



August 1, 2017

Dear P.A.R.K. Parents:

Thank you for enrolling your child in the 2017-2018 P.A.R.K. program for your childcare needs. P.A.R.K. intends to be a complement of your child's school day so after a long day of highly structured school work, children are offered an opportunity to choose from a variety of activities that are planned to be fun and enriching while encouraging children to be active. In order to operate a successful after-school program, we have enclosed the 2017-2018 P.A.R.K. Parent Handbook, Emergency Medical Form and Tuition Payment Slips. Should you have any specific questions after reviewing this information, please call the Parks and Recreation Department at 614-277-3050.

P.A.R.K. Parent Handbook, Parent Agreement Form, & Walking Field Trip Permission Slip

For your convenience, included is the 2017-2018 P.A.R.K. Parent Handbook. This handbook is intended to be a resource for you while your child is enrolled in the P.A.R.K. program. In order for you to better understand the philosophy, policies and procedures of the P.A.R.K. program, please review the handbook. **The Parent Agreement Form and the Walking Field Trip Permission Slip must be signed and submitted to the Parks and Recreation Department by Tuesday, Aug. 15.**

Emergency Medical Form

We require a new Emergency Medical Form to be completed prior to each P.A.R.K. season. A separate form must be submitted for each child. Please complete this form completely and accurately. **The Emergency Medical Form must have at least two emergency contacts listed and must be submitted to the Parks and Recreation Department by Tuesday, Aug. 15.**

Tuition Payment Slips

Enclosed are Tuition Payment Slips. The **August/September payment must be submitted with the appropriate Tuition Payment Slip and is due Tuesday, Aug. 15** at the Parks and Recreation Department in Kingston Center (Monday through Friday, 8 a.m. to 5 p.m.). Please note, tuition payment is per child and requires a slip for each participant. In order to assure uninterrupted care for your child, all payments must be received by the required dates.

Parent Checklist

Please review this checklist as all paperwork and tuition and payments are due Tuesday, Aug. 15.

- Emergency Medical Form (must have two emergency contacts listed)
- August/September payment accompanied with the appropriate Tuition Slip
- Parent Agreement Form
- Walking Field Trip Permission Slip

For your convenience, all payments and paperwork are due by Tuesday, Aug. 15. Materials can be submitted by the following methods:

- Deposited in the secured drop box outside the rear of the Kingston Center, 3226 Kingston Ave.
- Mailed to the Parks and Recreation Department, c/o City Hall, 4035 Broadway, Grove City, OH 43123
- Dropped off at the Parks and Recreation Office in the Kingston Center during business hours, Monday through Friday, 8 a.m. to 5 p.m.

If you have any questions after reviewing this information, please call the Parks and Recreation Department at 614-277-3050.

Again, thank you for choosing P.A.R.K. for your childcare needs and we look forward to working with your family this upcoming school year.

Sincerely,

Megan Williams

Amanda Gehres

Megan Williams

Amanda Gehres

Recreation Supervisors

AFTER-SCHOOL P.A.R.K. 2017-2018 PARENT AGREEMENT

Please sign the following form and return to The City of Grove City, Parks and Recreation Department prior to the first date of the program.

- I have received a Parent Handbook, which contains information on P.A.R.K. policies and procedures. I agree to read the Parent Handbook and to abide by the requirements listed below as well as all rules set forth in the Parent Handbook. In return, the P.A.R.K. staff agrees to provide care for my child that meets the philosophy and goals of the program.

I, the parent of _____ agree to:

CHILD'S NAME

1. Enroll my child in the P.A.R.K. program by registering at the City of Grove City Parks and Recreation office located in Kingston Center and paying the \$30 registration fee.
2. Complete all forms necessary before my child can attend the program.
3. Make tuition payments according to the tuition payment deadlines established by the City of Grove City Parks and Recreation Department.
4. Give advance notice in writing in the event I choose to withdraw my child from the program.
5. Pay one month of tuition in the event I choose to withdraw my child from the program if I did not notify the program in advance.
6. Make regular payments according to the tuition payment schedule.
7. Pay a \$25 processing fee for any returned check. If a check is returned a second time, I will make all further payments by cash or money order.
8. Sign in my child for the morning program and out for the afternoon program on the daily attendance sheet.
9. Agree to pick up my child at the program site no later than 6 p.m. I understand that a fee of \$10 for any part of the first 15 minutes after 6 p.m. and \$1 per minute past 6:15 p.m. will be charged to my account by the Recreation Supervisor. In the event of three late pickups, my child may be dismissed from the program.
10. Agree to inform the P.A.R.K. leaders of days my child will not be in attendance, no matter the reason for the absence. I understand that if advance notification of my child's absence is not given to the P.A.R.K. leaders, a tracking fee of \$20 will be charged to my account by the Recreation Supervisors.
11. Notify the P.A.R.K. leaders and City of Grove City Parks and Recreation office of any changes in my registration information (e.g. address, phone numbers, place of employment, etc.).

I understand that:

1. The registration fee is non-refundable.
2. I will be asked to withdraw my child in the event tuition payments are not on time according to the tuition schedule.
3. I will be asked to pay the registration fee to re-enroll my child in the program if I/we fail to meet the tuition payment due dates.
4. I am not eligible for any tuition refunds once the month has begun.

5. I will be asked to attend a conference with the staff in the event of a serious behavior problem with my child.
6. I may be asked to provide input, in person or in writing, to help the staff know and serve my child better.
7. Photographs or videos of the children participating in the P.A.R.K. program may be taken periodically and may appear in the newspaper, website or other publications unless I inform the Recreation Supervisors of my objections in writing.

PARENT/GUARDIAN SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE

WALKING PERMISSION

My child,

CHILD'S NAME

CHILD'S DATE OF BIRTH

has my permission to accompany the P.A.R.K. program on any field trip within walking distance of the P.A.R.K. site where the program is being held. I understand that this consent applies to walking distance trips only and that I will be informed ahead of time.

School:

PARENT/GUARDIAN SIGNATURE

DATE



P.A.R.K. PROGRAM EMERGENCY MEDICAL INFORMATION

Completed form must be submitted before entering the program.

PARTICIPANT INFORMATION

DATE OF ADMISSION		P.A.R.K. SITE <input type="checkbox"/> Morning K-4 <input type="checkbox"/> Morning Intermediate <input type="checkbox"/> Bolton Crossing <input type="checkbox"/> Buckeye Woods <input type="checkbox"/> Highland Park <input type="checkbox"/> J.C. Sommer <input type="checkbox"/> Monterey <input type="checkbox"/> Richard Avenue		
CHILD'S LAST NAME		FIRST NAME		MI
HOME ADDRESS		CITY	STATE	ZIP
BIRTH DATE (MM/DD/YYYY)	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	GRADE <input type="checkbox"/> K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6		

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN LAST NAME		FIRST NAME		RELATIONSHIP TO CHILD
DAYTIME PHONE	CELL/OTHER PHONE	EMAIL		
HOME ADDRESS		CITY	STATE	ZIP
EMPLOYER			WORK PHONE	
EMPLOYER ADDRESS		CITY	STATE	ZIP
ADDITIONAL NUMBERS WHERE GUARDIAN CAN BE REACHED				

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN LAST NAME		FIRST NAME		RELATIONSHIP TO CHILD
DAYTIME PHONE	CELL/OTHER PHONE	EMAIL		
HOME ADDRESS		CITY	STATE	ZIP
EMPLOYER			WORK PHONE	
EMPLOYER ADDRESS		CITY	STATE	ZIP
ADDITIONAL NUMBERS WHERE GUARDIAN CAN BE REACHED				

EMERGENCY CONTACT INFORMATION

Emergency contact persons and persons who are authorized to pick up the child. These people must be local and able to reach the site within 30 minutes. If additional space is needed, please attach a separate sheet with the information.

CONTACT LAST NAME		FIRST NAME		RELATIONSHIP TO CHILD
DAYTIME PHONE	CELL/OTHER PHONE	ADDRESS		
CONTACT LAST NAME		FIRST NAME		RELATIONSHIP TO CHILD
DAYTIME PHONE	CELL/OTHER PHONE	ADDRESS		
CONTACT LAST NAME		FIRST NAME		RELATIONSHIP TO CHILD
DAYTIME PHONE	CELL/OTHER PHONE	ADDRESS		
CONTACT LAST NAME		FIRST NAME		RELATIONSHIP TO CHILD
DAYTIME PHONE	CELL/OTHER PHONE	ADDRESS		

MEDICAL PROVIDER/TRANSPORT:

PREFERRED MEDICAL PROVIDER INFORMATION

MEDICAL CLINIC/OFFICE NAME	PHYSICIAN	PHONE
FACILITY ADDRESS	CITY	STATE ZIP
DENTAL CLINIC/OFFICE NAME	DENTIST	PHONE
FACILITY ADDRESS	CITY	STATE ZIP

COMPLETE PART I OR PART II. DO NOT COMPLETE BOTH.

PART I: PERMISSION TO TRANSPORT CHILD

I give _____ my permission to transport
CHILD CARE FACILITY
my child, _____ ,
NAME OF CHILD
to _____ for emergency medical care
HOSPITAL/CLINIC
or to _____ for emergency dental care
DENTIST/CLINIC
or to the nearest available source of assistance.

PARENT/GUARDIAN SIGNATURE DATE

PART II: REFUSAL TO GRANT PERMISSION TO TRANSPORT CHILD

I do **not** give _____ my permission to transport my
CHILD CARE FACILITY
child, _____ , for emergency medical or dental
NAME OF CHILD
care. In the event of an illness or injury which requires emergency medical or dental treatment, I want the
childcare facility to take the following actions:

PARENT/GUARDIAN SIGNATURE DATE

HEALTH RECORD:

- 1. List all allergies and any special precautions and treatment indicated for these allergies (e.g. medications required or foods or environmental modifications).

This does not apply to my child.

- 2. List medications, food supplements, modified diets or fluoride supplements currently being administered to the child.

This does not apply to my child.

- 3. List any chronic physical problems and any history of hospitalization.

This does not apply to my child.

- 4. List any diseases the child has had.

This does not apply to my child.

- 5. List any information that might be important for P.A.R.K. staff to know regarding your child.



GROVE CITY PARKS AND RECREATION P.A.R.K.



Programmed After-school Recreation for Kids!

2017-2018 P.A.R.K. PAYMENT

Thank you for registering for a P.A.R.K. program for the 2017-2018 school year. Please review the following information regarding the payment process. If you have additional questions, please call 614-277-3050.

DAYS OF OPERATION

The program operates Monday through Friday when South-Western City Schools are in session. P.A.R.K. is closed on holidays, breaks, inclement-weather days and any other days when South-Western City Schools are closed. The first day of P.A.R.K. is Wednesday, Aug. 23.

TUITION

A non-refundable registration fee of \$30 is due at the time of registration to secure your child's place in the program. If your child is participating in both before- and after-school P.A.R.K., the fee covers both programs.

- Before-school P.A.R.K.: \$93/month for grades K-4
- After-school P.A.R.K.: \$185/month for grades K-4
- Before and After-school P.A.R.K.: \$278/month for Grades K-4
- Intermediate Before-school P.A.R.K.: \$105/month for grades 5-6

PAYMENT DUE DATES

Payments are due the 15th of the month previous to the month of attendance. Any payment not received by the deadline may result in your child being dropped from the program. The 2017-2018 tuition schedule is as follows:

- At registration: \$30 non-refundable fee
- Tuesday, Aug. 15 (August/September)
- Friday, Sept. 15 (October)
- Monday, Oct. 16 (November)
- Wednesday, Nov. 15 (December)
- Friday, Dec. 15 (January)
- Tuesday, Jan. 16 (February)
- Thursday, Feb. 15 (March)
- Thursday, Mar. 15 (April)
- Monday, Apr. 16 (May/June)

METHODS OF PAYMENT

Payments can be made in cash, by credit card (VISA or MasterCard only) or by check made payable to the City of Grove City.

PAYMENT OPTIONS

1) By Mail:

Grove City Parks and Recreation c/o City Hall, 4035 Broadway, Grove City, OH 43123

2) In Person:

Bring to the Parks and Recreation office in the Kingston Center, 3226 Kingston Ave., during business hours: Monday-Friday, 8 a.m.-5 p.m.

3) After-hours Drop Box:

The silver box with the Parks and Recreation logo is on the parking-lot side of the Kingston Center. Drop-box payments are processed the next day.

4) Over the Phone:

By credit card only



2017-2018 P.A.R.K.

PAYMENT 1 (SEPTEMBER)

DUE TUESDAY, AUG. 15

Child(ren)'s Name(s):

Parent's Name:

LOCATION

- Bolton Crossing Elementary
- Buckeye Woods Elementary
- Highland Park Elementary
- J.C. Sommer Elementary
- Monterey Elementary
- Richard Avenue Elementary
- Hayes Intermediate
- Holt Crossing Intermediate
- Park Street Intermediate

GRADES K-4			INTERMEDIATE
BEFORE SCHOOL	AFTERSCHOOL	BOTH	BEFORE SCHOOL
<input type="checkbox"/> \$93	<input type="checkbox"/> \$185	<input type="checkbox"/> \$278	<input type="checkbox"/> \$105

Amount Enclosed: _____

Method of payment:

- Cash
- Check (Make payable to: City of Grove City)
- Credit Card: VISA MasterCard

ACCOUNT NUMBER	EXP. DATE
_____	_____

2017-2018 P.A.R.K.

PAYMENT 2 (OCTOBER)

DUE FRIDAY, SEPT. 15

Child(ren)'s Name(s):

Parent's Name:

LOCATION

- Bolton Crossing Elementary
- Buckeye Woods Elementary
- Highland Park Elementary
- J.C. Sommer Elementary
- Monterey Elementary
- Richard Avenue Elementary
- Hayes Intermediate
- Holt Crossing Intermediate
- Park Street Intermediate

GRADES K-4			INTERMEDIATE
BEFORE SCHOOL	AFTERSCHOOL	BOTH	BEFORE SCHOOL
<input type="checkbox"/> \$93	<input type="checkbox"/> \$185	<input type="checkbox"/> \$278	<input type="checkbox"/> \$105

Amount Enclosed: _____

Method of payment:

- Cash
- Check (Make payable to: City of Grove City)
- Credit Card: VISA MasterCard

ACCOUNT NUMBER	EXP. DATE
_____	_____

2017-2018 P.A.R.K.

PAYMENT 3 (NOVEMBER)

DUE MONDAY, OCT. 16

Child(ren)'s Name(s):

Parent's Name:

LOCATION

- Bolton Crossing Elementary
- Buckeye Woods Elementary
- Highland Park Elementary
- J.C. Sommer Elementary
- Monterey Elementary
- Richard Avenue Elementary
- Hayes Intermediate
- Holt Crossing Intermediate
- Park Street Intermediate

GRADES K-4			INTERMEDIATE
BEFORE SCHOOL	AFTERSCHOOL	BOTH	BEFORE SCHOOL
<input type="checkbox"/> \$93	<input type="checkbox"/> \$185	<input type="checkbox"/> \$278	<input type="checkbox"/> \$105

Amount Enclosed: _____

Method of payment:

- Cash
- Check (Make payable to: City of Grove City)
- Credit Card: VISA MasterCard

ACCOUNT NUMBER	EXP. DATE
_____	_____

2017-2018 P.A.R.K.

PAYMENT 4 (DECEMBER)

DUE WEDNESDAY, NOV. 15

Child(ren)'s Name(s):

Parent's Name:

LOCATION

- Bolton Crossing Elementary
- Buckeye Woods Elementary
- Highland Park Elementary
- J.C. Sommer Elementary
- Monterey Elementary
- Richard Avenue Elementary
- Hayes Intermediate
- Holt Crossing Intermediate
- Park Street Intermediate

GRADES K-4			INTERMEDIATE
BEFORE SCHOOL	AFTERSCHOOL	BOTH	BEFORE SCHOOL
<input type="checkbox"/> \$93	<input type="checkbox"/> \$185	<input type="checkbox"/> \$278	<input type="checkbox"/> \$105

Amount Enclosed: _____

Method of payment:

- Cash
- Check (Make payable to: City of Grove City)
- Credit Card: VISA MasterCard

ACCOUNT NUMBER	EXP. DATE
_____	_____

2017-2018 P.A.R.K.

PAYMENT 5 (JANUARY)

DUE FRIDAY, DEC. 15

Child(ren)'s Name(s):

Parent's Name:

LOCATION

- Bolton Crossing Elementary
- Buckeye Woods Elementary
- Highland Park Elementary
- J.C. Sommer Elementary
- Monterey Elementary
- Richard Avenue Elementary
- Hayes Intermediate
- Holt Crossing Intermediate
- Park Street Intermediate

GRADES K-4			INTERMEDIATE
BEFORE SCHOOL	AFTERSCHOOL	BOTH	BEFORE SCHOOL
<input type="checkbox"/> \$93	<input type="checkbox"/> \$185	<input type="checkbox"/> \$278	<input type="checkbox"/> \$105

Amount Enclosed: _____

Method of payment:

- Cash
- Check (Make payable to: City of Grove City)
- Credit Card: VISA MasterCard

ACCOUNT NUMBER	EXP. DATE
_____	_____

2017-2018 P.A.R.K.

PAYMENT 6 (FEBRUARY)

DUE TUESDAY, JAN. 16

Child(ren)'s Name(s):

Parent's Name:

LOCATION

- Bolton Crossing Elementary
- Buckeye Woods Elementary
- Highland Park Elementary
- J.C. Sommer Elementary
- Monterey Elementary
- Richard Avenue Elementary
- Hayes Intermediate
- Holt Crossing Intermediate
- Park Street Intermediate

GRADES K-4			INTERMEDIATE
BEFORE SCHOOL	AFTERSCHOOL	BOTH	BEFORE SCHOOL
<input type="checkbox"/> \$93	<input type="checkbox"/> \$185	<input type="checkbox"/> \$278	<input type="checkbox"/> \$105

Amount Enclosed: _____

Method of payment:

- Cash
- Check (Make payable to: City of Grove City)
- Credit Card: VISA MasterCard

ACCOUNT NUMBER	EXP. DATE
_____	_____

2017-2018 P.A.R.K.

PAYMENT 7 (MARCH)

DUE THURSDAY, FEB. 15

Child(ren)'s Name(s):

Parent's Name:

LOCATION

- Bolton Crossing Elementary
- Buckeye Woods Elementary
- Highland Park Elementary
- J.C. Sommer Elementary
- Monterey Elementary
- Richard Avenue Elementary
- Hayes Intermediate
- Holt Crossing Intermediate
- Park Street Intermediate

GRADES K-4			INTERMEDIATE
BEFORE SCHOOL	AFTERSCHOOL	BOTH	BEFORE SCHOOL
<input type="checkbox"/> \$93	<input type="checkbox"/> \$185	<input type="checkbox"/> \$278	<input type="checkbox"/> \$105

Amount Enclosed: _____

Method of payment:

- Cash
- Check (Make payable to: City of Grove City)
- Credit Card: VISA MasterCard

ACCOUNT NUMBER	EXP. DATE
_____	_____

2017-2018 P.A.R.K.

PAYMENT 8 (APRIL)

DUE THURSDAY, MAR. 15

Child(ren)'s Name(s):

Parent's Name:

LOCATION

- Bolton Crossing Elementary
- Buckeye Woods Elementary
- Highland Park Elementary
- J.C. Sommer Elementary
- Monterey Elementary
- Richard Avenue Elementary
- Hayes Intermediate
- Holt Crossing Intermediate
- Park Street Intermediate

GRADES K-4			INTERMEDIATE
BEFORE SCHOOL	AFTERSCHOOL	BOTH	BEFORE SCHOOL
<input type="checkbox"/> \$93	<input type="checkbox"/> \$185	<input type="checkbox"/> \$278	<input type="checkbox"/> \$105

Amount Enclosed: _____

Method of payment:

- Cash
- Check (Make payable to: City of Grove City)
- Credit Card: VISA MasterCard

ACCOUNT NUMBER	EXP. DATE
_____	_____

2017-2018 P.A.R.K.

PAYMENT 9 (MAY/JUNE)

DUE MONDAY, APR. 16

Child(ren)'s Name(s):

Parent's Name:

LOCATION

- Bolton Crossing Elementary
- Buckeye Woods Elementary
- Highland Park Elementary
- J.C. Sommer Elementary
- Monterey Elementary
- Richard Avenue Elementary
- Hayes Intermediate
- Holt Crossing Intermediate
- Park Street Intermediate

GRADES K-4			INTERMEDIATE
BEFORE SCHOOL	AFTERSCHOOL	BOTH	BEFORE SCHOOL
<input type="checkbox"/> \$93	<input type="checkbox"/> \$185	<input type="checkbox"/> \$278	<input type="checkbox"/> \$105

Amount Enclosed: _____

Method of payment:

- Cash
- Check (Make payable to: City of Grove City)
- Credit Card: VISA MasterCard

ACCOUNT NUMBER	EXP. DATE
_____	_____