



Aug. 1, 2023

Dear P.A.R.K. Families:

Thank you for enrolling your child in the 2023-2024 P.A.R.K. program for your childcare needs. Designed to complement the child's school day, P.A.R.K. offers opportunities to choose from a variety of fun, enriching activities that encourage children to be active physically, mentally and socially.

To facilitate a successful program, please review the enclosed 2023-2024 P.A.R.K. Parent Handbook, Parent Agreement and Emergency Medical Form.

P.A.R.K. Parent Handbook and Parent Agreement Form

The P.A.R.K. Parent Handbook is a resource to help you and your child better understand the philosophy, policies and procedures of the P.A.R.K. program.

Emergency Medical Form

A new Emergency Medical Form must be completed prior to each P.A.R.K. season (school year and summer). Please complete this form completely and accurately and include **two emergency contacts**. If you have multiple children in the program, a separate form must be submitted for each child.

Tuition

The August/September payment is due by Tuesday, Aug. 15. You may pay in person in the Kingston Center by credit card, cash or check/money order; online by credit card; and by mail or drop box via check/money order. Make checks and money orders out to "City of Grove City."

Please note: if paying by check via drop box or mail, identify the child(ren) whose tuition is being paid. In order to assure uninterrupted care for your child, all payments must be received by the required dates.

Parent Checklist

Please review this checklist. All paperwork is due Monday, Aug. 7.

- Emergency Medical Form that includes two emergency contacts.
- Parent Agreement Form including Walking Permission, if applicable.

For your convenience, materials can be submitted by the following methods:

- Deposited in the drop box on the parking-lot side of the Kingston Center.
- Mailed to the Parks and Recreation Department, 3226 Kingston Ave., Grove City, OH 43123
- Scanned and emailed as a pdf to the Parks and Recreation Office at parcs@GroveCityOhio.gov.

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

Sincerely,

Grove City Parks and Recreation

BEFORE & AFTER-SCHOOL P.A.R.K. 2023-2024 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 it 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 with the City of Grove City Parks and Recreation Department and paying the \$30 registration fee.
2. Complete all necessary forms before my child can attend the program.
3. Make tuition payments according to the tuition payment deadlines established by the 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. Follow the sign-in (morning program) and sign-out (afternoon program) procedures used to track daily attendance.
8. After-school: 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.
9. Agree to inform the P.A.R.K. leaders of days my child will not attend or will be delayed, no matter the reason. 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.
10. Notify the P.A.R.K. leaders and Grove City Parks and Recreation office of any changes in my registration information (e.g. address, phone numbers, place of employment, etc.).

CHILD'S NAME

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 the due dates for tuition payment are not met.
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.

PARENT/GUARDIAN SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE

J.C. SOMMER WALKING PERMISSION

My child,

CHILD'S NAME

CHILD'S DATE OF BIRTH

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

PARENT/GUARDIAN SIGNATURE

DATE



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

Completed form must be submitted before entering the program.

PARTICIPANT INFORMATION

SCHOOL <input type="checkbox"/> Buckeye Woods <input type="checkbox"/> Highland Park <input type="checkbox"/> J.C. Sommer <input type="checkbox"/> Monterey <input type="checkbox"/> Richard Ave.		PROGRAM <input type="checkbox"/> Before School <input type="checkbox"/> After School		START DATE
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		

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				

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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

NAME OF CHILD _____

PREFERRED MEDICAL PROVIDER INFORMATION

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

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

PART I: PERMISSION TO TRANSPORT CHILD

I give _____ my permission to transport

CHILDCARE 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

CHILDCARE 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

NAME OF CHILD

7. 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.

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

This does not apply to my child.

9. List any chronic physical problems and any history of hospitalization.

This does not apply to my child.

10. List any diseases the child has had.

This does not apply to my child.

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