



Schools Out 2020-2021

FAMILY INFORMATION PACKET

CHILD'S FIRST AND LAST NAME: _____

Before & After School Registration

BEFORE SCHOOL \$115/month

AFTER SCHOOL \$121/month

LOCATION:

Please Check each month your child will attend.

Location	Times		Send Payment To	Phone
Arnold	6:30am-Start of School	End of School-5:45pm	3720 NW 46th St., 68524	402-441-7876
Belmont	6:30am-Start of School	End of School-5:30pm	1234 Judson St., 68521	402-441-6789
Calvert	6:30am-Start of School	End of School-5:45pm	4500 Stockwell, 68506	402-441-8480
Everett	<i>Program not offered</i>		1225 "F" St., 68508	402-441-7952
McPhee	7am-Start of School	End of School-5:30pm	1225 "F" St., 68508	402-441-7952

	Before	After
August	<input type="checkbox"/>	<input type="checkbox"/>
September	<input type="checkbox"/>	<input type="checkbox"/>
October	<input type="checkbox"/>	<input type="checkbox"/>
November	<input type="checkbox"/>	<input type="checkbox"/>
December	<input type="checkbox"/>	<input type="checkbox"/>
January	<input type="checkbox"/>	<input type="checkbox"/>
February	<input type="checkbox"/>	<input type="checkbox"/>
March	<input type="checkbox"/>	<input type="checkbox"/>
April	<input type="checkbox"/>	<input type="checkbox"/>
May	<input type="checkbox"/>	<input type="checkbox"/>

A \$1 per month per program enrollment fee will reserve your child's spot when you register online.

The \$1 fee is non-refundable, nontransferable, and considered part of your monthly fee.

Payments are due by the 1st of every month.

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.

This line for office use only

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

Information Only

Registration will begin mid-September

Kids Day Off/Kids Week Off Information

Fees: Days Off \$32 Week Off \$144

Location	Hours	Send Payment To	Phone
Belmont	6:30am-6pm	1234 Judson St., 68521	402-441-6789
Calvert	6:30am-6pm	4500 Stockwell, 68506	402-441-8480

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.



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 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://app.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://app.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://app.lincoln.ne.gov/city/parks/fstreet/pdfs/ParentHandbook-web.pdf |
| YES | NO | I have received a copy of the Parks & 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 the program again.
http://app.lincoln.ne.gov/city/parks/fstreet/pdfs/LatePickUpPolicy.pdf |

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



WARNING OF RISK, WAIVER, AND RELEASE OF ALL CLAIMS

Participant Obligations. Participant and Parent/Guardian are required to follow instructions and any safety guidelines closely. The likelihood of injury may be reduced by adhering to safety rules or procedures. Participant and Parent/Guardian agree to conduct the activity in a safe and professional manner at all times.

Assumption of Risk and Release of Claims. Participant and Parent/Guardian fully aware and understands the specific risks associated with this activity, including physical injury, sickness and disease **including COVID-19**, and death, and that this activity may be hazardous to the Participant and Parent/Guardian. Participant and Parent/Guardian agrees to assume and accept the full risks associated with this activity without limitation, or in the alternative waives all rights to notice of risks associated with this activity and any activities connected or associated with this activity, including any loss or damage to clothing and/or personal equipment; any mental and/or physical injuries, including illness, permanent and/or partial disability; severe social and/or economic loss; attorney's fees; and/or any other damages or loss which may result not only from actions, inactions or negligence of Participant and Parent/Guardian, or of others, or in the condition of the premises or of any equipment used. Participant and Parent/Guardian agrees to waive and relinquish all claims Participant and Parent/Guardian may have as a result of or related to the activity against the City of Lincoln and their officials, officers, agents, and employees. Participant and Parent/Guardian further assumes all the foregoing risks and accepts personal responsibility for all costs associated with the risks or injuries that Participant and Parent/Guardian incurs or causes.

Indemnification. To the fullest extent permitted by law, Participant and Parent/Guardian shall indemnify, covenant not to sue, defend, release, and hold forever harmless City of Lincoln or their officers, agents, and employees, as well as the recipient of the activity, from and against claims, damages, losses, and expenses, including but not limited to attorney's fees, arising out of or resulting from this activity, that results in any claim for damage whatsoever, including without limitation, any bodily injury, sickness and disease **including COVID-19**, death, or any injury to or destruction of tangible or intangible property, including any loss of use resulting therefrom that is caused in whole or in part by the intentional or negligent act or omission associated therewith. This shall not require Participant and Parent/Guardian to indemnify or hold harmless the City for any losses, claims, damages, and expenses arising out of or resulting from the sole negligence of the City. City does not waive its governmental immunity and defenses. This obligation shall not be terminated at the conclusion of the activity.

Effect of Waiver and Release. This Waiver and Release shall be construed and enforced in accordance with the laws of the State of Nebraska; contains the entire understanding of the parties superseding any prior negotiations; shall be read as broadly and inclusively as permitted by law; and in the event any provision is rendered invalid, the remainder shall still remain valid and enforceable to the fullest extent of the law.

Acknowledgment and Capacity. Parent/Guardian hereby acknowledges and represents unqualified authority to execute the same on their own behalf and/or on behalf of the Participant. Parent/Guardian has read, fully understood, and freely agrees to this Warning of Risk, Waiver, and Release of All Claims.

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____ Relationship: _____ Age of Participant: _____



SCHOOL'S OUT IMMUNIZATION RECORDS

Dear Family:

Nebraska Department of Health and Human Services (DHHS) regulations include a new immunization record requirement. In order to be in compliance, a copy of your child's most current immunization record must be on file at the Lincoln Parks and Recreation office where the child is participating and available for review by DHHS.

Please sign and date the release below that will allow Lincoln Public Schools to release your child's records to Lincoln Parks and Recreation Schools Out Program.

I, _____ give permission for Lincoln Public Schools to release _____
Parent's Name Camper's Name
immunization records to Lincoln Parks and Recreation.

Parent Signature

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 Day off 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 3-6. Completed packet must be submitted to your child's Program site to finalize registration.***