

\*\*Do NOT Staple\*\*

# 2020 Registration Packet



## Camper Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Grade ('19-'20 school year) \_\_\_\_\_ School: \_\_\_\_\_ 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.
- 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.**

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

**Do NOT sign if you do NOT approve of the following:**

- **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.

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

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

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

**GANT WRITING INFORMATION (OPTIONAL):**

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

**Race/Ethnicity:**

American Indian/Alaskan Native  
Hispanic/Latino  
Other

Asian/Pacific Islander  
White/Caucasian  
Prefer not to answer

Black/African American  
Bi-racial/multi-racial

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

**Does the child live with:**

Both Parents  
Stepmother  
Foster Parents

Mother  
Stepfather  
Other:

Father  
Grandparents

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  
Marines

Navy  
National Guard

Air Force  
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, **May 1<sup>st</sup>, 2020** 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