

Neighborhood Drop-In Playgrounds  
June 5 - July 28, 2023 | 7:30 am - 5:30 pm  
Ages 5 - 12  
**NO CAMP JULY 3rd-7th!**

# CAMP REGISTRATION FORM

For more information, please call Elias Parenti at 785-832-7949 or [eparenti@lawrenceks.org](mailto:eparenti@lawrenceks.org)

CAMPER'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

LEGAL PARENT/GUARDIAN: \_\_\_\_\_

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

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## SOUTH PARK | AGES 5-12

### WEEKLY REGISTRATION

	DATES	SECTION NUMBER	FEE
	6/5 - 6/9	325300-A	\$130
	6/12 - 6/16	325300-B	\$130
	6/19 - 6/23	325300-C	\$130
	6/26 - 6/30	325300-D	\$130
	7/10 - 7/14	325300-F	\$130
	7/17 - 7/21	325300-G	\$130
	7/24 - 7/28	325300-H	\$130

**TOTAL:** \_\_\_\_\_

**REGISTRATION DEADLINE: TBA**



## SUMMER NEIGHBORHOOD DROP-IN PLAYGROUNDS INFORMATION LETTER

Dear Parents,

We are excited to have your child enrolled in the Summer Neighborhood Drop-In Playground Program, and look forward to a summer filled with excitement and fun! Below please read important information for your child's success in our summer program.

### CHECK IN / CHECK OUT

**Check In:** 7:30 - 8:30 am | **Check Out:** by 5:30 pm | **Location:** Community Building, 115 W. 11th St.

- Once your child has checked in with a camp counselor, they must remain with the camp unless parents have notified the playground supervisor. A picture ID will be required when signing your child out for the day. Without proper documentation, the child will not be released.
- Children should be picked up promptly at 5:30 pm. If your child has not been picked up by this time, you will be charged a fee of \$1 per minute. If you are late without notifying the staff, your child may be released into the care of the Lawrence Police Department.

### SEVERE WEATHER SHELTER

In the event of severe weather, the camp will shelter at the Community Building, 115 W. 11th St.

### PERSONAL ITEMS

We ask that parents refrain from sending games, toys, or electronics to camp. Lawrence Parks and Recreation is not responsible for any lost or stolen items.

### HEALTH FORMS

Each child is required to have a health form from the Kansas Department of Health and Environment, Bureau of Family Health Child Care Licensing Program on file. In addition, campers will need to provide a completed health history and emergency care form (attached), which must be notarized. You may have your forms notarized at the Community Building, Holcom, or Sports Pavilion Lawrence. *Please call ahead to confirm that a notary is available!*

### SCHOLARSHIPS

Scholarships are available to those who qualify. You can find an application at: [www.lawrence.org/lprd/weefolks](http://www.lawrence.org/lprd/weefolks). You must register IN PERSON at the Community Building, 115 W. 11th or Sports Pavilion Lawrence, 100 Rock Chalk Way.

*As not all employees can process scholarships., please call ahead!*

### SUMMER LUNCH PROGRAM

The Neighborhood Drop-In Playground camp participates in the Free Summer Lunch Program. You are welcome to send lunch with your camper, but please refrain from sending food that needs to be heated or cooked.

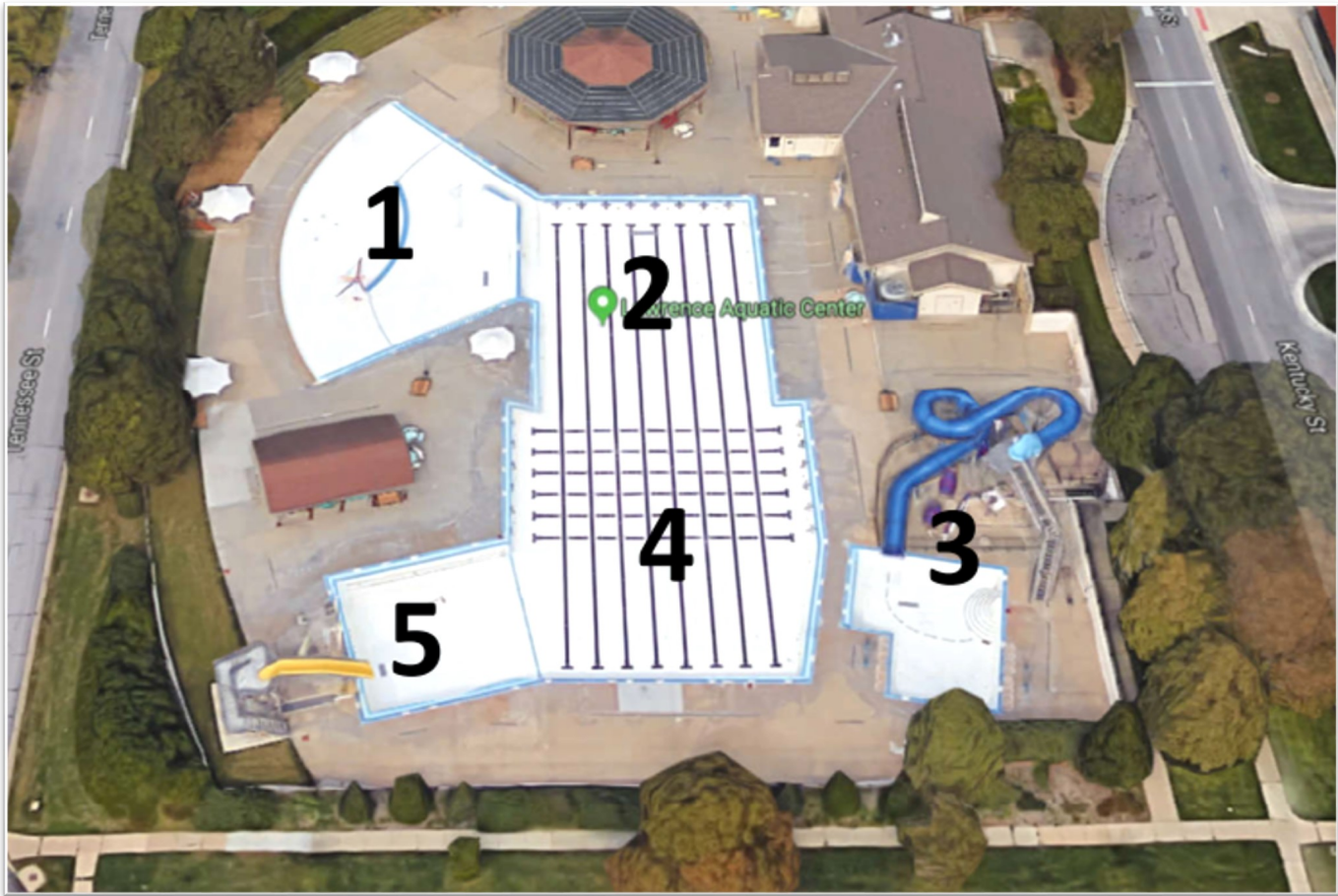
### RECOMMENDED ITEMS TO BRING

We recommend that campers bring a water bottle, sunscreen, and bug spray (if needed).

### SCHEDULES

Weekly schedules will be made available on Friday afternoons. This will allow you to plan for any activities or field trips. If you do not want your child to participate in a particular activity, we ask that you do not send them to camp on that day. All off-site transportation is provided by First Student Bus Services.

AQUATICS



*Please initial the appropriate depth for your child:*

- ☐ 1. Zero Depth | 0 - 2ft.
- ☐ 2. 3.5 - 4ft.
- ☐ 3. Slide & Lily Pads | 3.5ft
- ☐ 4. 3.8 - 5ft
- ☐ 5. 12.9ft

## PERMISSIONS

### Please Initial the Following:

- \_\_\_\_\_ Please provide us with a photo of your child to include with their registration forms. These photos will only be used in the event of an emergency and should be given to the staff supervisor on the first day of camp.
- \_\_\_\_\_ Please provide sunscreen for your child. Sunscreen will be applied during camp hours. If your child has an allergy to sunscreen, please notify the staff and send a safe alternative.

## WAIVER & FIELD TRIPS

In consideration of my (and/or my child's) participation in this activity, I hereby release and discharge the City of Lawrence, Kansas from any and all liability arising from accident, injury and illness that I (and/or my child) may suffer as a result of participation in such activity or consequent exposure to the Novel Coronavirus (COVID-19). I further agree to indemnify and hold harmless the City of Lawrence, Kansas and its employees from any and all claims resulting from injuries, damages and losses sustained by me (and/or my child/children) arising out of, connected with or in any way associated with the activity. In the event of an emergency, I authorize City officials to secure from any licensed hospital, physician or medical personnel any treatment deemed necessary for me (and/or my child's) immediate care and agree that I will be responsible for payment of any and all medical services rendered. If any damage to City facilities, equipment or material occurs as a result of misuse by me (and/or my child) during use in activity enrolled or participating in, I will be responsible for payment of any repairs and/or replacement needed. Also, the undersigned and/or participant(s) authorize the City to use at its discretion any photograph(s) (black/white or color and video footage) taken of participants while participating in City programs and activities for marketing in print or by electronic means. Registration is not valid without signature. For faxed registration, signature provided by transmittal will stand as a valid signature and will be held as binding and will represent consent of waiver here within.

Signature: \_\_\_\_\_

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

*For more information regarding the Neighborhood Drop-In Playground, please contact Elias Parenti at 785-832-7940 or [eparenti@lawrenceks.org](mailto:eparenti@lawrenceks.org)  
For scholarship information, please contact Ashlee Roll-Gregory at 785-832-7920 or [agregory@lawrenceks.org](mailto:agregory@lawrenceks.org)*

**Kansas Department of Health and Environment**  
Bureau of Family Health  
Child Care Licensing Program  
1000 SW Jackson, Suite 200  
Topeka, KS 66612-1274  
Phone: (785) 296-1270 Fax (785) 296-0803  
Website: www.kdheks.gov/kidsnet



### HEALTH HISTORY FOR CHILDREN AND YOUTH ATTENDING SCHOOL AGE PROGRAMS

As required by K.A.R. 28-4-590(d) (1), each operator shall obtain a health history for each child or youth, on a form supplied by the department or approved by the secretary. Each health history is to be maintained in the child's or youth's file on the premises. As required by K.A.R. 28-4-590(d)(2), each operator shall require that each child or youth attending the program has current immunizations as specified in K.A.R. 28-1-20 or has an exemption for religious or medical reasons.

**Complete one form for each child or youth attending the School Age Program.**

First and Last Name of the Child or Youth	Gender (M or F)	Date of Birth (MM/DD/YYYY)	First day at this program: (MM/DD/YYYY)
---	--------------------	-------------------------------	--

First and Last Name of the Child's or Youth's Mother or Guardian
--

Mother/Guardian's Home Street Address	City	Zip Code	Home Phone # ( )
---------------------------------------	------	----------	---------------------

Mother/Guardian's Work Place Name & Street Address	City	Zip Code	Work Phone # ( )
--	------	----------	---------------------

First and Last Name of the Child's or Youth's Father or Guardian
--

Father/Guardian's Home Street Address	City	Zip Code	Home Phone # ( )
---------------------------------------	------	----------	---------------------

Father/Guardian's Work Place Name & Street Address	City	Zip Code	Work Phone # ( )
--	------	----------	---------------------

Names and ages of other children in the Child or Youth's Family (Attach additional page if needed.)
---

Person(s) authorized to pick up the Child or Youth in case of emergency. Include first and last name and Street Address. Attach additional page if needed.	City	Zip Code	Phone Number (during program hours):
1.			
2.			
3.			

First and Last Name of Physician & Street Address	City	Zip Code	Phone Number ( )
---	------	----------	---------------------

Name of Hospital Preference in case of emergency.
---

Yes	No	N/A	Complete the following information about medications for this child or youth.
			Will this child or youth need to take any nonprescription or prescription medication during their time at the program?
			If yes above, is there signed permission on file?



Circle any of the following conditions or difficulties that affect this child or youth.			
Allergies	Frequent sore throats/ colds	Ear Infections or Aches	Heart or Lung Conditions
Skin Problems	Asthma	Headaches	Diabetes
Vision	Speech/Communication	Hearing	Emotion/Behavior
Other: Please describe.			

If you circled any of the above conditions, please provide additional information that will help the staff members meet the child's or youth's needs while attending the program. (Attach additional page, if needed.)

Provide additional information about your child or youth that might affect him/her while at the School Age Program including any special needs, restrictions to activities, major changes at home or special instructions. (Attach additional page, if needed.)

Complete the following information about this child's or youth's immunization status.

Yes	No	
		Did this child or youth attend a public or accredited non-public school in Kansas, Missouri or Oklahoma the previous year?
		If yes, are this child's or youth's immunizations current?
X	X	If yes to both of these questions, you do NOT need to complete the immunization history below. If no to either of the above questions, you must complete the immunization history below for this child or youth or attach a copy of the child's or youth's immunization history.

Please give dates in the space below for ALL immunization series completed by this child or youth. Record MM/DD/YYYY.

		1	2	3	4	5
Single Dose Only	DPT, DT*, TD (*DT only if child is allergic to DTP)	/ /	/ /	/ /	/ /	/ /
	POLIO	/ /	/ /	/ /	/ /	
	MMR	/ /	/ /			
	RUBEOLA (MEASLES)	/ /	/ /			
	MUMPS	/ /	/ /			
	RUBELLA (GERMAN MEASLES)	/ /	/ /			
	HIB (Hemophilus Infl. B) *RECOMMENDED	/ /	/ /	/ /	/ /	
	HBV (Hepatitis B Vaccine) *RECOMMENDED	/ /	/ /	/ /		
VAR (Varicella-Chicken Pox) *RECOMMENDED	/ /					

Print the First and Last Name of the Person Completing this Health History form	Relationship to the Child/Youth	Date Completed
---	---------------------------------	----------------

If the Health History form was completed by a person other than a Parent/Guardian, who provided you with this information?	What is that person's relationship to the child/youth?
--	--

I attest, under penalty of perjury, that to the best of my knowledge, the information provided on this form is true and correct.

Signature of person completing this form	Date Signed
--	-------------

**Kansas Department of Health and Environment**  
Bureau of Family Health  
1000 SW Jackson, Suite 200  
Topeka, KS 66612-1274  
Child Care Program: (785) 296 -1270 Fax: (785) 296 -0803  
Foster Care Program: (785) 296 -1270 Fax: (785) 296 -7025  
Website: www.kdheks.gov/kidsnet



**AUTHORIZATION FOR EMERGENCY MEDICAL CARE**

Written permission for emergency medical treatment must be on file at the facility. Consult with the local emergency medical facility to be sure this form is acceptable. Reference K.A.R. 28-4-127(b)(1)(A). School Age Programs reference K.A.R. 28-4-582(e)(2).

<b>Name of facility exactly as stated on the license.</b> (check one) ____ South Park Neighborhood Drop-In Program    ____ Broken Arrow Neighborhood Drop-In Program	<b>License #</b> (circle one) BA: 500910-002    SP: 72651-004
---	--

I hereby authorize Lawrence Parks and Recreation Staff (Name of individual/staff member) and/or \_\_\_\_\_ (Name of individual/staff member) who is (are) representative(s) of the above named facility to give consent for any and all necessary emergency medical care for my child or youth \_\_\_\_\_ (First and Last Name of Child or Youth) while said child or youth is in said facility's custody between the dates of \_\_\_\_\_ and \_\_\_\_\_ MM/DD/YYYY MM/DD/YYYY

<b>Signature of Parent or Guardian</b>	<b>Date Signed</b>
--	--------------------

<b>Witness to Parent's or Guardian's signature if required by the local hospital or clinic.</b>	<b>Date Signed</b>
---	--------------------

**Notarization of Parent's or Guardian's signature if required by local hospital or clinic.**

<u>State of Kansas</u> County of _____	
Signed or attested before me on _____ by _____ MM/DD/YYYY Name of Person	
(Seal, if any.)	_____ Signature of notarial officer
	_____ Title (and Rank)
	My appointment expires: _____

List any known allergies or other information about the medical status of this child or youth pertinent in case of emergency:

Is child covered by health insurance? ☐ Yes ☐ No

If yes, complete the following:

Health Insurance Policy Name \_\_\_\_\_ Policy Number \_\_\_\_\_  
Medical Assistance Program \_\_\_\_\_ Card Number \_\_\_\_\_  
Military Medical Care I.D. Number \_\_\_\_\_

If known, date of last Tetanus inoculation: \_\_\_\_\_

THE MEDICAL RECORD/ASSESSMENT FORM (OR HEALTH STATUS HISTORY FORM FOR SCHOOL AGE PROGRAMS) AND THE AUTHORIZATION FOR EMERGENCY MEDICAL CARE MUST BE TAKEN TO THE EMERGENCY ROOM. BOTH FORMS MUST ALSO BE IN A VEHICLE WHEN THE CHILD OR YOUTH IS TRANSPORTED BY THE FACILITY.