



FUNDAMENTAL

School's Out 2017-2018

Kids Day Off/Kids Week Off Family Information Packet

Thank you for registering for our FUNdamental Schools Out programs!

Please complete the following forms to finalize registration by printing, signing and submitting to your child's Program site.

For additional information, contact your child's Program site or the Playground office, 402-441-7952.

<u>Site</u>	<u>Contact</u>	<u>Office Location</u>	<u>Phone</u>
Air Park	Debra Williams	3720 NW 46 th St	(402) 441-7876
Belmont	Jean Gerlach	1234 Judson St	(402) 441-6789
Calvert	Dan Payzant	4500 Stockwell	(402) 441-8480
Everett	Charity Iromuonya	1225 "F" St	(402) 405-6611
F Street	Doug Kasperek	1225 "F" St	(402) 441-7951

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Schools Out 2017-2018

FAMILY INFORMATION PACKET

CHILD'S FIRST AND LAST NAME: _____

Kids Day Off/Kids Week Off Registration

Fees: Days Off \$31 Week Off \$136

Registration begins mid-September

Location	Hours	Send Payment To	Phone
Air Park	6:30am-6pm	3720 NW 46 th St., 68524	402-441-7876
Belmont	6:30am-6pm	1234 Judson St., 68521	402-441-6789
Calvert	6:30am-6pm	4500 Stockwell, 68506	402-441-8480
Everett*	7am-6pm	1225 "F" St., 68508	402-441-7952
F Street**	7am-6pm	1225 "F" St., 68508	402-441-7951

*March 12-16 only **Single days only

Registration only occurs with enrollment fee: \$5/day; \$13/week or Title XX authorized dates.
Remaining balance needs to be paid one week prior to each program date.

We reserve the right to cancel a program not meeting a minimum registration.

TO REGISTER:

- Register & pay online with credit card at parks.lincoln.ne.gov (keyword: schools out).
- OR
- Complete required paperwork including all signatures.
- Mail or bring all completed paperwork and payment (if required) to the location of your choice.
- Registration is not complete until all paperwork has been submitted. Paper copies are available at each site, and digital versions are available at parks.lincoln.ne.gov (keyword: schools out).
- Enrollment fee is non-refundable and is applied toward the program fee. They are nontransferable from site to site.
- We accept American Express, Discover, Mastercard, Visa, Diner's Club, Cash, Check and money orders (payable to Lincoln Parks and Recreation). Do NOT mail cash. Card payments may be made online (lincoln.ne.gov), by phone or in person.
- Written notice of cancellations must be received at least one week in advance.

- If receiving Title XX, authorization must be received to hold a spot. See below for more information.

Need-based scholarships are available

Scholarship applications are available at all recreation centers, the Parks and Recreation Administration Office, the Playground Office and online. Applicants must provide proof of income (copy of tax return or most recent paycheck stub), size of household and statement of need. Once your application has been received, your location will make contact to discuss your request.

Title XX:

All programs are approved to accept Title XX, the State of Nebraska Department of Health and Human Services Child Care Subsidy Program. The purpose is to assist low income families with child care expenses. For eligibility information, call 800-383-4278 or visit www.accessnebraska.ne.gov

Your child's placement in the program will not be secured until all paperwork and required payments or Title XX Authorization are current.

- Check here if you have completed Family Information Packet for ASR/BSR for the 2017/2018 year.
If so, page 1 is all that is needed, otherwise, all pages are required.

LOCATION Select the location

Please Check each day your child will attend.

DAYS OFF

- | | |
|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> F-Oct 13 | <input type="checkbox"/> T-Jan 2 |
| <input type="checkbox"/> M-Oct 16 | <input type="checkbox"/> W-Jan 3 |
| <input type="checkbox"/> T-Oct 17 | <input type="checkbox"/> Th-Jan 4 |
| <input type="checkbox"/> W-Nov22 | <input type="checkbox"/> F-Jan 5 |
| <input type="checkbox"/> M-Nov27 | <input type="checkbox"/> M-Jan 15 |
| <input type="checkbox"/> T-Dec 26 | <input type="checkbox"/> M-Feb 19 |
| <input type="checkbox"/> W-Dec 27 | <input type="checkbox"/> F-Mar 30 |
| <input type="checkbox"/> Th-Dec28 | <input type="checkbox"/> M-Apr 2 |
| <input type="checkbox"/> F-Dec29 | <input type="checkbox"/> F-Apr 27 |

LOCATION Select the location

WEEK OFF

- M-F:Mar 12-16

This line for office use only

Enrollment Date: _____ Updates: _____ Date Care Ceased: _____

Please fill out the form below. All areas of the forms must be completed. Print, sign and submit the forms to your child's program site to finalize registration.

Note: All information from this page will copy into the remainder of the packet. There will be additional sections highlighted that are not auto-populated.

Today's Date: _____

Child's First and Last Name: _____

Date of Birth: _____ Age: _____ Gender Male Female

Grade: _____ School: _____

(School Year programs: current grade for school year)

Parent/Guardian Name _____

Parent's Birth Date: ____/____/____

(Date of birth is used to uniquely identify parents/guardians in our online registration, payment & record keeping system.)

Address _____

City, State, Zip _____

Phone _____

Email _____

By providing your e-mail you will receive important e-mails related to program announcements and activities.

Employer _____

Employer Phone _____

Employer Address _____

Employer City, State, Zip _____

Parent/Guardian Name _____

Parent's Birth Date: ____/____/____

(Date of birth is used to uniquely identify parents/guardians in our online registration, payment & record keeping system.)

Address _____

City, State, Zip _____

Phone _____

Email _____

By providing your e-mail you will receive important e-mails related to program announcements and activities.

Employer _____

Employer Phone _____

Employer Address _____

Employer City, State, Zip _____

Child's Physician _____

Physician Phone _____

Person(s) to whom the Child may be Released, and EMERGENCY CONTACTS when the Parent(s)/Guardian(s) cannot be reached.

Person 1 Name _____

Person 2 Name _____

Person 1 Relationship to child _____

Person 2 Relationship to child _____

Person 1 Home/Cell _____

Person 2 Home/Cell _____

Person 1 Work _____

Person 2 Work _____

Person 3 Name _____

Person 4 Name _____

Person 3 Relationship to child _____

Person 4 Relationship to child _____

Person 3 Home/Cell _____

Person 4 Home/Cell _____

Person 3 Work _____

Person 4 Work _____

WE MUST BE NOTIFIED OF ANY CHANGES TO THE ABOVE LIST.



WAIVER and PERMISSION FORM

CHILD'S FIRST AND LAST NAME: _____

Parent must indicate 'yes' or 'no' to the following:

- YES NO I give staff permission to transport my child for the purpose of program activities whether by van transportation, City bus system, or by walking during any of the days at a Parks and Recreation program.
- YES NO I give my permission for Parks and Recreation staff to apply sunscreen as needed applied liberally, for outdoor play, field trips, and especially for swimming or other water activities. It is expected that sunscreen be supplied by parent or guardian but in case the sunscreen runs out or is not available at their present location, program staff will supply the child with adequate sunscreen and/or assist the child with the application.
- YES NO I give my permission for Parks and Recreation staff to apply insect repellent when necessary. We often apply more repellent to clothing than to skin. Program staff will apply the insect repellent.
- YES NO I give my permission for Parks and Recreation staff to share and receive necessary information from all Parks and Recreation partners to assist with providing the best program experience for my child.
- YES NO In the event of any emergency, I authorize Lincoln Parks and Recreation and cooperating agencies/organizations to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my minor child's immediate care and agree that I will be responsible for payment and any and all medical services rendered.
- YES NO I give my permission for Parks and Recreation staff to escort my children off the program premises for swimming/wading activities. I understand Parks and Recreation will only swim at public pools that are permitted to operate by the State of Nebraska.
- YES NO I have received Parks and Recreation's Rules and Discipline Policy and have discussed with my child. I understand that disciplinary steps may proceed faster than outlined depending on the circumstances. <http://lincoln.ne.gov/city/parks/fstreet/pdfs/Discipline%20Policy.pdf>
- YES NO I have received a copy of the Department of Health and Human Services Parent Information Brochure for Licensed Child Care. <http://lincoln.ne.gov/city/parks/fstreet/pdfs/ParentBrochure.pdf>
- YES NO Lincoln Parks and Recreation Child Care Programs provide written descriptions of center services and policies in their program handbooks. Copies of handbooks are given to the parents of all enrolled children. I have received a program handbook. <http://lincoln.ne.gov/city/parks/fstreet/pdfs/ParentHandbook-web.pdf>

Swimming Permission

- YES NO I give my permission for my child to swim in water over their head.
- YES NO I want my child to wear a life jacket while swimming in any pool other than a wading pool or spray ground.

By signing below I give permission for my child to participate in program activities. I understand that Parks and Recreation does not carry health and accident insurance for my child, and that I as guardian will be responsible in case of injury where bills are incurred.

I understand that my child may be dismissed for failure to follow rules and failure to follow general operating procedures of the program. As a parent/guardian, I will work as a partner with staff to ensure my child is successful in the program. The information I have listed is correct to the best of my knowledge and I will notify the program staff of any changes to the information in a timely manner.

Parent/Guardian Signature: **X** _____ Date: _____

CHILD SPECIFIC INFORMATION

Does your child have allergies to specific FOODS or INSECT BITES or STINGS? NO YES
If yes, please describe the action plan for your child: _____

Does your child have medical conditions such as asthma, diabetes, etc.? NO YES
If yes, please describe the action plan for your child: _____

Will your child need to take medications while at a Parks and Recreation program? NO YES

If you answered YES to the previous question, you must complete a medical consent form prior to Parks and Recreation staff administering medicine to your child.

Prior to the start of program, we ask parents/guardians to share with us any information we may need to know about your child to help them to be successful (if you check yes, your site director will contact you). NO YES

WAIVER and RELEASE OF CLAIMS

CHILD'S FIRST AND LAST NAME: _____

For and in consideration, the undersigned parent(s) or guardian(s) of the participant in the Child Care Program, I/we recognize and acknowledge that there are certain risks of physical injury and I/ we agree to assume the full risk of any injuries, including death, or loss which the undersigned or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program. I/we do hereby declare that I/we waive all claims of whatsoever kind or nature against the City of Lincoln and the Parks and Recreation Department, its officials, officers, agents, employees and volunteers from any and all claims arising from injuries, including death, damage or loss which I/we or my minor child/ward may incur or may accrue to me or my minor child/ward on account of participation in the activities of this program. I/we further agree to indemnify and hold harmless and defend the City of Lincoln and the Parks and Recreation Department, its officials, officers, agents, employees and volunteers from any and all claims resulting from injuries, including death, damages and losses sustained by the undersigned or my minor child/ward or arising out of this program. I/we have read and understand the above Waiver and Release of All Claims and understand the effect of the relinquishment.

Parent/Guardian Name: _____
Please Print

Relationship to participant: _____

Parent/Guardian Signature: **X** _____ Date: _____

MEDIA, TALENT and PRODUCTION CONSENT and RELEASE

CHILD'S FIRST AND LAST NAME: _____

PARENT/LEGAL GUARDIAN: _____

GRANTED TO: City of Lincoln on behalf of Parks & Recreation Department

I, the undersigned, hereby authorize the City of Lincoln and the Parks & Recreation Department, including its assigns and agents, to use my name, statements, image, voice, videos, or likeness for the purpose of promotion or public information without obtaining further consent or without prior knowledge of such use.

I understand that I am to receive no compensation of any kind as a result of any publication, recording, broadcast, rebroadcast or other non-broadcast uses thereof. I understand that the statements, image, voice, videos, or likeness may be altered as required for publication or distribution. I hereby release and hold harmless the City, its successors and assigns and its elected officials, directors, agents, officers, and employees for any violation of any personal or proprietary right or any other claims I may have in connection with such use.

The Parks & Recreation Department shall have ownership of resultant production using my image and shall have the exclusive right to make use of such production as stipulated below:

1. Availability for use in training;
2. Availability for use by the participants in a training course;
3. Availability for viewing in connection with the Parks & Recreation Department;
4. Availability for use of Web pages and other Internet sites created or used by the Parks & Recreation Department;
5. Availability for use in promotional brochures, newsletters, and other publications of the Parks & Recreation Department.

I have the full right and legal capacity to sign this consent and release. I have read this consent and release prior to signing it, and I understand its contents.

RELEASE TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN OF AN ATHLETE OR PARTICIPANT WHO IS UNDER 19 YEARS OF AGE---OR IF ATHLETE OR PARTICIPANT IS 19 AND OVER AND HAS A LEGAL GUARDIAN

YES NO

Child's Name: _____

Parent/Guardian Name: _____
Please Print

Parent/Guardian Signature: **X** _____

Address: _____

Phone: _____

Date Signed: _____

How did you hear about Parks & Recreation's Kids Dayoff program: _____
(Friend/Co-Worker, Recreation Center, School, Parks & Recreation staff, Radio, TV, newspaper, program guide, mailing, banner, website, social media, other)

Parks Department Staff ONLY, please list date taken/produced, name of event, _____

*****REMINDER:** This packet needs to be printed and then signed on Pages 3-4. Completed packet must be submitted to your child's Program site to finalize registration.***