

2015/2016 Fees	
Spring Camp	\$ 50.00
Summer Camp	\$100.00
School Year	\$ 75.00

2015 SUMMER CAMP REGISTRATION FORM

A PROGRAM OF COLUMBUS RECREATION AND PARKS DEPARTMENT

ALL INFORMATION MUST BE FILLED OUT COMPLETELY AND MUST BE LEGIBLE. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

PROGRAM SITE (CIRCLE ONE): **BEATTY** **FEDDERSEN** **SULLIVANT GARDENS** **MARION FRANKLIN**

PARTICIPANT

Child's name _____ Male/Female (circle one) Grade in fall _____

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 () _____

Work phone: () _____ Cell phone # () _____ E-mail (Optional) _____

Phone number to reach you between 9:00 and 5:00 pm () _____

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.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

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)

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 _____

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 _____

FY 2015 HUD Income Limits

<http://www.huduser.org/portal/datasets/il.html>
Effective 3/6/2015

Applicable to Brownfield Economic Development Initiative (BEDI), Community Development Block Grant Program (CDBG), CDBG Disaster Recovery Assistance Program, Housing Opportunities for Persons with AIDS (HOPWA) Program, and Section 108 Loan Guarantee Program.

Franklin County,
Ohio

Income Limit Area	Median Income	Income Limit Category	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Franklin County	\$71,000	Very Low (50%) Income Limits	\$24,850	\$28,400	\$31,950	\$35,500	\$38,350	\$41,200	\$44,050	\$46,900
		Extremely Low (30%) Income Limits	\$14,950	\$17,050	\$20,090	\$24,250	\$28,410	\$32,570	\$36,730	\$40,890
		Low (80%) Income Limits	\$39,800	\$45,450	\$51,150	\$56,800	\$61,350	\$65,900	\$70,450	\$75,000

NOTE: Franklin County is part of the Columbus, OH HUD Metro FMR Area, so all information presented here applies to all of the Columbus, OH HUD Metro FMR Area. The Columbus, OH HUD Metro FMR Area contains the following areas: Delaware County, OH ; Fairfield County, OH ; Franklin County, OH ; Licking County, OH ; Madison County, OH ; Morrow County, OH ; and Pickaway County, OH .

Summer Camp 2015 P.L.A.Y. Grant Application



- Participants are allowed only one PLAY grant per session -

Registration for Summer Camps will begin online on March 21. In order to register online using P.L.A.Y., campers must have a coupon code. Prior to March 13, to receive a coupon code, mail P.L.A.Y. application and proof of eligibility to: CAMPS, Columbus Recreation and Parks, 1111 E. Broad St., Columbus OH 43205. Coupon code will be emailed to parent.

P.L.A.Y. will have representatives at the Camp Expo on March 10 for on-site P.L.A.Y. approval and to give a coupon code to use for online registration through ActiveNet. You must bring proof of eligibility.

Registration process on/after March 21: Go to a Columbus Community Recreation Center with proof of eligibility for on-site camp registration and P.L.A.Y. approval **OR** mail P.L.A.Y. application, copy of proof of eligibility and camp registration form to the above address.

How to apply:

Fill out this form completely. Please print. **** Sign and date the application at the bottom of this page.**

A legal guardian must submit a current copy of one of the following proof of eligibility:

****Most recent Federal Income Tax Return (W-2's not accepted)**

****ADC card**

****Medicaid/CareSource/Molina health card**

Note: PLAY grant approval does not guarantee space in camp. You still must complete the registration process.

PLAY funds do not apply to School's Out Program and PLAY is not responsible for fees above maximum amount allowed.

Please complete the following information (Please print):

Parent

Birth Date of Camper: ____ / ____ / ____ **Email:** _____

Name of Camper: _____

Name of Legal Guardian: _____

Mailing Address: _____ **City:** _____, OH **Zip:** _____

Phone Numbers: (w) _____ (h) _____

PLEASE CHECK A BLANK BELOW -- (Grants will be limited to one week of camp per applicant)

CRPD Youth Summer Camps 2015 (Maximum of \$85/1 Week of Camp) _____

CRPD Therapeutic Recreation Summer Camp 2015 (Max of \$85/1 Week of Camp) _____

CRPD Indian Villagel/Camp Terra/Camp Walnut 2015 (Max of \$85/1 Week of Camp) _____

CRPD Discover Boating 2015 (Max of \$85/1 Week of Camp) _____

CRPD Capital Kids 2015 (Max of \$10/1 Week of Camp) _____

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

Recent federal income tax return

Medicaid

ADC

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 selected on a first come, first serve basis based on the number of grants available.

Signature of Legal Guardian _____ **Date** ____ / ____ / ____

CRPD Staff Signature _____ **Date** ____ / ____ / ____