



Bexley Recreation & Parks

Jeffrey Summer Camp Program Registration Form



Please register for one of the following camps by checking the appropriate box:

Playcamp (4 & 5 Year Old) <input type="checkbox"/> 3-Day Half <input type="checkbox"/> 3-Day Full (M-W-F) <input type="checkbox"/> 5-Day Half <input type="checkbox"/> 5-Day Full (M-F)	<input type="checkbox"/> Camp Jeffrey Woods (Entering 1 st – Entering 3 rd Grade)	<input type="checkbox"/> Camp Jeffrey Park (Entering 4 th – Entering 7 th Grade)	<input type="checkbox"/> Camp Adventure (Entering 7 th – Entering 9 th Grade)
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Please print clearly in all sections.

Child's Name _____ DOB ____/____/____ Age ____ Sex ____ Grade (2016-17) _____

Parent(s) Name _____ Address _____

Email _____ Phone: Home _____ Work _____

Please check if you do not wish to receive camp related text messages. Cell _____ Provider _____
(At&t, Verizon, Sprint, etc.)

Other parent (if different than above)

Parent(s) Name _____ Address _____

Email _____ Phone: Home _____ Work _____

Please check if you do not wish to receive camp related text messages. Cell _____ Provider _____
(At&t, Verizon, Sprint, etc.)

T-Shirt Size: (Youth) Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> (Adult) Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> XLarge <input type="checkbox"/>

- Due to new licensing regulations, Camp Woods and Camp Park will have two separate camp options within the individual camp. (AM Woods and PM Woods / AM Park and PM Park). AM camps will run from 7a - 1230p and PM camps will run from 1230 - 6p. Playcamp and Camp Adventure will continue being the same with no changes. With the time changes this will not change the structure of how camp runs day to day, but now we have the flexibility for campers to come only for the am hours or pm hours.
- Charges for these camps will be \$104 AM or PM Camps (Residents), \$120 AM or PM Camps (Non- Residents). If you say yes to **Both AM and PM Camps**, then you will still be charged \$165 (Residents) / \$190 (Non-Residents) each week.
- If your child wants to participate in Field Trips, they will need to be registered for **Both AM and PM Camps**.

Please write yes or no in the weeks designed for your child specific to his/her camp.

Week	Date	Playcamp (4 & 5 yr.)	CJ Woods (1 st - 3 rd)		CJ Park (4 th - 7 th)		Adventure (7 th - 9 th)	Payment Received By
			AM (7a-1230p)	PM (1230-6p)	AM (7a-1230p)	PM (1230-6p)		
Week 1	May 31 - Jun. 3*							Wed., May 18, 2016
Week 2	Jun. 6 - Jun. 10							Wed., May 25, 2016
Week 3	Jun. 13 - Jun. 17							Wed., Jun. 1, 2016
Week 4	Jun. 20 - Jun. 24							Wed., Jun. 8, 2016
Week 5	Jun. 27 - Jul. 1							Wed., Jun. 15, 2016
Week 6	Jul. 5 - Jul. 8							Wed., Jun. 22, 2016
Week 7	Jul. 11 - Jul. 15							Wed., Jun. 29, 2016
Week 8	Jul. 18 - Jul. 22							Wed., Jul. 6, 2016
Week 9	Jul. 25 - Jul. 29**							Wed., Jul. 13, 2016
Week 10	Aug. 1 - Aug. 5							Wed., Jul. 20, 2016
Week 11	Aug. 8 - Aug. 12							Wed., Jul. 27, 2016
Week 11½	Aug. 15 - Aug. 16 (\$70)							Wed., Aug. 3, 2016

*Prorated

**Last week of Adventure Camp, Over-Night White Water Rafting, \$200.

RELEASE / PERMISSION

I, as parent or legal guardian representing this minor, agree to release the City of Bexley, its officers, employees and volunteers from any and all liability for accidents, injuries, loss of and / or damage to my / our person or property that may arise out of my child's participation in or at the listed activity / activities. I / we are aware that participating in activities or use of facilities involves certain risk of injury despite safety precautions. I give permission for my child to take part in all camp activities, including trips away from camp. In the event of an accident or emergency, if my child's physician is not available, I grant permission to call another licensed physician. I authorize the camp staff to act for me according to their best judgment. I have read the Summer Camp policies and payment terms and accept full responsibility for 100% payment of all camp fees.

Signature of Parent, Custodian, or Guardian

Date

Ohio Department of Job and Family Services
**CHILD ENROLLMENT AND HEALTH INFORMATION
 FOR CHILD CARE CENTERS AND TYPE A HOMES**

This form shall be completed prior to the child's first day of attendance and updated annually and as needed.

Child's Name		Date of Birth		First Day at Center	
Home Address				City	
State	Zip Code		Home Telephone Number		
Parent/Guardian Name			Relationship to Child		
Home Address			Home Telephone Number		
City			State	Zip	
Email Address (if applicable)			Cell Phone		
Parent's Work/School Telephone Number			Parent's Work/School Name		
Parent's Work/School Address				City	
Please indicate if this name should be released if a parent/guardian, of a child attending the center/home, requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered yes, please indicate which number(s) above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email					
Where can you be reached while your child is in this program?					
Parent/Guardian Name			Relationship to Child		
Home Address			Home Telephone Number		
City			State	Zip	
Email Address (if applicable)			Cell Phone		
Parent's Work/School Telephone Number			Parent's Work/School Name		
Parent's Work/School Address				City	
Please indicate if this name should be released if a parent/guardian, of a child attending the center/home, requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered yes, please indicate which number(s) above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email					
Where can you be reached while your child is in this program?					
Emergency Contacts: Parents cannot be listed as emergency contacts. List the name of <u>at least one person</u> who can be contacted in the event of an emergency or illness if you cannot be reached . Any person listed should be able to assist in contacting you. At least one person listed must be within one hour of the center/home, able to take responsibility for the child in case the parent/guardian cannot be contacted and should be at least 18 years of age.					
Name		Name			
City	State	City		State	
Telephone Number	Relationship to Child		Telephone Number	Relationship to Child	
Other numbers where emergency contact can be reached (if applicable)			Other numbers where emergency contact can be reached (if applicable)		
Name of Physician or Clinic/Hospital					
Street Address					
City		State	Telephone Number		

Child's Name

Allergies, Special Health or Medical Conditions, and Food Supplements

Fill in this section accurately and completely. Please note that if your child has a **current** health or medical condition requiring child care staff to perform child specific care, such as: to monitor the condition, provide treatment, care, or to give medication, the JFS 01236 "Medical/Physical Care Plan" or equivalent form and/or the JFS 01217 "Request for Administration of Medication" must be completed and be kept on file at the center or type A home.

Does your child have any food, medication or environmental allergies? *(check all that apply)*

- No
 Yes - check all that apply Food Medication Environmental Please list and explain:

Does your child's allergy/allergies require child care staff to monitor child for symptoms, take action if a reaction occurs, or give emergency medication to your child? *(check one)*

- No
 Yes - a JFS 01236 "Medical/Physical Care Plan" or equivalent form and if administering medication, a JFS 01217 "Request for Administration of Medication" must be completed.

Does your child have a special health or medical condition? *(check one)*

- No
 Yes - please explain

Does the special health or medical condition require child care staff to perform a procedure, or perform child specific care such as: to monitor your child for symptoms or administer medication during child care hours? *(check one)*

- No
 Yes - a JFS 01236 "Medical/Physical Care Plan" or equivalent form and if administering medication, a JFS 01217 "Request for Administration of Medication" must be completed.

Is your child currently using any medication, food supplement or medical food (such as electrolyte solution)? *(check one)*

- No
 Yes - please explain

If yes, does this medication, food supplement, or medical food need to be administered at the child care center/type A home?

- No
 Yes - a JFS 01217 "Request for Administration of Medication" must be completed and kept on file for each medication, food supplement or medical food.
 N/A - program does not administer any medications.

Does your child have any dietary restrictions, including those for medical, religious or cultural reasons? *(check one)*

- No
 Yes - please explain

Does this dietary restriction require a modified diet that eliminates all types of fluid milk or an entire food group?

- No
 Yes - written instructions from the child's health care provider must be on the JFS 01217 "Request for Administration of Medication."
 N/A - child does not attend a full time program.

Child's Name
List any history of hospitalization, outpatient surgery, or previous health concerns that would be needed to assist the staff or medical personnel in an emergency situation.
List any additional information about your child that would be useful for staff to know, such as fears, eating or sleeping habits, or special routines. This information should not be medical or health related, as that information should be included on the previous page.

Diapering Statement

Is your child toilet trained? <input type="checkbox"/> Yes (If yes, skip to Emergency Transportation Authorization section) <input type="checkbox"/> No (If no, fill out the following)
The program's policy is to check diapers every _____ hours. Please indicate if you want your child's diaper checked according to the center/type A home's policy or another:
<input type="checkbox"/> I agree with the program's schedule <input type="checkbox"/> I do not agree, please check my child's diaper every _____ hours.

Emergency Transportation Authorization

<u>Give Permission to Transport</u>		<u>Do Not Give Permission to Transport</u>
Center or Type A Home Name	OR Do not sign both	Center or Type A Home Name
has permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.		does not have permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. I wish for the following action to be taken:
Parent's Signature Date		Parent's Signature Date

Acknowledgement of Policies and Procedures

I have reviewed and received a copy of the center's or type A home's policies and procedures/handbook. Yes No
(check one)

This form, after being completed and signed by the parent/guardian, must be reviewed for completeness and signed by the administrator/designee prior to the child receiving care. After the child is attending the program the administrator shall have the parent/guardian review and initial the form when any changes/updates are made and at least annually. The parent/guardian and the administrator or designee shall initial and date the form in the section below to indicate when the form was last reviewed.

Parent/Guardian Signature(s)	Date
Administrator/Designee Signature	Date

The form is to be initialed and dated, at least annually, after it has been reviewed by the parent/guardian. This is to indicate all information has stayed the same or changes have been noted. If significant changes are needed, please complete a new form.

Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review

Note: This is a prescribed form which must be used by centers and type A homes to meet the requirements of rules 5101:2-12-37 and 5101:2-13-37. This form must be on file at the center or type A home on or before the child's first day of attendance and thereafter while the child is enrolled.

Ohio Department of Job and Family Services
CHILD MEDICAL STATEMENT FOR CHILD CARE

Child's Name (<i>print or type</i>)		Date of Birth
<input type="checkbox"/> This above named child has been examined, the immunization status recorded, and the child is in suitable condition for participation in group care.		
Signature of Examining Physician/Physician's Assistant/Advanced Practice Nurse/Certified Nurse Practitioner		Date of Examination
Name of Physician/Physician's Assistant/Advanced Practice Nurse/Certified Nurse Practitioner		Telephone Number
Street Address		
City, State and Zip Code		

ATTACH A COPY OF THE CHILD'S IMMUNIZATION RECORD WITH DATES OF DOSES OF ALL IMMUNIZATIONS

Diseases for Immunization	PHYSICIAN /PHYSICIAN'S ASSISTANT/ADVANCED PRACTICE NURSE/CERTIFIED NURSE PRACTITIONER COMPLETES <i>check all that apply for each disease</i>		
	Immunized	In Process of Immunization	Medically Contraindicated/ Not Age Appropriate
Chicken pox	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diphtheria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Haemophilus influenzae type b	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Influenza <input type="checkbox"/> Seasonal Vaccine Not Available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Measles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pertussis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pneumococcal disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poliomyelitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rotavirus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rubella	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tetanus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I have declined to have my child immunized against one or more of the diseases required by 5104.014 of the Ohio Revised Code. Initial beside the disease(s) being declined above and sign below.

Signature of Parent	Date of Signature
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Recommended Assessments/Screenings			
Vision	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lead	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hearing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hemoglobin	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dental	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other	
Measurements:		Notes:	
Height))	
Weight)		
BMI			

Ohio Department of Job and Family Services
REQUEST FOR ADMINISTRATION OF MEDICATION
Child Care Centers and Type A Homes

This form is valid for no longer than twelve (12) months. One form must be used for each medication.

Box 1 - The following section must **always** be completed by the parent/guardian.

<u>Check all that apply:</u>	
<input type="checkbox"/> Prescription medication	<input checked="" type="checkbox"/> Topical product or lotion
<input type="checkbox"/> Nonprescription medication	<input type="checkbox"/> Food supplement
<input type="checkbox"/> Refrigeration required	<input type="checkbox"/> Modified diet
<u>Complete all of the following information:</u>	
Name of child: _____ Date of birth: _____ Weight _____	
Name of medication: <u>Hand Sanitizer</u> Exact dosage: <u>1 Pump</u>	
To be administered at the following times: <u>Before Eating</u>	
For the following period of time: <u>While Attending Camp</u>	
Parent/Guardian signature: _____ Date: _____	

Box 2 -The following section must be completed by a **licensed physician, a licensed dentist or an advance practice nurse** when:

1. A physician's instruction is needed for a nonprescription medication (e.g. child is underage or underweight per the label instructions); or
2. It is a sample medication without a prescription label; or
3. The nonprescription medication is to be given longer than three consecutive days within a fourteen day period or is a topical product or lotion that is being used for a skin ailment and is to be given no longer than fourteen consecutive days; or
4. The child is on a modified diet (an entire food group is eliminated); or
5. The medication contains codeine or aspirin.

_____ is under my care and should receive _____ (name of child) (name of medication, vitamin, diet)		
as follows: _____ (include dosage and instructions)		
Possible side effects to watch for are: _____		
Expiration date: _____ (may not exceed 12 months from the date of this request for medications or food supplements)		
_____ Signature of physician, dentist or advance practice nurse	_____ Date of signature	_____ Phone number

This form must be used by child care centers and type A homes to meet the requirement of rules 5101:2-12-31 and 51-1:2-13-31.

Ohio Department of Job and Family Services
REQUEST FOR ADMINISTRATION OF MEDICATION
Child Care Centers and Type A Homes

This form is valid for no longer than twelve (12) months. One form must be used for each medication.

Box 1 - The following section must **always** be completed by the parent/guardian.

<u>Check all that apply:</u>	
<input type="checkbox"/> Prescription medication	<input checked="" type="checkbox"/> Topical product or lotion
<input type="checkbox"/> Nonprescription medication	<input type="checkbox"/> Food supplement
<input type="checkbox"/> Refrigeration required	<input type="checkbox"/> Modified diet
<u>Complete all of the following information:</u>	
Name of child: _____ Date of birth: _____ Weight _____	
Name of medication: <u>Sunscreen</u> Exact dosage: <u>2 Tablespoons</u>	
To be administered at the following times: <u>During Camp Hours</u>	
For the following period of time: <u>While Attending Camp</u>	
Parent/Guardian signature: _____ Date: _____	

Box 2 -The following section must be completed by a **licensed physician, a licensed dentist or an advance practice nurse** when:

1. A physician's instruction is needed for a nonprescription medication (e.g. child is underage or underweight per the label instructions); or
2. It is a sample medication without a prescription label; or
3. The nonprescription medication is to be given longer than three consecutive days within a fourteen day period or is a topical product or lotion that is being used for a skin ailment and is to be given no longer than fourteen consecutive days; or
4. The child is on a modified diet (an entire food group is eliminated); or
5. The medication contains codeine or aspirin.

_____ is under my care and should receive _____ <small>(name of child) (name of medication, vitamin, diet)</small>		
as follows: _____ <small>(include dosage and instructions)</small>		
Possible side effects to watch for are: _____		
Expiration date: _____ (may not exceed 12 months from the date of this request for medications or food supplements)		
_____ Signature of physician, dentist or advance practice nurse	_____ Date of signature	_____ Phone number

This form must be used by child care centers and type A homes to meet the requirement of rules 5101:2-12-31 and 51-1:2-13-31.



Bexley Recreation & Parks

Jeffrey Summer Camp Program Dismissal Form



****ONLY ONE FORM NEEDED PER FAMILY****

Playcamp (4 & 5 Year Old) 3-Day Half 3-Day Full (M-W-F) 5-Day Half 5-Day Full (M-F)	Camp Jeffrey Woods (Entering 1 st – Entering 3 rd Grade)	Camp Jeffrey Park (Entering 4 th – Entering 7 th Grade)	Camp Adventure (Entering 7 th – Entering 9 th Grade)
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The following persons have my permission to pick up my child(ren) from Jeffrey Summer Camp.
I understand that my child(ren) will not be released without a picture ID.

Reminder: Campers, at no time, are allowed to sign themselves out of camp.

Child's Name: _____ Camp: _____

Name of Authorized Person(s)

Relationship to Child

1. _____ Parent/Guardian

2. _____ Parent/Guardian

3. _____

4. _____

5. _____

6. _____

7. _____

Parent Name: _____

Parent Signature: _____ Date: _____

Comments:



Bexley Recreation & Parks

Jeffrey Sumer Camp Program Permission/Photo Release Form



****ONLY ONE FORM NEEDED PER FAMILY****

Playcamp (4 & 5 Year Old) 3-Day Half 3-Day Full (M-W-F) 5-Day Half 5-Day Full (M-F)	Camp Jeffrey Woods (Entering 1 st – Entering 3 rd Grade)	Camp Jeffrey Park (Entering 4 th – Entering 7 th Grade)	Camp Adventure (Entering 7 th – Entering 9 th Grade)
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Parent's Name _____ Best Available # _____ # _____

Secondary Contact _____ Best Available # _____ # _____

Liability Release

I hereby grant my child permission to accompany his/her group on the above field trip(s), and do also hereby release the Bexley Recreation Department, drivers, and supervisors (staff or other) of all responsibility for any injuries which might occur traveling to and from their destination, or at their destination. I, as participant or legal guardian representing a minor participant, agree to release the City of Bexley, its officers, employees and volunteers from any and all liability for accidents, injuries, loss of and/or damage to my/our person or property that may arise out of my/our participation in our presence at the listed activity/activities. I/we are aware that there are certain risks of possible dangers in participation in this activity. I have entered into this agreement of my own free will.

Transportation by the Bexley City Schools and/or other Certified Transportation Company

**The field trips will be scheduled between camp registration and the parent meeting.
A handout will be passed out at the parent meeting listing the field trips for the current summer.
This permission slip covers all scheduled trips for the Jeffrey Summer Camp Program 2016.**

Photographic Release

I, the undersigned participant (age 18 or older) or parent/guardian of a participant (under the age of 18), hereby give permission without restrictions to the Bexley Recreation Department and its designees or licensees to photograph, film, video or take sound recordings of me or my child, as the case may be, in connection with such participation in Bexley Recreation Department programs.

I grant the Bexley Recreation Department permission of use the negatives, prints, motion pictures, videos, digital images, and/or sound recordings, or any reproduction thereof, for promotional, informational and instructional purposes in any manner determined to be appropriate by the Bexley Recreation Department.

I waive any right to compensation or monetary damages with respect to such use by the Bexley Recreation Department of my, or my child's, name, likeness, picture and/or voice, including without limitation any claim for invasion of privacy.

I have read and understand the terms of this Photographic Release, and I am signing this release as my free and voluntary act, irrevocably binding myself, my child (if applicable) and my heirs and personal representatives.

Child's Name: _____ Camp: _____

Parent/Guardian's Name _____

(Please Print)

Parent/Guardian's

Signature _____ Date _____

Ohio Department of Job and Family Services
REQUEST FOR ADMINISTRATION OF MEDICATION
Child Care Centers and Type A Homes

This form is valid for no longer than twelve (12) months. One form must be used for each medication.

Box 1 - The following section must **always** be completed by the parent/guardian.

<u>Check all that apply:</u>	
<input type="checkbox"/> Prescription medication	<input type="checkbox"/> Topical product or lotion
<input type="checkbox"/> Nonprescription medication	<input type="checkbox"/> Food supplement
<input type="checkbox"/> Refrigeration required	<input type="checkbox"/> Modified diet
<u>Complete all of the following information:</u>	
Name of child: _____ Date of birth: _____ Weight _____	
Name of medication: _____ Exact dosage: _____	
To be administered at the following times: _____	
For the following period of time: _____	
Parent/Guardian signature: _____ Date: _____	

Box 2 -The following section must be completed by a **licensed physician, a licensed dentist or an advance practice nurse** when:

1. A physician's instruction is needed for a nonprescription medication (e.g. child is underage or underweight per the label instructions); or
2. It is a sample medication without a prescription label; or
3. The nonprescription medication is to be given longer than three consecutive days within a fourteen day period or is a topical product or lotion that is being used for a skin ailment and is to be given no longer than fourteen consecutive days; or
4. The child is on a modified diet (an entire food group is eliminated); or
5. The medication contains codeine or aspirin.

_____ is under my care and should receive _____ (name of child) (name of medication, vitamin, diet)		
as follows: _____ (include dosage and instructions)		
Possible side effects to watch for are: _____		
Expiration date: _____ (may not exceed 12 months from the date of this request for medications or food supplements)		
_____ Signature of physician, dentist or advance practice nurse	_____ Date of signature	_____ Phone number

This form must be used by child care centers and type A homes to meet the requirement of rules 5101:2-12-31 and 51-1:2-13-31.

Ohio Department of Job and Family Services
**CHILD CARE PLAN FOR HEALTH CONDITIONS OR MEDICAL PROCEDURES
 FOR CHILD CARE CENTERS AND TYPE A HOMES**

If care is provided for a child who has an ongoing health condition that requires child specific care or may require a medical procedure, the parent/guardian shall complete this form. The center staff shall implement the plan. This requirement does not include short term illnesses, unless the child care staff member needs to perform a medical procedure for the child. A separate plan must be written for each condition that requires different actions to be taken.

Child's Name	Date of Birth
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Describe the health condition.

Describe the medical procedure to be completed and expected benefits of treatment, or N/A, no medical procedure required.

List activities/foods/environmental conditions to avoid or N/A, nothing to avoid.

Symptoms to watch for and actions to be taken if the symptoms are observed.

Is any medication required? Yes No
 (If yes, complete JFS 01217 "Request for Administration of Medication", in addition to this form.)

In an emergency does this child require additional assistance (more than other children of the same age or in the same group) to evacuate? Yes No If yes, please describe:

In the event that the child care program must be evacuated, are there medications or supplies that must be taken with this child? Yes No If yes, please describe:

Signature of Trainer (Trainer must be a parent/guardian or certified professional)	Date
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Signature of child care staff members who have been informed about the child's condition so they can care for the child according to this care plan or trained to perform the medical procedure.
There must always be a trained staff member present when the child is present.

Signature	Date	I have been <input type="checkbox"/> Informed	I have been <input type="checkbox"/> Trained
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

I give my permission for the staff listed above to perform the procedures in my child's care plan as described above.	
Parent's Signature	Date

Administrator's Signature	Date
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This form may be used for children with health conditions as defined in Rules 5101: 2-12-38 and 5101: 2-13-38.

Ohio Department of Job and Family Services
PERMISSION TO PARTICIPATE IN SWIMMING ACTIVITIES
CHILD CARE CENTERS AND TYPE A HOMES

Licensing rules 5101:2-12-17 and 5101:2-13-17 require parental permission for the water activities your child will be engaging in: (check all that apply for this activity)

- Before the child swims in water two feet or more in depth.
- Before the child participates in activities *near* water two feet or more in depth - no water activities planned.
- Before infants and toddlers use wading pools.
- Before school children participate in swimming activities in lakes, rivers, ponds, creeks, or other similar bodies of water.

(Check one)

- The center will be providing _____ additional adults above the required staff /child ratios.
- The center will NOT be providing additional adults above the required staff /child ratios. (Required ratio is: _____)

I give permission for my child to participate in the following swimming/water activities:

Swim site	Bexley Pool
Date(s)	May 31 - August 16 2016
Departure/Arrival Times from Center	On Site
Mode of Transportation (parent's driving, provider vehicle, public transportation, school bus, etc.)	On site
Child's Name and Date of Birth	

My child is a: Swimmer Non swimmer

Parent Signature)

Date)

This is a sample form provided by ODJFS.



Office Use Only	JSCP ONLY
Amount Pd. To Bexley Rec: \$ _____	
Check #: _____ Credit: VS MC # _____	
PC _____ Woods/Park _____ Charge CC on File: _____	

Learn To Swim Program Registration Form For JSCP Participants

Name _____ Birth Date _____ Age _____ Gender _____

Address _____

Phone _____ Email _____

Father's Name _____ Mother's Name _____

Emergency Contact (other than parent) _____

Emergency Phone(s) _____

Youth Swim Lesson Program

Times will be assigned based on which camp your child attends. You will receive an email from your camp director confirming your child's time before lessons begin.

Date: June 13 – July 21

Day: Monday – Thursday

Fee: \$80

What camp does your child attend? _____ **Playcamp (4-5)** _____ **Woods (1st-3rd)** _____ **Park (4th-6th)**

Charge my JSCP credit card on file? _____ **Yes*** _____ **No, I will make payment with a check or different credit card.**

**By checking Yes, you give BRPD permission to charge your JSCP Credit Card on file for 2016 swim lessons.*

Refund Policy

There will be no refunds or prorated rates for any weeks missed throughout the summer. If your child is not registered for a week of camp during swim lessons, then you are welcome to bring your child to swim lessons during his/her normal time.

Weather Cancellation Policy

Lessons may be cancelled due to the weather. Make-ups will be determined by the Swim Lesson Director and will be available at the end of the season if needed.

Liability Release

I, as parent or legal guardian representing a minor participant, agree to release the City of Bexley, it's officers, employees and volunteers from any and all liability for accidents, injuries, loss of and/or damage to my/our person or property that may arise out of my child's participation in or at the Bexley Recreation Department's program by American Red Cross: Learn To Swim Program. I am aware that participating in these activities or use of facilities involves certain risks of accidental injury despite safety precautions. I give my permission for my child to take part in said activity. In the event of an accident or emergency, if my child's physician is not available, I grant permission to call another licensed physician. I authorize staff to act for me according to their best judgment.

Photo Release

I, as parent or legal guardian representing a minor participant, am aware that pictures may be taken by Recreation Staff during programs/activities and may be used on the City of Bexley/Recreation website, program brochure or flyers to better enhance the advertisement of the Recreation Department. I give my permission for the City of Bexley/Recreation Department to take pictures of my child during this recreational activity/program.

Parent/Guardian Signature

Date



Jeffery Summer Camp Program Deposit & Direct Withdrawal Form



Name of Child/Children: _____

1. _____

Playcamp (4 & 5 Year Old) <input type="checkbox"/> 3-Day Half <input type="checkbox"/> 3-Day Full (M-W-F) <input type="checkbox"/> 5-Day Half <input type="checkbox"/> 5-Day Full (M-F)	<input type="checkbox"/> Camp Jeffrey Woods (Entering 1 st – Entering 3 rd Grade)	<input type="checkbox"/> Camp Jeffrey Park (Entering 4 th – Entering 7 th Grade)	<input type="checkbox"/> Camp Adventure (Entering 7 th – Entering 9 th Grade)
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2. _____

Playcamp (4 & 5 Year Old) <input type="checkbox"/> 3-Day Half <input type="checkbox"/> 3-Day Full (M-W-F) <input type="checkbox"/> 5-Day Half <input type="checkbox"/> 5-Day Full (M-F)	<input type="checkbox"/> Camp Jeffrey Woods (Entering 1 st – Entering 3 rd Grade)	<input type="checkbox"/> Camp Jeffrey Park (Entering 4 th – Entering 7 th Grade)	<input type="checkbox"/> Camp Adventure (Entering 7 th – Entering 9 th Grade)
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3. _____

Playcamp (4 & 5 Year Old) <input type="checkbox"/> 3-Day Half <input type="checkbox"/> 3-Day Full (M-W-F) <input type="checkbox"/> 5-Day Half <input type="checkbox"/> 5-Day Full (M-F)	<input type="checkbox"/> Camp Jeffrey Woods (Entering 1 st – Entering 3 rd Grade)	<input type="checkbox"/> Camp Jeffrey Park (Entering 4 th – Entering 7 th Grade)	<input type="checkbox"/> Camp Adventure (Entering 7 th – Entering 9 th Grade)
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4. _____

Playcamp (4 & 5 Year Old) <input type="checkbox"/> 3-Day Half <input type="checkbox"/> 3-Day Full (M-W-F) <input type="checkbox"/> 5-Day Half <input type="checkbox"/> 5-Day Full (M-F)	<input type="checkbox"/> Camp Jeffrey Woods (Entering 1 st – Entering 3 rd Grade)	<input type="checkbox"/> Camp Jeffrey Park (Entering 4 th – Entering 7 th Grade)	<input type="checkbox"/> Camp Adventure (Entering 7 th – Entering 9 th Grade)
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Name on Card: _____ Credit Card Type: VISA MC

Account # _____ - _____ - _____ Exp. Date: ____ / ____ 3-Digit Code: _____

REGISTRATION / PAYMENT POLICY

All credit cards will be charged for a one week camp tuition fee per child on **April 7, 2016**. This fee will be applied to the last week your child attends camp. Please check the WEEKLY box to sign up for direct withdrawal, where the above card number will be charged on the Thursday two weeks prior to the week of attendance. **Any failure to pay in full by the specified deadline could result in a withdrawal from camp for that week.**

CANCELLATION POLICY

There will be **NO** cancellation fee for cancellation of weeks made at or prior to the JSCP Parent Meeting on Sunday, May 1, 2016. Cancellations made after the JSCP Parent meeting will include a \$25 cancellation fee. Parents must notify in writing to the Camp Administrator of withdrawal by the Monday at 6pm two weeks prior to the week being changed. **Failure to give notification at least two weeks prior to the changed week will result in having to pay the full camp fee.**

Please check the WEEKLY box to sign up for direct withdrawal, where the above card number will be charged on each Thursday two weeks prior to the week of attendance. **DEPOSIT: One week of camp tuition per child**

WEEKLY (Please check for direct withdrawal)

By signing this form, you are giving permission to the Bexley Recreation Department to charge the above listed credit card and/or account number the amount owed each week for Jeffrey Summer Camp. All late fees, cancellation charges, and outstanding payments will be assessed to this card. Payment for any other Bexley Recreation sponsored program may NOT be charged as a result of this form.

Signature: _____ Date: _____

Week Attending

- Week 1: May 31 – June 3*
- Week 2: June 6 – June 10
- Week 3: June 13 – June 17
- Week 4: June 20 – June 24
- Week 5: June 27 – July 1
- Week 6: July 5 – July 8
- Week 7: July 11 – July 15
- Week 8: July 18 – July 22
- Week 9: July 25 – July 29**
- Week 10: August 1 – August 5
- Week 11: August 8 – August 12
- Week 11 ½ : Aug.15 – Aug.16 (\$70)

***Prorated**

****Last Week of Adventure, Over-Night White Water Rafting, \$200.**

Account to be Charged on:

- Thursday, May 19, 2016
- Thursday, May 26, 2016
- Thursday, June 2, 2016
- Thursday, June 9, 2016
- Thursday, June 16, 2016
- Thursday, June 23, 2016
- Thursday, June 30, 2016
- Thursday, July 7, 2016
- Thursday, July 14, 2016
- Thursday, July 21, 2016
- Thursday, July 27, 2016
- Thursday, August 3, 2016