



CHENEY PARKS & RECREATION 2022 Camp CASLO Registration



*This application **MUST** be filled out in its entirety. If there is a question that does not apply to your child, please write "N/A" instead of leaving the line blank. Applications that are not completed in their entirety will not be accepted for enrollment.*

Child's Full Name: _____

School: _____ Enrollment Date: _____

Birth Date: _____ Age: _____ Grade: _____

Address: _____

Parent/Legal Guardian Name: _____ Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

*****In the event of an emergency, we will try these numbers first*****

Emergency Contact: _____

Home Phone: _____ Work Phone: _____

*****In the event of an emergency, we will try these numbers second*****

Health History

Does your child have any allergies? (Please include latex, peanuts, etc. _____)

Does your child have any special health or developmental needs or other pertinent health information? _____

Is there anything about your child that would be helpful for us to know (fears, likes, dislikes, etc.)? _____

Healthcare Provider Information

Physician Name: _____ Phone: _____

Dentist Name: _____ Phone: _____

Medication Management & Emergency Care Notice

Cheney Parks & Recreation staff is unable to administer any type of medication. It is up to the parent/guardian to administer medication before or during our programs (this includes over the counter medications).

As a parent or legal guardian, I authorize a licensed physician or licensed dentist to examine the above-named child and in the vent of injury to render emergency care as he or she needs necessary for the treatment of such injury, including consultation and treatment by a specialist, including a surgeon. As parent or legal guardian, I authorize the Recreation Department to send the above-named child to the hospital, doctor or dentist most accessible.

Payment Information

Please refer to the Parent Handbook for the pricing structure and other information. Complete payments are due the Thursday of the week prior to the scheduled program. Register and pay in advance to ensure space.

Transportation

How will your child arrive and depart the program site? Please circle one:

DROP OFF

WALK

BIKE

PICK-UP

If you circled walk or bike, at what time will your child: Arrive: _____ Depart: _____

Please list any additional adults, besides parents/legal guardians your child can be released to:

NAME

PHONE NUMBER

ADDRESS

Please list any person(s) your child CANNOT be released to. Please write "None" if there is no one: _____

If you or another parent/guardian changes the drop-off and pick-up arrangements, a written note will be required. If someone other than a listed or arranged person comes to pick-up a child, identification will be required prior to the release of the child.

You must pick-up your children promptly at the end of the day. A late charge will be assessed at the rate of \$16.50 per every five (5) minutes and must be paid in full before your child can attend the next scheduled date. If an emergency occurs and you are unable to pick-up your child, please call the Recreation Department at 509-498-9250.

Assumption of Risk Statement

I, understand, in consideration of your accepting my child's entry, I hereby assume myself/my child, all risks and hazards of the conduct of this city sponsored program and release for myself/my child, my heirs, executors, and administrators, any and all claims and rights for damages I/my child may have against the City of Cheney, the Cheney School District, any participating agencies, employees and volunteers connected with the program. I specifically hold harmless the City, its officers, officials, employees and volunteers from and against all claims, suits, actions or liabilities for injury or death of any person, or for loss or damage to City property, which arises out of the use of City property or from any activity, work or thing done, in or about City property, except only such injury or damage as shall have been occasioned by the sole negligence of the City. I agree that pictures taken during program hours may be used for promotional purposes on Facebook, city website, YouTube etc. and any other multimedia marketing tools.

Parent/Guardian Signature:

Date:

Coronavirus / COVID-19 Warning & Disclaimer:

CASLO has developed policies and procedures for camp operations based on state and local health departments and CDC guidelines. However, COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a means to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in recreation programs or accessing CASLO facilities could increase the risk of contracting COVID-19. Cheney Parks and Recreation and CASLO in no way warrants that COVID-19 infection will not occur through participation in camp programs or accessing Cheney Parks and Recreation facilities. Please initial next to each statement below.

I agree to follow the following procedures established by Cheney Parks and Recreation Department. Please initial below:

I will alert the CASLO supervisor if my child or anyone in household has potential symptoms of COVID-19, such as fever, shortness of breath or persistent dry cough, in the 72 hours prior to the start of CASLO or during CASLO. I understand that CASLO will deny admission to children meeting any of these criteria.

I will alert the CASLO supervisor if anyone in my household is diagnosed with COVID-19. I understand that Camp CASLO will deny admission to campers meeting this criteria.

I understand that CASLO may need to close on short notice due to government order, child or staff illness, or other emergency. Notification will be sent via email with follow up messaging via phone. I will maintain access to communication throughout CASLO.

I can return to the CASLO within one hour of being notified by phone if my child must be picked up.

I will take my child's temperature each morning prior to camp drop off and alert staff if my child has a fever (temperature of 100.4° or higher). I understand that if a child has a fever of 100.4 or higher they will be denied admission to CASLO.

I agree to allow CASLO staff to take my child's temperature daily using a touch free thermometer.

I understand if my child has taken any fever reducing medications such acetaminophen or ibuprofen in the past 24 hours they may not attend CASLO.

I will allow and talk to my child about wearing a mask at all times indoors and all times outdoors when social distancing is not possible.

Printed Name

Signature

Date

Child and Adult Care Food Program ENROLLMENT/INCOME-ELIGIBILITY APPLICATION

PART 1 – CHILDREN’S INFORMATION—Required for all children in care.						
Child’s Name	Birthdate	Age	Circle Normal Days/ Print Normal Hours of Care	Circle Meals and Snacks Normally Received		
			Sun Mon Tu Wed Th Fri Sat Normal Hours _____ to _____	Breakfast P.M. Snack	A.M. Snack Supper	Lunch Eve. Snack
			Sun Mon Tu Wed Th Fri Sat Normal Hours _____ to _____	Breakfast P.M. Snack	A.M. Snack Supper	Lunch Eve. Snack
			Sun Mon Tu Wed Th Fri Sat Normal Hours _____ to _____	Breakfast P.M. Snack	A.M. Snack Supper	Lunch Eve. Snack
			Sun Mon Tu Wed Th Fri Sat Normal Hours _____ to _____	Breakfast P.M. Snack	A.M. Snack Supper	Lunch Eve. Snack

INCOME ELIGIBILITY

Please check the boxes that apply to help determine the other parts of this form to complete:

- A family member in our household receives benefits from Basic Food, TANF, or FDPIR. (Please complete Part 2 and 5.)
- One or more of the children in Part 1 is a foster child. (Please complete Part 3 and 5.)
- My child(ren) may qualify for Free/Reduced-Price meals based on household income. (Please complete Part 4 and 5.)
- My child(ren) will not qualify for Free/Reduced-Price meals. (Please complete Part 5 only.)

PART 2 – HOUSEHOLD MEMBER RECEIVING BASIC FOOD/TANF/FDPIR— Any household member receiving benefits can establish eligibility for all children in the household.	Case Number or Identification Number

PART 3 – FOSTER CHILDREN—List the names of any children listed in Part 1 who are foster children.	

PART 4 – TOTAL HOUSEHOLD GROSS INCOME FROM LAST MONTH—Not required if you have reported a case number in Part 2.														
Tell us how much and how often. If no income, write "0". Use net income if self-employed.														
List names (First and Last) of everyone in your household, including foster children	Earnings from Work Before Deductions				Welfare, Alimony, Child Support	Retirement, Pensions, Social Security, Other								
	Weekly	Every 2 Weeks	2X Month	Monthly		Weekly	Every 2 Weeks	2X Month	Monthly					
1.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART 5 – SIGNATURE AND CERTIFICATION—REQUIRED

The adult household member who fills out the application must sign below. If Part 4 is completed, the adult signing the form must also list the last four digits of his/her Social Security Number (SSN) or check the box if no SSN. *See Privacy Act Statement on the back of this page.*

If you have listed a case number in Part 2 or are applying on behalf of a foster child, or have checked the box that your child(ren) will not qualify for Free/Reduced-Price meals, the last four digits of the SSN is not needed.

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that CACFP officials may verify (check) the information. I am aware that if I purposely give false information, the participant/center may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Signature of Adult X _____	Today's Date _____	Print Name of Adult Signing _____
		Social Security Number (SSN) (last four digits) XXX-XX- _____ <input type="checkbox"/> Check if no SSN
Address _____	City/State/Zip Code _____	Daytime Phone _____

PART 6 – CHILDREN’S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)

We are required to ask for information about your children’s race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children’s eligibility for receiving meals during care.

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino

Race (check one or more): American Indian or Alaskan Native Asian Black or African American Multi-Racial
 Native Hawaiian or Pacific Islander White

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, the funds your child care center/provider receives may be impacted. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Basic Food, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine the meal reimbursement for your child care center/provider. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

MAIL*: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue SW
Washington, D.C. 20250-9410

FAX: 202-690-7442
EMAIL: program.intake@usda.gov

***Only use this address if you are filing a complaint of discrimination.**

This institution is an equal opportunity provider.

DO NOT FILL OUT - CENTER USE ONLY

- Child(ren) are categorically free based on Basic Food/TANF/FDPIR.
- Foster child(ren) have been identified on this form and qualify for the free category.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Child(ren) on this form who are not categorically eligible qualify as follows:

- Check one:
- Free
 - Reduced-Price
 - Above-Scale

Total Income: \$ _____
 Annual Monthly Twice Per Month
 Every Two Weeks Weekly

X _____
Signature of Institution’s Representative

Today’s Date

NOT VALID WITHOUT SIGNATURE AND DATE.

EIEA Effective Date: If the institution is using the parent/guardian signature date as the effective date, the form must have been signed by the institution representative within the same month the parent signed the form or the immediately following month. If the institution representative does not evaluate and sign the EIEA within these guidelines, the institution representative’s signature date must be used as the effective date.