

PROGRAM SITE (CIRCLE ONE): **FEDDERSEN**                      **MARION FRANKLIN**

**PARTICIPANT**

Child's name \_\_\_\_\_ Male/Female (circle one) Current Grade \_\_\_\_\_

Birth date: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ School \_\_\_\_\_ Teacher \_\_\_\_\_

**Health Conditions** (circle all the apply):

Speech Impairment      Hearing Impairment      Vision Impairment      Asthma      Diabetes  
 ADD    ADHD    ODD    Bleeding/Clotting Disorders    Convulsions    Frequent Ear Infections    Insect stings and hay fever  
 Allergy restrictions \_\_\_\_\_ Treatment for allergies \_\_\_\_\_ Medications \_\_\_\_\_

Activities to be encouraged or limited: \_\_\_\_\_ Other health information: \_\_\_\_\_  
 Other \_\_\_\_\_

*\*Please note: Medical information must be accurate. We are not to dispense medicine of any sort to participants.*

**PARENT/GUARDIAN INFORMATION**

Name of Parent(s) or Guardian(s) of child \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ Home phone (    ) \_\_\_\_\_

Primary number:(    ) \_\_\_\_\_ Alternate number (    ) \_\_\_\_\_ E-mail (Optional) \_\_\_\_\_

**\*\*Circle the phone number above you can be reached at during 9:00am-5:00pm\*\***

Child resides primarily with (circle one): Mother      Father      Mother/Father      Other: \_\_\_\_\_

**EMERGENCY CONTACTS (OTHER THAN PARENTS)**

	NAME	Home Phone	Cell Phone	Work Phone	Relationship
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

**THIS PROGRAM IS SUPPORTED BY THE CITY OF COLUMBUS, COMMUNITY DEVELOPMENT BLOCK GRANT. WE ARE REQUIRED TO REPORT THE FOLLOWING INFORMATION ABOUT THE FAMILIES THAT RECEIVE THIS SERVICE. ALL AREAS MUST BE FILLED IN.**

Please check the categories your child is identified as (You can circle more than one) :

American Indian/Alaska Native      American Indian/Alaskan Native and White      Asian      Asian and White  
 Black or African American      Black/African American and White      Native Hawaiian/Other Pacific Islander  
 White/Caucasian      Other Continents: \_\_\_\_\_(please explain)

**Note: If you chose not to identify yourself please let the Site Director know.**

Is household a female-headed household? Yes \_\_\_ No \_\_\_

Please circle the appropriate income based upon the number of members in your household.

**PLEASE REFER TO THE ATTACHED INCOME SHEET**

**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 \_\_\_\_\_  
**OR**

**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 private insurer? Yes \_\_\_ No  
 Would you like to receive information about Healthy Start, a health insurance plan for children? Yes \_\_\_ No

**INFORMATION/PHOTOGRAPHY RELEASE**

The staff, the 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 \_\_\_\_\_

**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 walks to parks, libraries, or other places close to the center. They are for educational and recreational purposes of the 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. The center will always know when the group left and when to be 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 \_\_\_\_\_

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, and the leaders and sponsors of the program, responsible for property damage or injury that results from my child's participation in this program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Capital Kids Staff name)



THE CITY OF  
**COLUMBUS**  
MICHAEL B. COLEMAN, MAYOR

RECREATION AND PARKS  
DEPARTMENT



Federal Register | Annual Update of the HHS Poverty Guidelines

Persons in family/household	Poverty guideline
1	\$11,770
2	15,930
3	20,090
4	24,250
5	28,410
6	32,570
7	36,730
8	40,890

*For families/households with more than 8 persons, add \$4,160 for each additional person.*

**P.L.A.Y.**  
**Private Leisure Assistance for Youth**

**Eligibility/Application Form**

P.L.A.Y. sponsors youths, 18 years or younger, from financially limited families, in enrichment programs offered by the Columbus Recreation & Parks Department by offering grants to those individuals meeting the eligibility guidelines stated below.

- PLAY grants are limited to one grant award per session per applicant up to a maximum allocation of \$20. The applicant will be responsible for any fees above and beyond this amount and will need to be paid at the class site.
- The amount of financial assistance available through PLAY is subject to change on an annual basis. Applications will be verified and kept confidential.

How to apply

- 1) Complete form below.
- 2) **Proof of Eligibility must be provided by the legal guardian and it can be one of the following:**
  - Most recent federal income tax return showing adjusted gross income and number of dependents
  - Copy of your Medicaid/Caresource/Molina health card
  - Copy of your ADC card
  - A letter from child's school verifying he/she receives Free/Reduced school lunch
- 3) Sign and date the application at the bottom of this page.
- 4) Return completed PLAY Application, with proof of eligibility, to your local recreation center staff at the time of class registration.

**Please complete the following information (please print):**

Circle session requested:    Winter            Spring            Summer            Fall I            Fall II  
 (Circle only one of above choices)

Applicants **BIRTH** Date: \_\_\_\_/\_\_\_\_/\_\_\_\_            Male \_\_\_\_    Female \_\_\_\_

Name of Applicant: \_\_\_\_\_

Name of Legal Guardian: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ OH Zip Code: \_\_\_\_\_

Phone Numbers: (work) \_\_\_\_\_ (home) \_\_\_\_\_

**PROGRAM:** \_\_\_\_\_ **COST:** \$ \_\_\_\_\_ **LOCATION:** \_\_\_\_\_

Day(s) program meets: (circle) M T W R F S    Time: \_\_\_\_\_ Starting Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Note: Eligibility does not guarantee you a space in the program.*

**STAFF:** Please circle appropriate form of verification and sign application below:

Recent federal income tax return            Medicaid            ADC            School lunch registration

I certify that the above and attached information is true and complete to the best of my knowledge. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that financial assistance is based on need, but does not automatically guarantee a selection. I further understand P.L.A.Y. participants are randomly selected based on the number of grants available.

Signature of Legal Guardian \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

CRPD Staff Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (required)

**PLAY applications should be submitted along with your child's class registration form at your local recreation center.**