

2014 PROGRAM 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** **DOUGLAS** **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 Asian Black or African American Native Hawaiian/Other Pacific Islander
 Hispanic/Latino 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

PERMISSION TO STAY AT RECREATION CENTER / WALK HOME

- My child has permission to stay at the Recreation Center after 6pm.
(To stay at the recreation center, parents must obtain permission from the Recreation Center Staff. Any child under age 6 is not permitted without the supervision of a Parent/Guardian)
- My child has permission to walk home after program day ends.

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 _____(school name) at dismissal

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 _____

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 _____

Summer Camp and School Year Program
COLUMBUS RECREATION AND PARKS DEPARTMENT PROGRAM
2014 PARENT/GUARDIAN LETTER OF AGREEMENT

1. I agree to obtain and read the Capital Kids Parent Handbook.
2. I will check the Parent/Guardian Corner to learn of any changes in the Capital Kids program.
3. 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.
4. I know the Capital Kids program ends at **6:00pm (during the school year) and 5:00pm (during the summer)**. I will do everything I can to make sure my child is picked up by 5:00pm in the summer and 6:00pm during the school year. If I am going to be late, it is my responsibility to call the Capital Kids site and let staff know. In the event, that the staff is not able to reach anyone on the emergency contact list, they will contact the Columbus Police Department to escort the child to Franklin County Children Services. A late pick up fee will apply. The fee is \$10 for the first 10 minutes and \$1 per minute thereafter. Our staff have families also, so please be considerate.

If my child can stay at the Recreation Center to participate in evening activities, I know I must give written permission to the Capital Kids Site Director and have a valid leisure card on file for the current school year. In addition, I will provide a signature on the application which is permission.

5. It is expected the participants will attend everyday, I will inform a Capital Kids staff member or leave a message at the site if my child is not attending the program on that day. My child may not be dismissed from the program if I do not contact Capital Kids or if there are excessive absences.
6. 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.
7. Parent conferences with Capital Kids staff are welcome and encouraged. If I would like such a conference, I will contact the staff.
8. I will keep the Site Director informed of any changes in the registration information. (i.e. address, telephone numbers, etc.)
9. The Capital Kids program does not meet on major holidays or when there is no school. I am aware I need to make other arrangements for my child if there is an emergency school closing or early dismissal (i.e. snow days, facility problems, etc.)

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

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 _____

2014 INCOME LIMITS for CDBG and HOME FUNDED PROGRAMS

AREA MEDIAN INCOME AS DETERMINED BY HUD: \$101,900

To qualify for one of the Housing Division's CDBG or HOME funded programs, your household's combined gross annual income cannot exceed the maximum low-income limit (80%) for your household size established by HUD.

Maximum Income by Household Size:

Income Category	Number of Persons in Household							
	1	2	3	4	5	6	7	8
Extremely Low (30%)	\$ 21,400	\$ 24,450	\$ 27,500	\$ 30,550	\$ 33,000	\$ 35,450	\$ 37,900	\$ 40,350
Very Low (50%)	\$ 35,700	\$ 40,800	\$ 45,900	\$ 50,950	\$ 55,050	\$ 59,150	\$ 63,200	\$ 67,300
Low (80%)	\$ 49,950	\$ 57,050	\$ 64,200	\$ 71,300	\$ 77,050	\$ 82,750	\$ 88,450	\$ 94,150

Programs under these income limits include: All Housing Rehabilitation Programs and First-Time Homebuyer Loans funded with HOME funds.



THE CITY OF
COLUMBUS

MICHAEL B. COLEMAN, MAYOR

RECREATION AND PARKS
DEPARTMENT

Summer Camp 2014

P.L.A.Y. Grant Application

- Participants are allowed only one PLAY grant per session -

Registration for Summer Camps will begin online on March 22. 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 13 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 22: 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**

****Free/reduced school lunch registration**

****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 2014 (Maximum of \$80/1 Week of Camp) _____

CRPD Therapeutic Recreation Summer Camp 2014 (Max of \$80/1 Week of Camp) _____

CRPD Indian Village/Camp Terra 2014 (Max of \$80/1 Week of Camp) _____

CRPD Discover Boating 2014 (Max of \$80/1 Week of Camp) _____

CRPD Capital Kids 2014 (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

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

Signature of Legal Guardian _____ Date ____ / ____ / ____

CRPD Staff Signature _____ Date ____ / ____ / ____