

# School's Out Winter Break 2015

Ages 5-14 (must have been in kindergarten as of December 21, 2015, and be no older than 14 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 – Thursday, December 21, 22, 23,  
24, 28, 29, 30 & 31, 2015

## SITES

Blackburn Community Center  
Howard Community Center  
Dodge Community Center

263 Carpenter St. 05)  
2505 N. Cassady Ave. (19)  
667 Sullivant Avenue (15)

Flexible drop off time between 7-9 a.m. Flexible pick up time between 4-6 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.

<u>Family Size</u>	<u>Income Amounts</u>
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 applicants enrolled in our summer 2015 program only need to submit the completed application with the appropriate fees.

Applicants **who were not enrolled in our summer 2015 program** must bring to registration:

- A copy that can be kept of the first two pages of your **2014 Federal 1040 tax form** that you filed with the IRS. If your filing status was "Married Filing Separately", a copy of your spouse's **2014 Federal 1040 tax form** must be submitted as well.
- A completed winter **2015** 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, 2014. **This is the only proof of income accepted.**
- There are 50 spaces available at each site.
- Registration will begin Tuesday, November 17, 12 – 6 pm and will continue weekly, Tuesday – Friday, 12-6 p.m., 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 November 17th.**
- Payment of **\$40** per child, by **money order or cashiers' check only**, made payable to City of Columbus, must accompany your application as well as a cash payment of **\$20.50** per child, which will pay for entry to field trips during this session.
- 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, and is available at [www.columbusrecreparks.com](http://www.columbusrecreparks.com)



SCHOOL'S OUT PROGRAM APPLICATION WINTER 2015

ALL INFORMATION MUST BE FILLED OUT COMPLETELY AND MUST BE LEGIBLE

Site: (circle only one) Blackburn Dodge Howard

Total # in family \_\_\_\_\_ Yearly Income \$ \_\_\_\_\_ (AGI - Adjusted Gross Income from Federal Tax form 1040)

1. Child resides primarily with: (circle one) Mother Father Guardian Both

2. Parent #1 Name: Last First MI
Address: Number & Street City State Zip
Home Phone ( ) Work Phone ( ) Ext.
Cell Phone ( ) Email

3. Parent #2 Name: Last First MI
Home Phone ( ) Work Phone ( ) Ext.
Cell Phone ( ) Email

4. Child 1 Name: Last First MI
Gender: (circle one) Male Female Age:
T-Shirt Size (circle one) Child Large (smallest size) Adult Small Adult Medium Adult Large Adult XLarge Adult XXLarge
Health Conditions (circle all that apply) Speech Impairment Hearing Impairment Vision Impaired
Asthma Diabetes Hyperactivity Medications:
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
Native Hawaiian/Other Pacific Islander Other (fill in)

5. Child 2 Name: Last First MI
Gender: (circle one) Male Female Age:
T-Shirt Size (circle one) Child Large (smallest size) Adult Small Adult Medium Adult Large Adult XLarge Adult XXLarge
Health Conditions (circle all that apply) Speech Impairment Hearing Impairment Vision Impaired
Asthma Diabetes Hyperactivity Medications:
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
Native Hawaiian/Other Pacific Islander Other (fill in)

6. Child 3 Name: Last First MI
Gender: (circle one) Male Female Age:
T-Shirt Size (circle one) Child Large (smallest size) Adult Small Adult Medium Adult Large Adult XLarge Adult XXLarge
Health Conditions (circle all that apply) Speech Impairment Hearing Impairment Vision Impaired
Asthma Diabetes Hyperactivity Medications:
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
Native Hawaiian/Other Pacific Islander Other (fill in)

**7. Child 4 Name:** \_\_\_\_\_

\_\_\_\_\_ Last  
Gender: (circle one) Male Female

\_\_\_\_\_ First MI  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

T-Shirt Size (circle one) Child Large (smallest size) Adult Small

Adult Medium Adult Large Adult XLarge Adult XXLarge

**Health Conditions (circle all that apply)**

Asthma Diabetes Hyperactivity  
Allergies: \_\_\_\_\_

Speech Impairment Hearing Impairment Vision Impaired  
Medications: \_\_\_\_\_  
Other Illness: (explain) \_\_\_\_\_

**Ethnicity: (you must check one)** Hispanic/Latino

Non-Hispanic/Non-Latino

**Race:**(Check All that Apply: African American/Black \_\_\_\_\_  
Native Hawaiian/Other Pacific Islander \_\_\_\_\_

White \_\_\_\_\_ Asian \_\_\_\_\_ Alaskan Native \_\_\_\_\_ Amer. Indian \_\_\_\_\_  
Other (fill in) \_\_\_\_\_

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.

\_\_\_\_\_  
**PARENT SIGNATURE**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**TODAY'S DATE**

**8. AUTHORIZED ESCORTS (other than parents)**

Name	Relationship
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

**9. EMERGENCY CONTACTS (other than parents)**

Name	Home Phone	Cell Phone	Work Phone
1. _____	_____	_____	_____
2. _____	_____	_____	_____

**10. SCHOOL'S OUT EMERGENCY MEDICAL AUTHORIZATION, ACTIVITY RELEASE AND PUBLIC RELATIONS RELEASE**

PLEASE COMPLETE

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 advisably 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.

-or-

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

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_