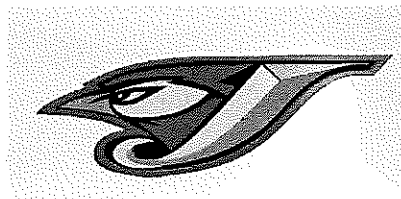


**Milwaukee**

**Recreation**

*Experience Life!*



## **Camp Parkside 2019**

### **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**



MILWAUKEE PUBLIC SCHOOLS – DEPARTMENT OF RECREATION AND COMMUNITY SERVICES CAMP REGISTRATION

PARENT/GUARDIAN Full Name, DAY Phone, EVENING Phone, Street Address, Apt, City, Zipcode, E-mail Address

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

Table with columns: Child's Full Name, Sex, Birthday, Age Now, Current Grade Level, Homeroom, Schedule

EMERGENCY CONTACT INFORMATION. Other than Parents / Guardians – The names listed below are authorized to pick-up my child(ren), and / or should be used as an emergency contact in the event I cannot be reached.

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

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: \_\_\_\_\_

**PARENT / GUARDIAN AUTHORIZATION:**

Please check (✓) box to verify that you have read and understand each of the following statements.

- PERMISSION:** I hereby grant permission for my child/myself to participate in the above-named MPS Recreation event. In the event of an 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, 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 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 certify that my child(ren) / applicant have no health issues that would limit his/her participation in camp activities. Any health or medical concerns have been disclosed.
- I am requesting the child/youth discount. (Must provide eligibility documentation from the State of Wisconsin at time of registration.)
- I give my approval for emergency contact to be called in the event that I cannot be reached immediately.
- I understand the Recreation Department is not responsible for lost, stolen or damaged personal articles.

**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 Signature \_\_\_\_\_ Date \_\_\_\_\_

**HEALTH HISTORY AND EMERGENCY CARE PLAN**

**Use of form:** This form is required for family and group child care centers and day camps to comply with DCF 250.04(6)(a)1. and 250.07(6)(L)5., DCF 251.04(6)(a)6. and 251.07(6)(k)5., and DCF 252.44(6)(g) of the Wisconsin Administrative Codes. Failure to comply may result in issuance of a noncompliance statement. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

**Instructions:** The parent / guardian should complete this form for placement in the child's file prior to the child's first day of attendance. Information contained on the form shall be shared with any person caring for the child. The department recommends that parents / guardians and center staff periodically review and update the information provided on this form.

**CHILD INFORMATION**

Name (Last, First, MI)		Address – Home (Street, City, State, Zip Code)	
Telephone Number	Birthdate (mm/dd/yyyy)	Date – First Day of Attendance (mm/dd/yyyy)	

**PARENT / GUARDIAN INFORMATION** Provide information where the parent(s) / guardian(s) may be reached while the child is in care.

Name	Telephone Number – Home	Telephone Number – Work	Telephone Number – Cellular
Name	Telephone Number – Home	Telephone Number – Work	Telephone Number – Cellular

**PHYSICIAN / MEDICAL FACILITY INFORMATION**

Name – Physician	Address – Medical Facility	Telephone Number
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**SUNSCREEN / INSECT REPELLENT AUTHORIZATION** If provided by the parent, the sunscreen or insect repellent shall be labeled with the child's name. Per DCF 251.07(6)(f)2., authorizations shall be reviewed every 6 months and updated as necessary. Per DCF 250.07(6)(f)2.a., Authorizations shall be reviewed periodically and updated as necessary.

<input type="checkbox"/> Yes <input type="checkbox"/> No	I authorize the center to apply sunscreen to my child.	Brand Name	Ingredient Strength
<input type="checkbox"/> Yes <input type="checkbox"/> No	I authorize the center to allow my child to self-apply sunscreen.		
<input type="checkbox"/> Yes <input type="checkbox"/> No	I authorize the center to apply repellent to my child.	Brand Name	Ingredient Strength
<input type="checkbox"/> Yes <input type="checkbox"/> No	I authorize the center to allow my child to self-apply repellent.		

**HEALTH HISTORY AND EMERGENCY CARE PLAN** If available, attach any health care plan information from the child's physician, therapist, etc.

1. Check any special medical condition that your child may have.

- No specific medical condition
- Asthma
- Cerebral palsy / motor disorder
- Other condition(s) requiring special care – Specify.
- Diabetes
- Epilepsy / seizure disorder
- Gastrointestinal or feeding concerns including special diet and supplements
- Any disorder including Cognitively Disabled, LD, ADD, ADHD, or Autism

Milk allergy. If a child is allergic to milk, attach a statement from the medical professional indicating the acceptable alternative.

Food allergies – Specify food(s).

Non-food allergies – Specify.

2. Triggers that may cause problems – Specify.

3. Signs or symptoms to watch for – Specify.

4. Steps the child care provider should follow. If prescription or non-prescription medications are necessary, a copy of the form *Authorization to Administer Medication* should be attached to this form. Note: group child care centers and day camps may use their own form.

5. Identify any child care staff to whom you have given specialized training / instructions to help treat symptoms.

- a.
- b.
- c.

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

7. When to consider that the condition requires emergency medical care or reassessment.

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

SIGNATURE – Parent or Guardian

Date Signed (mm/dd/yyyy)

Review dates: \_\_\_\_\_



## **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 an \$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**

Wisconsin shares families can pay for the following week on the Friday before. 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 depositing their funds at the beginning of each month into their billing 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

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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.





## Camp Parkside Photo Release Form

**Please check one or the other:**

\_\_\_\_\_ **I give my permission** for my child's photo to be used in Camp related marketing materials, on the Camp website, on the Camp facebook page or to be reproduced for Camp projects.

\_\_\_\_\_ **I do not give permission** for my child's photo to be used in the above mentioned materials.

-----  
\_\_\_\_\_  
*Parent's Signature*

\_\_\_\_\_  
*Student Name (printed)*

\_\_\_\_\_  
*Date*

**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. Camp Parkside Staff \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

**NAME OF ACTIVITY:** \_\_\_\_\_

**DATES IN EFFECT:** \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_