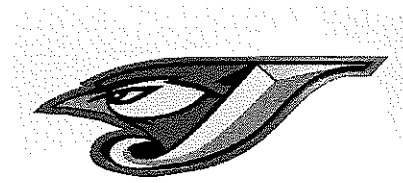


Milwaukee

Recreation

Experience Life!



Camp Parkside 2018

Fall Camp Forms

Please keep your fall Recreation Handbook packet for your own reference. The following forms should be turned in during registration for camp. Please include separate payments for each of the following:

- \$10.00 registration fee per child
- Prepayment for the first 2 weeks of camp

The following forms are needed to enroll in fall programming at Camp Parkside:

- Registration Form (one per family)
- Emergency Contact form (one per child)
- Billing contract (one per family)
- Wisconsin Shares Form
- Behavior contract (one per child)
- Photo release form (one per family)
- Extra-curricular Activities form (only if child is participating in after school sports/activity)

Director: Mrs. Venus

Email: reedercv@milwaukee.k12.wi.us

Assistant Director: Mr. Will

Email: huntwf@milwaukee.k12.wi.us

Camp Phone: (414) 294-1687



BEFORE AND AFTERSCHOOL CAMP REGISTRATION

Parent/Guardian Full Name: _____
Last Name First Name MI

Home phone: _____ Alternate Phone: _____

Street Address: _____ City: _____ Zip Code: _____

In order to plan activities and schedule staff, it is suggested parents complete the schedule section below.

Child's Full Name First/MI/ Last	Sex	Birthday Month/Day/Year	Age Now	Current Grade Level	Homeroom	Schedule
						M T W T H F AM M T W T H F PM
						M T W T H F AM M T W T H F PM
						M T W T H F AM M T W T H F PM
						M T W T H F AM M T W T H F PM

If Drop-In Care is available at your camp, Parent/Guardian is encouraged to call the school office during school hours on the day care is needed or make prior arrangements with the Camp Director.

To guarantee a spot for your child/children, a registration fee per child is necessary.

Number of Children _____ X \$ _____ = Total Registration Amount Due \$ _____

Camp fees are to be kept current. Families who have outstanding balances are subject to removal from camp.

Please choose 1 payment option.

I receive Child Care Benefit (Wisconsin Shares). I understand that I am responsible for payments that are not covered.

Private Pay Payment Schedule (**To be determined with Camp Director**)

_____ Pre-Pay REQUIRED

_____ Weekly

_____ Bi-Weekly

_____ Monthly

If you are late picking up children, staff will remain with the child and a late fee will be assessed.

What do you wish the departure procedure to be for your child/children? (Note: an additional permission slip may need be required when checking this section)

Wait to be picked up: _____ Walk home: _____ Ride city bus: _____ Other: _____



PERMISSION: I hereby grant permission for my child/myself to participate in the above-named MPS Recreation event. In the event of any injury requiring medical attention, I hereby grant permission to the recreation staff (including volunteers) to attend to my son/daughter or myself including seeking medical attention.

WAIVER: I/we recognize that unanticipated situations and problems can arise during Recreation activities that are not reasonably within the control of the recreation staff (including volunteers). I/we therefore agree to release and hold harmless the Milwaukee Board of School Directors, its agents, officer, employees, and volunteers, from any and all liability, claims, suits, demands, judgments, costs, interest and expense (including attorneys' fees and costs) arising from such activities, including any accident or injury to myself or my child and the costs of medical services.

PHOTO PERMISSION/RELEASE: I understand, as parent/legal guardian of the above-named child, that there are times when the local news media, national news media and/or nonprofit organizations partnering with Milwaukee Public Schools request the opportunity to videotape, take photographs and/or interview children within Milwaukee Recreation and Milwaukee Public Schools. By signing this, I understand that and give permission for MPS to allow this with respect to my child. I also understand that by signing this release I give permission to the Milwaukee Public Schools to make or use pictures, slides, digital images, or other reproductions of me, of my minor child or of materials owned by me or my child, and to put the finished pictures, slides, or images to use without compensation in broadcast productions, publications, on the Web, or other printed or electronic materials related to the role and function of the Milwaukee Public Schools. I understand that by signing this, I am, on behalf of myself and my child, releasing MPS and its directors, officers, employees and agents, from any future claims as well as from any liability arising from the use of any photograph or other images. This form shall be valid for the duration of the current Milwaukee Recreation program season.

**I HEREBY CERTIFY THAT I HAVE READ AND DO UNDERSTAND THE ABOVE INFORMATION:
PARTICIPANT SIGNATURE OR SIGNATURE OF GUARDIAN IF PARTICIPANT IS UNDER 18:**

Parent/Guardian Print Name: _____ Date: _____

Parent/Guardian Signature: _____



Child Care Camp Health History and Emergency Care Plan

Child Information

Name (Last, First, MI)		Address – Home (street, city)		Telephone Number	Email	Birthdate (mm/dd/yyyy)	First Day of Attendance
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Ethnicity <input type="checkbox"/> African-American <input type="checkbox"/> Asian American <input type="checkbox"/> Caucasian American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Native American <input type="checkbox"/> Native Hawaiian / Pacific Islander <input type="checkbox"/> Other _____	Primary Language <input type="checkbox"/> English <input type="checkbox"/> Hmong <input type="checkbox"/> Laotian <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other _____		Lives With (check one) <input type="checkbox"/> Both Parents <input type="checkbox"/> Father-Single Parent <input type="checkbox"/> Foster Care <input type="checkbox"/> Grandparents <input type="checkbox"/> Guardian <input type="checkbox"/> Joint Custody <input type="checkbox"/> Mother-Single Mother <input type="checkbox"/> Other _____			
Name of school child attended during the 2016-2017 school year _____							

Parent or Guardian – All parents/guardians are permitted to visit during hours and are allowed to pick up the child unless access is prohibited or restricted by a court order. Attach court order, if any.

Relationship to Child	Name	Address – Home (street, city)	Home/Cell Telephone No.	Name and Address – Place of Employment or where Reachable while child is in Care	Telephone No.

Additional Contacts

Relationship to Child	Name	Address – Home (street, city)	Home/Cell Telephone No.	Other Telephone No.	Pick Up	Emergency Contact
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Check box if legal restrictions are in effect. List persons not allowed to see student at Site and/or persons not allowed to pick up students per legal restrictions.

Last Name	First Name	Last Name	First Name
-----------	------------	-----------	------------

Physical or Medical Facility

Name	Address (Street, City, State, Zip Code)	Telephone Number
------	---	------------------

Health History and Emergency Care Plan

- No specific medical condition
- Asthma
- Cerebral Palsy/Motor Disorder
- Food allergies – Specify foods _____
- Other condition(s) requiring special care – Specify _____
- Diabetes
- Epilepsy/Seizure Disorder
- Milk Allergies (if child is allergic to milk, attach a statement from the medical professional indicating the acceptable alternative)
- Non-Food allergies – Specify _____
- Gastrointestinal or feeding concerns including special diet and supplements
- Any disorder including Cognitively Disabled, LD, ADD, ADHD, or Autism



MILWAUKEE PUBLIC SCHOOLS

Child Care Camp Health History and Emergency Care Plan

List any serious illnesses the child has had within the last 6 months

Trigger that may cause problems - Specify

Signs or symptoms to watch for – Specify

Steps the child care provider should follow, if prescription or non-prescription medication is necessary, a copy of the *Authorization to Administer Medication* should be attached to this form.

Identify any child care staff to which you give specialized training instructions to help treat symptoms.

When to call parents regarding symptoms or failure to respond to treatment.

When to consider that the condition requires emergency medical care reassessment

Additional information that may be helpful to the child care provider.

Parent/Guardian Permission for Camp *PLEASE READ CAREFULLY*
MUST BE SIGNED BY PARENT/GUARDIAN FOR PARTICIPANTS 18 AND UNDER

PERMISSION: I hereby grant permission for my child/myself to attend to my son/daughter or myself including seeking medical attention. In the event of any injury requiring medical attention, I hereby grant permission to the Camp staff (including volunteers) to attend to my son/daughter or myself including seeking medical attention.
WAIVER: I/we recognize that unanticipated situations and problems can arise during Camp activities that are not reasonably within the control of the Camp staff (including volunteers). I/we therefore agree to release and hold harmless the Milwaukee Board of School Directors, its agents, officers, employees, and volunteers, from any and all liability, claims, suits, demands, judgments, costs, interest and expense (including attorneys' fees and costs) arising from such activities, including any accident or injury to myself or my child and the costs of medical services.

PHOTO RELEASE: PHOTO PERMISSION/RELEASE: I understand, as parent/legal guardian of the above-named child, that there are times when the local news media, national news media and/or nonprofit organizations partnering with Milwaukee Public Schools request the opportunity to videotape, take photographs and/or interview children within Milwaukee Recreation and Milwaukee Public Schools. By signing this, I understand that and give permission for MPS to allow this with respect to my child. I also understand that by signing this release I give permission to the Milwaukee Public Schools to make or use pictures, slides, digital images, or other reproductions of me, of my minor child or of materials owned by me or my child, and to put the finished pictures, slides, or images to use without compensation in broadcast productions, publications, on the Web, or other printed or electronic materials related to the role and function of the Milwaukee Public Schools. I understand that by signing this, I am, on behalf of myself and my child, releasing MPS and its directors, officers, employees and agents, from any future claims as well as from any liability arising from the use of any photograph or other images. This form shall be valid for the duration of the current Milwaukee Recreation program season. **I HEREBY CERTIFY THAT I HAVE READ AND DO UNDERSTAND THE ABOVE INFORMATION: PARTICIPANT SIGNATURE OR SIGNATURE OF GUARDIAN IF PARTICIPANT IS UNDER 18:**

Signature – Parent/Guardian

Date Signed (mm/dd/yyyy)



Camp Parkside Payment Contract

Please read the following information carefully before filling out this form (one per family) and return it with your registration papers. **This is new information and is of high importance.**

- Camp Parkside is a pre-pay system. **Any student not showing a prepayment will not be admitted into camp that day and your account will be immediately placed on suspension.**
- Payments should be received by Friday for the upcoming week. If you have any questions about how much money your child has in his or her account, please call or email a director for assistance.
- Your Camp statement will be emailed every Monday to the email address you provide to us below. If the "amount due" is shown in parenthesis, this means you have a credit and have successfully prepaid. If the amount is not in parenthesis, this means you have a balance and your child's account has been suspended. Please see our payment policy for more details.
- Camp fee is \$4.50 an hour and off days are \$25.00 per child and \$15.00 for additional siblings. **Please understand that failure to prepay WILL result in an immediate suspension of camp services, and consistent failure to pay could result in your child being removed from the program at Camp Parkside.**
- Payments can be cash, or a check made out to Camp Parkside. There is a \$30.00 fee for returned checks.
- Camp Parkside does accept WI Shares funding. **Our provider number is 200563892/074.** Shares payments are now loaded onto a card and it is the responsibility of the parent to make that payment. Whatever fee or balance not covered by Wisconsin shares is the parent's responsibility and they need to pay that remaining fee or balance. **You are responsible for keeping your authorization current. If your child balance is not prepaid your services at camp can be suspended.**
- **All late fees must be made in order for the child to return to back to camp**
- **Finally, if you have a balance from the previous school year you will not be able to register your child for camp until payment has been received.**

I have read all the above information and agree to the payment policies of Camp Parkside

Parent's Name (Please Print): _____

Child (ren)'s Name: _____

Parent Signature: _____

Email: _____ (Required for billing purpose)



Wisconsin Shares Families

Parents are no longer able to dump all of their funds into their accounts each month. You must wait until you receive a bill or calculate the amount of funds your child (ren) may need for that week. Camp Parkside is a prepaid camp so you can pay for the following week on Friday. Wisconsin Shares does not want parents dumping their funds at the beginning of each month into their children account. Please sign this letter stating that you understand about your funds. If you do not get Wisconsin Shares you do not have to sign this letter.

Thank you

Camp Parkside

Child
Name: _____

Child
Name: _____

Child
Name: _____

Child
Name: _____

Parent
Signature: _____

Date: _____



Before and After School Camp

Behavior Agreement for Students:

Campers of Parkside are expected to demonstrate good citizenship at all times. Good citizenship means being safe, respectful, and responsible to people and property.

Student name: _____ Grade: _____

My promises:

1. Be Respectful:

- a. I will encourage my classmates with kind words-no put downs.
- b. I will use appropriate language.
- c. I will use proper etiquette at mealtimes and during free times.
- d. I will not interfere with the enjoyment of other groups or people.

2. Be Safe:

- a. I will stay with my assigned instructors and my group AT ALL TIMES.
- b. I will ask permission first.

3. Be Responsible:

- a. I will engage respectfully in activities.
- b. I will follow all instructor's directions.
- c. I will follow all directions, keep a positive attitude, and not argue.
- d. I will lend a helping hand when asked and needed.
- e. I will show appropriate behavior.

Consequences: I understand that there are consequences if I misbehave. I know that I will receive a write up if I receive a minor infraction.

- 2 write ups=1 day suspension
- 3 write ups=3 day suspension
- 4 write ups=5 day suspension
- 5 write ups=no longer be able to attend Camp Parkside

Agreement: I agree to abide by all my promises and my consequences listed above during the entire time in Camp Parkside.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

*By signing, the parent acknowledges that he/she read and discussed this agreement with his/her child.

PERMISSION TO PARTICIPATE IN EXTRA CURRICULAR SCHOOL ACTIVITIES

I, _____ mother/father/guardian of
_____, has my permission to participate in
_____ Extra-curricular school activities listed below.
(School Name)

I understand the activities are located on school property and that my child will
Not be leaving the school without me signing an additional permission slip.

The following person(s) may sign my child in/out from MPS Recreation Before and
After school Child Care Camp in order to participate in the activity.

- 1. _____
- 2. _____
- 3. _____
- 4. _____

NAME OF ACTIVITY: _____

DATES IN EFFECT: _____

PARENT/GUARDIAN SIGNATURE: _____



Photo release form

I **do not** want photos of my child used in Camp related marketing materials, on the Camp website, on the Camp Facebook page or reproduced for Camp projects.

Parent's signature

Student name (printed)

Date

