

2019 Registration Packet



Camper Information

Last Name: _____ First Name: _____ MI: _____

Grade ('18-'19 school year) _____ Date of Birth: _____ Current Age: _____ Gender: _____

T-Shirt Size (Check One): YXS YS YM YL AS AM AL Swim Level: Poor Fair Good Excellent

Mother/Guardian Information

First Name: _____ Last Name: _____ MI: _____

Date of Birth: _____ Email: _____

Mother/Guardian Primary Phone: _____ Mobile Carrier: _____

Mother/Guardian Home Address: _____ City: _____ State: _____ Zip: _____

Mother/Guardian Work Place Name: _____ Work Place Phone: _____

Mother/Guardian Work Address: _____ City: _____ State: _____ Zip: _____

Father/Guardian Information

First Name: _____ Last Name: _____ MI: _____

Date of Birth: _____ Email: _____

Father/Guardian Primary Phone: _____ Mobile Carrier: _____

Father/Guardian Home Address: _____ City: _____ State: _____ Zip: _____

Father/Guardian Work Place Name: _____ Work Place Phone: _____

Father/Guardian Work Address: _____ City: _____ State: _____ Zip: _____

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

Persons authorized to pick up the Child or Youth in case of emergency. Include first and last and street address. Attach additional page if need. Per KDHE regulations, you must include at least two emergency contacts.

1. First Name: _____ Last Name: _____

Phone Number (During program hours): _____

Address: _____ City: _____ State: _____ Zip: _____

2. First Name: _____ Last Name: _____

Phone Number (During program hours): _____

Address: _____ City: _____ State: _____ Zip: _____

3. First Name: _____ Last Name: _____

Phone Number (During program hours): _____

Address: _____ City: _____ State: _____ Zip: _____

Check any of the following conditions or difficulties that affect this child or youth:

- | | | |
|-----------------------------|-------------------------|--------------------------|
| ADD/ADHD | Asperger's | Allergies |
| Learning Disabilities / EIP | Diabetes | Food Allergies |
| Emotional/Behavior | Visual Impairments | Mobility Impairments |
| Autism | Asthma | Skin Problems |
| Speech/Communication | Hearing | Headaches |
| Frequent sore throats/colds | Ear Infections or Aches | Heart or Lung Conditions |
| Other: (Please describe) | | |

Last Name: _____ First Name: _____ MI: _____

Does your child use an inhaler? Yes/No

Does your child use an EpiPen? Yes/No

Does your child have an IEP? Yes/No

Will your child take medication during camp hours? Yes/No

If you answered yes to any of these, please see the Additional Forms listed on the Little Apple Day Camp page on the MPRD website and provide a signed permission to be kept on file.

Please provide additional information that might affect your child or youth while at the School Age Program including any special needs, restrictions to activities, major changes at home or special instructions. Please also provide information that will help the staff members meet the child's or youth's needs while attending the program. (Attach additional page, if needed.)

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

An additional page will need to be completed in the MPRD office with notarization and added to the Registration Packet. Please plan accordingly.

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/Group Number _____

Medical Assistance Program _____ Card Number _____

Military Medical Care I.D. Number _____

If known, date of last Tetanus inoculation: _____

HEALTH HISTORY FOR CHILDREN AND YOUTH ATTENDING SCHOOL AGE PROGRAMS

First and Last Name of Physician: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Name of Hospital Preference in case of emergency: _____

Complete the following information about Medication for this child or youth's immunization status:

Did this child or youth attend a public or accredited non-public school in Kansas, Missouri or Oklahoma the previous year? Yes/No

If yes, are this child's or youth's immunizations current? Yes/No

If no to either of the above questions, you must complete and attach a copy of the child's or youth's immunization history. Please see the Health History Form in the Additional Forms listed on the Little Apple Day Camp page on the MPRD website

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?

_____ 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: _____

Last Name: _____ First Name: _____ MI: _____

MPRD LEGAL WAIVER FOR PARTICIPANTS IN LITTLE APPLE DAY CAMP

- I have read, agreed to and understood the policies and procedures outlined in the Little Apple Day Camp Parent Manual.
- **Acknowledgement and Assumption of Risk.** I have volunteered to participate in a City of Manhattan recreation activity, program or special event ("Recreation Activity"). I warrant that I understand the nature, demands and risks of the Recreation Activity, including but not limited to transportation, equipment provided or used, my participation and the participation of other participants, and I warrant that I have the appropriate health and fitness to safely participate in the Recreation Activity. I acknowledge and assume all risks and dangers relating to all aspects of my participation in this Recreation Activity, including but not limited to injury, death, or other damage.
- **Release of Liability.** In consideration of my participation in the Recreation Activity, I agree to waive, release, discharge, and covenant not to sue, make a claim against, or prosecute, the City of Manhattan, including its respective officials, agents and employees, all of which are hereinafter referred to as "released parties", from and against any and all losses, expenses, damages, injuries and liabilities and claims (including attorneys' fees, court costs and settlement costs) arising out of or relating to my participation in the Recreation Activity and/or arising out of the risks assumed above.
- **Media Release.** I grant the City of Manhattan permission to photograph, film or record me during or at the Recreation Activity, and I agree that the City may now and in the future use the photographs, videos or recordings for standard City purposes including but not limited to promotion, education, publicity, development, fundraising and training, in all media, online and social media formats. I agree that no compensation shall be paid for such use, and I release the released parties from any claims, liability or damage that may arise from such use.
- I give my consent for Little Apple Day Camp Staff to apply sunscreen to my child every day at camp.
- I understand that the City of Manhattan Parks and Recreation Department will provide transportation to all events and field trips. Transportation will be provided by MPRD vehicles, Arrow Bus, and USD #383 buses by licensed, insured drivers. **All activities and trips are subject to change.**
- I understand I have the right to limit my son/daughter's participation by notifying the Recreation Supervisor in writing at least two days prior to the event. If you choose to not send your child on a field trip or activity, you will be responsible for their care during that designated time.
- All enrollment procedures and payment in its entirety will be made before my child can attend camp.
- Emergency first aid treatment can be administered to my child by MPRD personnel/volunteer if needed.
- LADC Hours are 7:30am-5:30pm. I understand that I will not be able drop off before 7:30am. Picking up after 5:30pm will result in a late fee. **After your first offense**, a late charge of \$1/minute will be charged and collected at the time of pick up.

I have carefully read this Agreement and sign it voluntarily to participate in the Recreation Activity.

Name of Participant (Print): _____ Age: _____

If the participant is UNDER 18 years of age, a Parent/legal guardian must SIGN THIS FORM below:

I certify that I am the parent/legal guardian of the minor child participant and that I have the legal right to allow participation in the Recreation Activity. I agree that I am binding myself, my minor child, and any heirs or representatives of the minor child to all provisions of this Agreement set forth above.

Name of PARENT/Legal GUARDIAN (Print): _____

Signature _____ Date: _____

PARENTAL PERMISSION FORM FOR OFF-PREMISES TRIPS

Handwritten signatures are required for the approved destinations your child may to

_____ may go to the following locations off the premises with adult supervision:

First and Last name of Child

Place All Manhattan Waterparks (Cico, Northview, City)	Street Address 3309 Robinson Dr 510 Griffith Dr 1101 Poyntz Ave	City Manhattan	By Vehicle X	Walk/Bike X
Signature of Parent or Guardian			Date Signed	
Place Woodrow Wilson Elementary	Street Address 312 Juliette Ave	City Manhattan	By Vehicle X	Walk/Bike X
Signature of Parent or Guardian			Date Signed	
Place All City of Manhattan Parks & Trails	Street Address	City Manhattan	By Vehicle X	Walk/Bike X
Signature of Parent or Guardian			Date Signed	
Place Community House	Street Address 120 4 th St	City Manhattan	By Vehicle X	Walk/Bike X
Signature of Parent or Guardian			Date Signed	
Place Manhattan Public Library	Street Address 629 Poyntz Ave	City Manhattan	By Vehicle X	Walk/Bike X
Signature of Parent or Guardian			Date Signed	
Place Theodore Roosevelt Elementary	Street Address 1401 Houston St	City Manhattan	By Vehicle X	Walk/Bike X
Signature of Parent or Guardian			Date Signed	
Place Manhattan East Campus	Street Address 901 Poyntz Ave	City Manhattan	By Vehicle X	Walk/Bike X
Signature of Parent or Guardian			Date Signed	
Place Wildcat Creek	Street Address 800 Anneburg	City Manhattan	By Vehicle X	Walk/Bike X
Signature of Parent or Guardian			Date Signed	
Place Fire Department	Street Address 2000 Denison	City Manhattan	By Vehicle X	Walk/Bike X
Signature of Parent or Guardian			Date Signed	
Place AMC Movie Theatre	Street Address 103 MHK Town Center	City Manhattan	By Vehicle X	Walk/Bike X
Signature of Parent or Guardian			Date Signed	
Place Little Apple Lanes	Street Address 515 Richards Dr	City Manhattan	By Vehicle X	Walk/Bike X
Signature of Parent or Guardian			Date Signed	
Place Dairy Queen	Street Address 1015 N 3 rd St	City Manhattan	By Vehicle X	Walk/Bike X
Signature of Parent or Guardian			Date Signed	

Place Pizza Hut	Street Address 2931 Claflin Rd/1005 Hostetler Dr	City Manhattan	By Vehicle X	Walk/Bike X
Signature of Parent or Guardian			Date Signed	
Place HyVee	Street Address 601 N 3 rd Place	City Manhattan	By Vehicle X	Walk/Bike X
Signature of Parent or Guardian			Date Signed	
Place Varsity Doughnuts	Street Address 704 N Manhattan Ave	City Manhattan	By Vehicle X	Walk/Bike X
Signature of Parent or Guardian			Date Signed	
Place Bill Snyder Family Stadium	Street Address 2201 Kimball Ave	City Manhattan	By Vehicle X	Walk/Bike X
Signature of Parent or Guardian			Date Signed	
Place Bramlage Coliseum	Street Address 1800 College Ave	City Manhattan	By Vehicle X	Walk/Bike X
Signature of Parent or Guardian			Date Signed	
Place Call Hall Ice Cream	Street Address 144 Call Hall	City Manhattan	By Vehicle X	Walk/Bike X
Signature of Parent or Guardian			Date Signed	
Place Tanganyika	Street Address 1000 S Hawkins Ln	City Goddard	By Vehicle X	Walk/Bike X
Signature of Parent or Guardian			Date Signed	
Place Worlds of Fun	Street Address 4545 NE Worlds of Fun Dr	City Kansas City	By Vehicle X	Walk/Bike X
Signature of Parent or Guardian			Date Signed	
Place Exploration Place	Street Address 300 N McLean Bld	City Wichita	By Vehicle X	Walk/Bike X
Signature of Parent or Guardian			Date Signed	
Place Kenwood Cove	Street Address 701 Kenwood Park Dr	City Salina	By Vehicle X	Walk/Bike X
Signature of Parent or Guardian			Date Signed	
Place College Basketball Experience	Street Address 1401 Grand Blvd	City Kansas City	By Vehicle X	Walk/Bike X
Signature of Parent or Guardian			Date Signed	
Place Kauffman Stadium	Street Address 1 Royal Way	City Kansas City	By Vehicle X	Walk/Bike X
Signature of Parent or Guardian			Date Signed	
Place Widgets Family Fun Center	Street Address 8232 Southport Dr	City Manhattan	By Vehicle X	Walk/Bike X
Signature of Parent or Guardian			Date Signed	
Place College Basketball Experience	Street Address 1401 Grand Blvd	City Kansas City	By Vehicle X	Walk/Bike X
Signature of Parent or Guardian			Date Signed	

GRANT WRITING INFORMATION (OPTIONAL):

This information is confidential and is critical for the departments grant applications

Race/Ethnicity:

American Indian/Alaskan Native	Asian/Pacific Islander	Black/African American
Hispanic/Latino	White/Caucasian	Bi-racial/multi-racial
Other	Prefer not to answer	

Does the child receive lunches that are: Free Reduced Paid in Full

Does the child live with:

Both Parents	Mother	Father
Stepmother	Stepfather	Grandparents
Foster Parents	Other:	

Number in Household: _____ Number of Siblings: _____ Current Single Parent: Yes _____ No _____

Live in public housing: Yes _____ No _____

Is your child from a military family? Yes _____ No _____

If yes, select any that apply:

Army	Navy	Air Force
Marines	National Guard	Reserves

Household Income: (check one)

\$0-\$5,000	\$5,001-\$12,000	\$12,001-\$22,000	\$22,001-\$32,000
\$32,001-\$40,000	\$40,001-\$51,000	\$51,001-\$61,000	\$61,000-\$68,000
\$68,000-\$75,000	\$75,001-\$82,000	\$82,001+	

Date Completed: _____

Thank you for completing the LADC Registration Packet. We are requiring that this packet be turned into the Manhattan Parks and Recreation Department (1101 Poyntz Ave) by Friday, **April 26th, 2019** to be reviewed. As stated earlier, an additional page will need to be completed in the MPRD office with notarization and to be added to the Registration Packet. Please plan accordingly. All information is required per KDHE regulations, if there is any missing information we will contact you to get it corrected prior to the start of camp.

KDHE File Requirements Met: (Office Use Only)		
<input type="checkbox"/> Name	<input type="checkbox"/> Emergency Medical Care Release	<input type="checkbox"/> Field Trip Permissions
<input type="checkbox"/> Parent's Name	<input type="checkbox"/> Health History/Immunization Record	Swim Level: P F G E
<input type="checkbox"/> Emergency Contacts	<input type="checkbox"/> MPRD Legal	
Late Pick-Up:		
ADDITIONAL PAGES:		
<input type="checkbox"/> Emergency Care Release Notarized	<input type="checkbox"/> Immunization Recorded (if needed)	
<input type="checkbox"/> Authorization for Self-Administration	<input type="checkbox"/> Short Term Medication Authorization	<input type="checkbox"/> Long Term Medication Authorization