



# FUNDAMENTAL

## Summer Day Camp 2018

### Family Information Packet

Thank you for registering for our FUNdamental Summer Day Camps!

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

For additional information, contact your child's day camp site or the Playgrounds office.

<u>Site</u>	<u>Contact</u>	<u>Office Location</u>	<u>Phone</u>
Air Park	Debra Williams	3720 NW 46th St.	(402) 441-7876
Belmont	Jean Gerlach	1234 Judson St.	(402) 441-6789
Bethany Park	Playgrounds Office	1225 "F" St.	(402) 441-7952
Calvert	Dan Payzant	4500 Stockwell	(402) 441-8480
"F" Street	Doug Kasparek	1225 "F" St.	(402) 441-7951
Goodrich	Andrea Chandler	1234 Judson St.	(402) 441-6789
Irving	Rick Lingard	2010 Van Dorn St	(402) 441-7954
McPhee	Playgrounds Office	1225 "F" St.	(402) 441-7952

Please type your family information below. *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.*

**Print, sign and submit the forms to your child's Day Camp site to finalize registration.**

Program Location:   Select the location  

Today's Date: \_\_\_\_\_

Child's First and Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender  Male  Female

Grade: \_\_\_\_\_ School: \_\_\_\_\_

*(Summer Day Camp: current grade prior to camp; School Year programs: current grade for school year)*

Parent Name \_\_\_\_\_

Parent's Birth Date: \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_

Employer Phone \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer City, State, Zip \_\_\_\_\_

Parent Name \_\_\_\_\_

Parent's Birth Date:    /    / \_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

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 1 Relationship to child \_\_\_\_\_

Person 1 Home/Cell \_\_\_\_\_

Person 1 Work \_\_\_\_\_

Person 2 Name \_\_\_\_\_

Person 2 Relationship to child \_\_\_\_\_

Person 2 Home/Cell \_\_\_\_\_

Person 2 Work \_\_\_\_\_

Person 3 Name \_\_\_\_\_

Person 3 Relationship to child \_\_\_\_\_

Person 3 Home/Cell \_\_\_\_\_

Person 3 Work \_\_\_\_\_

Person 4 Name \_\_\_\_\_

Person 4 Relationship to child \_\_\_\_\_

Person 4 Home/Cell \_\_\_\_\_

Person 4 Work \_\_\_\_\_



# 2018 SUMMER DAY CAMP

## FAMILY INFORMATION PACKET

Location	Grades	Send Payment To	Phone
Air Park	K-5	3720 NW 46 <sup>th</sup> St., 68525	402-441-7876
Belmont	K-4	1234 Judson St., 68521	402-441-6789
Bethany Park <sup>1</sup> 66 <sup>th</sup> & Vine	K-5	1225 "F" St., 68508	402-441-7952
Calvert	K-4, 5-7	4500 Stockwell, 68506	402-441-8480
F Street	K-5	1225 "F" St., 68508	402-441-7951
Goodrich 4600 Lewis Ave. (9 weeks only)	5-7	1234 Judson St., 68521	402-441-6789
Irving <sup>1</sup>	K-4, 5-7	2010 Van Dorn St., 68502	402-441-7954
McPhee 820 Goodhue Blvd (10 weeks only)	K-5	1225 "F" St., 68508	402-441-7952

*Registration begins January 22<sup>nd</sup>!*

**Weekly fee of \$136**

includes \$13 enrollment fee per child/week

**\$109 for 4 day weeks of**

**5/29-6/1 and 7/2-7/6\***

*\*no camp Wednesday, July 4.*

**Scholarships Available**

LOCATION Select the location

Please Check each week your child will attend.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> #1: May 29 - June 1 <sup>3</sup> | <input type="checkbox"/> #5: June 25-29            | <input type="checkbox"/> #9: July 23-27   |
| <input type="checkbox"/> #2: June 4-8                     | <input type="checkbox"/> #6: July 2-6 <sup>3</sup> | <input type="checkbox"/> #10: July 30 - Aug 3 <sup>5</sup>                          |
| <input type="checkbox"/> #3: June 11-15                   | <input type="checkbox"/> #7: July 9-13             | <input type="checkbox"/> #11: Aug 6-10 <sup>4,5</sup>                               |
| <input type="checkbox"/> #4: June 18-22                   | <input type="checkbox"/> #8: July 16-20            | <sup>3</sup> 4 day weeks <sup>4</sup> Not at McPhee<br><sup>5</sup> Not at Goodrich |

**\*\*\*Your child's placement in camp will not be secured until all paperwork and required payments are current.\*\*\***

**CHILD'S FIRST AND LAST NAME:** \_\_\_\_\_  Male  Female

Grade: \_\_\_\_\_ School Attended: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ T-Shirt Size: Youth S  M  L

(Summer Day Camp: current grade prior to camp; School Year programs: current grade for school year) Adult S  M  L

*\*This line for office use only\** Enrollment Date: \_\_\_\_\_ Updates: \_\_\_\_\_ Date Care Ceased: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

NAME: \_\_\_\_\_

PARENT'S BIRTH DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

ADDRESS: \_\_\_\_\_

CITY & STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME/CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_

EMPLOYER PHONE: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_

EMPLOYER CITY/STATE/ZIP: \_\_\_\_\_

- Register & pay online with credit card at [parks.lincoln.ne.gov](http://parks.lincoln.ne.gov) (keyword: summer day camp).  
- OR -

- Complete family packet and enclose enrollment fee of \$13.00 per child for each week selected. (Do not mail cash.)

- Mail or take the completed form and fee (if required) to your child's payment location to hold their spot in camp.

- 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](http://parks.lincoln.ne.gov) (keyword: day camp).

- Enrollment fee is non-refundable and is applied toward the weekly fee.

- We accept American Express, Discover, Mastercard, Visa, Diner's Club, cash, check, and money orders (payable to Lincoln Parks and Recreation).

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

- Written notice of cancellations must be received at least one week in advance.

**PARENT/GUARDIAN INFORMATION**

NAME: \_\_\_\_\_

PARENT'S BIRTH DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

ADDRESS: \_\_\_\_\_

CITY & STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME/CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_

EMPLOYER PHONE: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_

EMPLOYER CITY/STATE/ZIP: \_\_\_\_\_

**Your balance is due according to the following schedule:**

Weeks 1-4 due May 11

Weeks 5-8 due June 11

Weeks 9-11 due July 11

**Camp Hours**

Monday through Friday 7 am-6 pm

*No camp on Monday, May 28 or Wednesday, July 4, 2018*

**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, except Irving & Bethany, 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](http://www.accessnebraska.ne.gov).

**How did you hear about Parks & Recreation's Summer Day Camp program:** \_\_\_\_\_

(Friend/Co-Worker, Recreation Center, School, Parks & Recreation staff, Radio, TV, Newspaper, Program Guide, Mailing, Banner, Website, Social Media, Other)

**Person(s) to Whom the Child(ren) may be Released to and EMERGENCY CONTACTS when the Parent/Guardian cannot be reached:**

NAME: _____	NAME: _____
RELATIONSHIP TO CHILD: _____	RELATIONSHIP TO CHILD: _____
HOME/CELL PHONE: _____	HOME/CELL PHONE: _____
WORK PHONE: _____	WORK PHONE: _____
NAME: _____	NAME: _____
RELATIONSHIP TO CHILD: _____	RELATIONSHIP TO CHILD: _____
HOME/CELL PHONE: _____	HOME/CELL PHONE: _____
WORK PHONE: _____	WORK PHONE: _____

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

**CHILD SPECIFIC INFORMATION**

CHILD'S PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

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 camp, 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: \_\_\_\_\_

**X** \_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE



# 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>
- YES     NO    I have received a copy of the Parks and Recreation Late Pick-Up Policy and understand that I will be asked to pay a fee per child if late. Payment must be made onsite prior to my child/children attending camp again.  
<http://lincoln.ne.gov/city/parks/fstreet/pdfs/latepickuppolicy.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.

**X** \_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
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's Name: \_\_\_\_\_ Please Print

Parent/Guardian's Signature: X \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Date Signed: \_\_\_\_\_

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

\*\*\*REMINDER: This packet needs to be printed and then signed on Pages 3-5. Completed packet must be submitted to your child's Day Camp site to finalize registration.\*\*\*