



July 11, 2018

Dear Before-school P.A.R.K. Parents:

The 2018-2019 Before-school P.A.R.K. program is right around the corner and our children will be back in school soon! The Before-school P.A.R.K. program strives to provide a quiet and safe place for children during the before-school hours. In order to operate a smooth and happy early morning program, we have included the 2018-2019 P.A.R.K. Before-school Parent Handbook, Parent Agreement Form, Emergency Medical Form, and Tuition Payment Slips. Should you have any 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

For your convenience, included is the 2018-2019 P.A.R.K. Before-school 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 Trip Permission Slip must be signed and submitted to the Parks and Recreation Department by Wednesday, Aug. 1.**

Emergency Medical Form

We require a new Emergency Medical Form - one per child - be submitted prior to each P.A.R.K. season. 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 Wednesday, Aug. 1.**

Tuition Payment Slips

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

Parent Checklist

Please review this checklist. **Paperwork** is due by **Wednesday, Aug. 1**. **Tuition** is due by **Wednesday, Aug. 15**.

- Emergency Medical Form (must have two emergency contacts listed) - due Aug. 1
- Parent Agreement Form - due Aug. 1
- August/September payment accompanied with the appropriate Tuition Slip - due 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, 3226 Kingston Ave., 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.

We look forward to another great year at the Before-school P.A.R.K. program.

Sincerely,

Megan Williams

Amanda Gehres

Megan Williams

Amanda Gehres

Recreation Supervisors

BEFORE-SCHOOL P.A.R.K. 2018-2019 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. 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.
7. Sign in my child for the morning program and/or out for the afternoon program on the daily attendance sheet.
8. Agree to inform the P.A.R.K. leaders of the days that my child will not be in attendance, no matter what 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/our account by the recreation supervisors.
9. Notify the P.A.R.K. staff and Parks and Recreation office of any changes in my registration information (e.g. address, phone numbers, place of employment, etc.).
10. J.C. Sommer students only: In case of severe inclement weather (e.g., thunder and lightning), I give my permission for my child to be transported to school in the Evans Center bus operated by a qualified bus driver employed by The City of Grove City. One P.A.R.K. leader will accompany the children on the bus to J.C. Sommer Elementary.

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 discipline 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

J.C. SOMMER ELEMENTARY WALKING PERMISSION

My child, _____
CHILD'S NAME CHILD'S DATE OF BIRTH

has my permission to walk to J.C. Sommer Elementary School from the Kingston Center accompanied by the P.A.R.K. program staff, every day that SWCSD is in session.

In case of severe inclement weather (e.g. thunder or lightning), I give my permission for my child, a J.C. Sommer student, to be transported to school in the Evans Center bus operated by a qualified bus driver employed by The City of Grove City. One P.A.R.K. leader will accompany the children on the bus to J.C. Sommer Elementary School.

PARENT/GUARDIAN SIGNATURE

DATE

PARK STREET INTERMEDIATE WALKING PERMISSION

My child, _____
CHILD'S NAME CHILD'S DATE OF BIRTH

has my permission to walk to Park Street Intermediate School from the Kingston Center accompanied by the P.A.R.K. program staff, every day that SWCSD is in session.

PARENT/GUARDIAN SIGNATURE

DATE



GROVE CITY PARKS & RECREATION DEPARTMENT

614-277-3050 • 3226 Kingston Ave., Grove City, OH 43123
GroveCityOhio.gov • facebook.com/GroveCityOhio • twitter.com/GroveCityOhio • instagram.com/GroveCityOhio



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

Completed form must be submitted before entering the program.

PARTICIPANT INFORMATION

| | | | | | | | |
|---|--|---|-------------------|---|-------|-----------|------------|
| SCHOOL | | | | P.A.R.K. PROGRAM (CHECK ALL THAT APPLY) | | | |
| <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 <input type="checkbox"/> Hayes <input type="checkbox"/> Holt Crossing <input type="checkbox"/> Park Street | | | | <input type="checkbox"/> Morning K-4 <input type="checkbox"/> After-school K-4 <input type="checkbox"/> Morning Intermediate | | | |
| 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 | | | START DATE |

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 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!

2018-2019 P.A.R.K. PAYMENT

Thank you for registering for a P.A.R.K. program for the 2018-2019 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. 22.

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.: \$95/month for grades K-4
- After-school P.A.R.K.: \$187/month for grades K-4
- Before and After-school P.A.R.K.: \$282/month for Grades K-4
- Intermediate Before-school P.A.R.K.: \$107/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 2018-2019 tuition schedule is as follows:

- At registration: \$30 non-refundable fee
- Wednesday, Aug. 15 (August/September)
- Monday, Sept. 17 (October)
- Monday, Oct. 15 (November)
- Thursday, Nov. 15 (December)
- Monday, Dec. 17 (January)
- Tuesday, Jan. 15 (February)
- Friday, Feb. 15 (March)
- Friday, March 15 (April)
- Monday, April 15 (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, 3226 Kingston Ave., 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



2018-2019 P.A.R.K.

PAYMENT 1 (SEPTEMBER)

DUE WEDNESDAY, 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 | AFTER SCHOOL | BOTH | BEFORE SCHOOL |
| <input type="checkbox"/> \$95 | <input type="checkbox"/> \$187 | <input type="checkbox"/> \$282 | <input type="checkbox"/> \$107 |

Amount Enclosed: _____

Method of payment:

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

| | | |
|----------------------|----------------------|----------------------|
| ACCOUNT NUMBER | CRV | EXP. DATE |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

2018-2019 P.A.R.K.

PAYMENT 2 (OCTOBER)

DUE MONDAY, SEPT. 17

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 | AFTER SCHOOL | BOTH | BEFORE SCHOOL |
| <input type="checkbox"/> \$95 | <input type="checkbox"/> \$187 | <input type="checkbox"/> \$282 | <input type="checkbox"/> \$107 |

Amount Enclosed: _____

Method of payment:

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

| | | |
|----------------------|----------------------|----------------------|
| ACCOUNT NUMBER | CRV | EXP. DATE |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

2018-2019 P.A.R.K.

PAYMENT 3 (NOVEMBER)

DUE MONDAY, OCT. 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 | AFTER SCHOOL | BOTH | BEFORE SCHOOL |
| <input type="checkbox"/> \$95 | <input type="checkbox"/> \$187 | <input type="checkbox"/> \$282 | <input type="checkbox"/> \$107 |

Amount Enclosed: _____

Method of payment:

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

| | | |
|----------------------|----------------------|----------------------|
| ACCOUNT NUMBER | CRV | EXP. DATE |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

2018-2019 P.A.R.K.

PAYMENT 4 (DECEMBER)

DUE THURSDAY, 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 | AFTER SCHOOL | BOTH | BEFORE SCHOOL |
| <input type="checkbox"/> \$95 | <input type="checkbox"/> \$187 | <input type="checkbox"/> \$282 | <input type="checkbox"/> \$107 |

Amount Enclosed: _____

Method of payment:

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

| | | |
|----------------------|----------------------|----------------------|
| ACCOUNT NUMBER | CRV | EXP. DATE |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

2018-2019 P.A.R.K.

PAYMENT 5 (JANUARY)

DUE MONDAY, DEC. 17

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 | AFTER SCHOOL | BOTH | BEFORE SCHOOL |
| <input type="checkbox"/> \$95 | <input type="checkbox"/> \$187 | <input type="checkbox"/> \$282 | <input type="checkbox"/> \$107 |

Amount Enclosed: _____

Method of payment:

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

| | | |
|----------------------|----------------------|----------------------|
| ACCOUNT NUMBER | CRV | EXP. DATE |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

2018-2019 P.A.R.K.

PAYMENT 6 (FEBRUARY)

DUE TUESDAY, JAN. 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 | AFTER SCHOOL | BOTH | BEFORE SCHOOL |
| <input type="checkbox"/> \$95 | <input type="checkbox"/> \$187 | <input type="checkbox"/> \$282 | <input type="checkbox"/> \$107 |

Amount Enclosed: _____

Method of payment:

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

| | | |
|----------------------|----------------------|----------------------|
| ACCOUNT NUMBER | CRV | EXP. DATE |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

