THE CITY OF COLUMBUS
ANDREW J. GINTHER, MAYOR

RECREATION AND PARKS DEPARTMENT

the Capital Kids

CAPITAL KIDS FALL 2016

Thank you for entrusting your child(ren) with the Capital Kids Enrichment Program. There are a few adjustments to the program requirements this year and this note is to thoroughly explain them.

Our program receives federal funding from the Community Development Block Grant (CDBG) funds. It is their requirement that we show documentation for the population that we enroll in our program. Beginning with this application and going forward 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.

Income Eligibility

This program is open to residents of Columbus that meet the following Income Guidelines. Over income applicants will be accepted up to 49% of total enrollment.

Family Size	Income Amounts
2 person	$44,800
3 person	$50,400
4 person	$56,000
5 person	$60,500
6 person	$65,000
7 person	$69,450
8 person	$73,950

Registration

All applications must have the following in order to register:

- **A copy that can be kept of the first two pages of your 2015 Federal 1020 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 and legible copy of the application for the program. No previous years applications will be accepted.**
- **A signed copy of the Parent Agreement stating they have received a copy of the Parent Handbook.**
- **Payment must accompany the application. When registering multiple participants from the same family your site director will offer payment options for you. In addition, our department offers scholarships through our P.L.A.Y. program that may offset some of this cost for those who qualify. That application is attached with your application.**

Thank you for choosing the Capital Kids program for your child(ren). 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.

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2016/2017 Fees	
Spring Camp	$ 50.00
Summer Camp	$100.00
School Year	$ 75.00

Ask if you qualify for the P.L.A.Y grant

2016/2017 School Year Registration Form

A Program of Columbus Recreation and Parks Department

ALL INFORMATION MUST BE FILLED OUT COMPLETELY AND MUST BE LEGIBLE

Program Site (Circle One): Beatty Feddersen Sullivant Gardens Marion Franklin **(must turn in at program site)**

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 #1 Name:_____ _____ _____
LAST FIRST MIDDLE

Address _____ City_____ State _____ Zipcode _____

Home phone (____)_____Work phone: (__) _____ Cell phone ( ) _____E-mail_____

Circle which telephone number we can reach you at during the hours of 9am-6pm

Parent #2 Name:_____ _____ _____
LAST FIRST MIDDLE

Cell phone ( ) _____

PARTICIPANT #1

Child's name _____ _____ Male/Female(circle one) Grade in fall_____
LAST FIRST

Birth date: ___/___/__ Age: _____ School_____ Teacher_____

Health Conditions (circle all that apply):

Speech Impairment Hearing Impairment Vision Impairment Asthma Diabetes Hyperactivity
ADD ADHD ODD Bleeding/Clotting Disorders Convulsions Frequent Ear Inflections Insect stings and hay fever
Allergy restrictions_____ Treatment for allergies_____ Medications_____
Activities to be encouraged or limited: _____Other health information: _____
Food allergies:_____ **Medical information must be accurate. We are not to dispense medicine to participants.*

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.

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

American Indian Alaska Native Asian Black or African American Native Hawaiian/Other Pacific Islander
Hispanic/Latino White/Caucasian Other Continents: _____(please explain)

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

Is household a female-headed household? Yes __ No ___

PARTICIPANT #2

Child's name _____ _____ Male/Female(circle one) Grade in fall_____
LAST FIRST

Birth date: ___/___/__ Age: _____ School_____ Teacher_____

Health Conditions (circle all that apply):

Speech Impairment Hearing Impairment Vision Impairment Asthma Diabetes Hyperactivity
ADD ADHD ODD Bleeding/Clotting Disorders Convulsions Frequent Ear Inflections Insect stings and hay fever
Allergy restrictions_____ Treatment for allergies_____ Medications_____
Activities to be encouraged or limited: _____Other health information: _____
Food allergies:_____ **Medical information must be accurate. We are not to dispense medicine to participants.*

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

Is household a female-headed household? Yes __ No ___

Emergency Contacts (other than parents)

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

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

ARRIVAL TO PROGRAMMING (FOR AFTERSCHOOL PROGRAM)

☐ My child will be arriving at _____ 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.

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___

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 _____

The staff, the media, and programming partners with permission from the City of Columbus Recreation and Parks Department, may photograph or videotape **me** 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 _____

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 _____

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THE CAPITAL KIDS ENRICHMENT PROGRAM

School Year Program
2016/2017

I, the Parent/Guardian agree to the following:

- I will regularly check the Parent/Guardian Corner to learn of current events or any changes in the Capital Kids program.

- I know parents are always welcome at Capital Kids. I know I may come and sign my child out at any time during the program, however, if possible, I will notify the site director in advance so they can alter meal and field trip counts.

- 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 I do not contact Capital Kids or if there are excessive absences.

- I know the Capital Kids program ends at **6:00pm.** I will do everything I can to make sure my child is picked up by 6:00pm. 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 anyone on the emergency contact list, they will contact the Columbus Police Department to escort the child(ren) to Franklin County Children Services. If recovery of your child is necessary, that location is 525 E. Mound Street, Columbus, Ohio, 614.229.7100. If your child is taken to FCCS, you will receive a verbal alert on the first occurrence. If there is a second occurrence, you will receive a written notice that your child will be suspended from the Capital Kids program for the remainder of the session in which they are enrolled.

- A late pick up fee will apply. The fee is $1 per minute after pick up time and is due within two weeks from the occurrence. Our staff have families also, so please be considerate.

- 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.

- Parent conferences with Capital Kids staff are welcome and encouraged. If I would like such a conference, I will contact the staff.

- I will keep the Site Director informed of any changes in the registration information. (i.e. address, telephone numbers, etc.)

- The Capital Kids program operates on the same schedule as Columbus Public Schools. There may be a few holidays that the schools are open but city offices are not. In those cases, there is no programming.

- If I have any serious concerns relative to staff or program site, I will contact the Program Director at 614.645.3330.

- I have received a copy of the Parent Handbook. It is my responsibility to read it.

I agree to follow all the requirements listed above, as well as all the rules in the Program Handbook.

Parent/Guardian Signature _____ Date _____

Name(s) of enrolled children _____