

Haysville Recreation

Summer Elements 2024

STEPS TO ENROLLING YOUR CHILD IN SUMMER ELEMENTS

1. **Complete and sign all attached paperwork AS WELL AS completing all the KDHE required forms and bring them ALL with YOU to the HAC on Tuesday, April 2nd!**
The packet includes participant information, emergency medical care, release and hold harmless, health history and insurance, authorization for dispensing medication form (if needed) and parental off-premise field trip forms.
2. **At registration, you will pay in FULL for the FIRST and LAST weeks that your child(ren) will attend. Partial week enrollment is not available. DCF Parents will be REQUIRED to provide a PRINTOUT** stating the amount of money they will be receiving during the summer months (must be brought to registration with other paperwork).

WEEKLY DEPOSITS

Weekly deposits are NO longer required at time of registration. Each week during the summer you will **pay the FULL amount due every Friday BEFORE** the next week's attendance.

CANCELLATIONS

All cancellations must be made by Tuesday, April 30! If cancellation is NOT made by April 30th, parent is responsible for FULL payment for that week(s) regardless of attendance!

ADDITIONAL ENROLLMENT INFORMATION:

- Campers will be required to bring additional camp materials. A supply list will be provided.
- **FREE breakfast/lunches will only be provided Monday - Thursday, May 28th - July 25th.** Children will have opportunity to eat breakfast at the Middle School but **MUST** arrive at the Activity Center before 8:00am to walk over there with their groups. Children are required to bring a sack lunch on EVERY FRIDAY, Wednesday, June 19th and some field trips.
- During the **LAST TWO weeks (July 29 - Aug 9)** of this program, parents will need to feed their child(ren) breakfast at home as well as send sack lunches every day!!
- Campers must be enrolled in at least 2 weeks to receive a Summer Elements shirt.
- Children must have attended K-4th grade during the CURRENT school year (2023-2024).
- Camp hours of operation are from 6:30 am - 6:00 pm. Late Pick-Up Fees will apply!

⇒ Return all forms IN PERSON to:
Haysville Activity Center
523 Sarah Lane, Haysville, KS 67060

REGISTRATION BEGINS @ 6:00AM on
APRIL 2nd...fills up in TWO HOURS!!

⇒ If you have any questions, please contact Ciara Leach @ 529-5922 or cleach@haysville-ks.com.

SUMMER ELEMENTS 2024

Field Trip Information

FIELD TRIPS ARE SUBJECT TO CHANGE!

WEEK	WEEKLY THEME	FIELD TRIP DATE	FIELD TRIP:
1	Nature Explorer Week	Friday, May 31	Sedgwick County Zoo
2	Pokémon Week	Friday, June 7	G1-G3 Exploration Place G4-G6 Carousel Skate
3	Disney Week	Friday, June 14	Derby Theater
4	Wild Life Week	Thurs, June 20 Fri, June 21	G1-G3 – Tanganyika G4-G6 – Tanganyika
5	Sports Week	Wed, June 26 Fri, June 28	G4-G6 Wind Surge Baseball G1-G3 Wichita Gymnastics
6	Party In The USA Week	Wednesday, July 3	Rock River Rapids
7	Galaxy Quest Week	Thursday, July 11	G1-G4 Cosmosphere G5-G6 Strataca Salt Mind
8	Christmas in July Week	Thursday, July 18	Urban Air
9	Virtual Reality Week	Thursday, July 25	The Arcade
10	Camp Splash Splash Week	Thursday, August 1	Winfield Pool
11	Super Hero Week	Thursday, August 8	All Star Sports

FIELD TRIPS

USD 261 does NOT provide lunch on Fridays. Therefore, you will need to feed your child(ren) breakfast at home and send a sack lunch on Fridays. We ask that on field trip days students bring their lunches in **paper bags** that can be thrown away!

PERSONAL ARTICLES

Personal articles brought to the program should be marked with the child's name and placed in their cubby. Haysville Recreation will NOT be responsible for anything lost, stolen and/or broken. The student will not be permitted to bring toys, hand held electronics, cell phones or any other personal belongings on a field trip or any other time unless it is approved by the Program Coordinator.

FOR OFFICE USE ONLY		
Enrollment Date _____	Staff _____	Pd by _____
Cash \$ _____	Ck # _____	CC \$ _____

Haysville Recreation Department 2024 Summer Elements Registration Form

Weeks: Check ALL weeks child(ren) will be attending

Week 1: (Not 27th) May 28 - 31	Week 5: June 24 - 28	Week 9: July 22 - 26
Week 2: June 3 - 7	Week 6: July 1 - 3 (Not on 4th or 5th)	Week 10: July 29 - Aug 2
Week 3: June 10 - 14	Week 7: July 8 - 12	Week 11: Aug 5 - 9
Week 4: June 17 - 21	Week 8: July 15 - 19	

Participant Registration Information

(A health history form must be filled out for each child)

Participant's Name: _____ **Birth Date:** _____ **Age:** _____

Current Grade (*23-'24): _____ **Shirt Size:** _____ **School:** _____ **Sex:** M F

Participant's Name: _____ **Birth Date:** _____ **Age:** _____

Current Grade (*23-'24): _____ **Shirt Size:** _____ **School:** _____ **Sex:** M F

Participant's Name: _____ **Birth Date:** _____ **Age:** _____

Current Grade (*23-'24): _____ **Shirt Size:** _____ **School:** _____ **Sex:** M F

Parent/Guardian Information

Mother's Name: _____ **Cell Phone:** _____

Father's Name: _____ **Cell Phone:** _____

Participant Lives With: Both Mother & Father: ____ Mother ONLY: ____ Father ONLY: ____

Split Custody: ____ **Other:** ____ **If Other, Specify Whom:** _____

Payment Responsibility: Both Mother & Father: ____ Mother Paying: ____ Father Paying: ____

Paying with DCF Funds: ____ (This information is necessary for tax purposes.)

Does Responsible Payment Person want to do Weekly AUTO Payments? YES or NO

Automatic Payments can ONLY be done on a WEEKLY Basis!! If your child is ONLY attending every other week or parent is ONLY paying for every other week, paying MANUALLY is only option.

Is there anyone your child(ren) SHOULD NOT have contact with?: _____

If YES, is there a court document stating such? Yes ____ (MUST provide HRD a copy) No ____

Media Release

I hereby grant the HRD staff permission to record my child's likeness and/or voice for use by television, film, radio, web or printed media to further the aims of the day camp in related campaign and magazine articles, booklets, posters and in any other way they may see fit.

Signature of Responsible Party: _____ Date: _____

Release and Hold Harmless Clause

I the undersigned understand that my/our consent to these provisions is given in consideration of my child's acceptance into the Summer Elements Program (hereinafter "Program"), and for being permitted to participate in this Program. I/My Child am/is a voluntary participant in this Program, and in good physical condition. I understand normal risk is associated with the activities described herein, and I/we hereby assume full and complete responsibility for any injury or accident which may occur during my child's participation in Program or while on the premises of Program, and I hereby release and hold harmless and covenant not to file suit against the City Of Haysville, the Haysville Recreation Department, or any affiliated individuals, any Program or affiliated activity sponsor and their agents and employees, and all other persons or entities associated with this Program (the releases) from any loss, liability, or claims I/my child may have arising out of participation in this program, including personal injury or damage suffered by my child or others, whether same be caused by falls, contact with others or animals, arising out of transportation in vehicles, or negligence of the releases or otherwise. If I or my child/ren does/do not follow all the rules of this Program, I understand that my child may be required to leave the Program and the premises.

Signature of Responsible Party: _____ Date: _____

High Risk Water Activity Waiver

Summer Elements children will participate in swimming and water activities throughout the summer. Reasonable precautions will be taken to provide for the participants safety. Children will swim most every Monday, Wednesday and Friday, as well as visit surrounding splash pads in the area. I give permission for my child(ren) to be allowed to swim and participate in water activities between the dates of May 28 to August 9, 2024. I relieve and absolve the Haysville Recreation Department, the City of Haysville and their staff of any responsibility other than that stated above.

Signature of Responsible Party: _____ Date: _____

Application of Bug Spray/Insect Repellent

I hereby grant the HRD staff permission to apply bug spray or insect repellent to my child when going outdoors during group rotations, field trips or any other time it is deemed necessary.

Signature of Responsible Party: _____ Date: _____

Application of Non-Prescription Sunscreen

I hereby grant the HRD staff permission to apply non-prescription sunscreen of SPF 30 or more to any exposed skin of my child when going outdoors for group rotations, swimming, field trips or any other time it is deemed necessary. If my child requires sensitive skin sunscreen then I, the parent, know I am responsible for providing that for my child.

Signature of Responsible Party: _____ Date: _____

Payments/Refunds Policy

Summer Elements payments are to be made every Friday prior to the week of service. If a payment is made after Friday a **\$10.00 Late Fee** will be applied to the account. If a payment is not received by Wednesday of the week of service, then the child will not be able to attend until a full payment is made.

All attending weeks & payments are final after April 30, 2024. If your student will not be attending a week that you have reserved a spot for and you did not let HRD staff know by April 30th, you are still responsible for full payment of that week. **Refunds due to expulsion will NOT be given for the current week.**

By my signature below, I acknowledge that I have read and understand the payment and refund policy.

Signature of Responsible Party: _____ Date: _____

Receipt of Parent Handbook

By my signature below, I acknowledge that I have received a copy of the Summer Elements Parent Handbook. I have read and understand the policies outlined in the handbook.

Signature of Responsible Party: _____ Date: _____

Staff Signature: _____ Date: _____



HEALTH HISTORY FOR CHILDREN AND YOUTH ATTENDING SCHOOL AGE PROGRAMS

As required by K.A.R. 28-4-590(d) (1), each operator shall obtain a health history for each child or youth, on a form supplied by the department or approved by the secretary. Each health history is to be maintained in the child's or youth's file on the premises. As required by K.A.R. 28-4-590(d)(2), each operator shall require that each child or youth attending the program has current immunizations as specified in K.A.R. 28-1-20 or has an exemption for religious or medical reasons.

Complete one form for each child or youth attending the School Age Program.

First and Last Name of the Child or Youth	Gender (M or F)	Date of Birth (MM/DD/YYYY)	First day at this program: (MM/DD/YYYY)
--	----------------------------	---------------------------------------	--

First and Last Name of the Child's or Youth's Mother or Guardian

Mother/Guardian's Home Street Address	City	Zip Code	Home Phone # ()
--	-------------	-----------------	-----------------------------

Mother/Guardian's Work Place Name & Street Address	City	Zip Code	Work Phone # ()
---	-------------	-----------------	-----------------------------

First and Last Name of the Child's or Youth's Father or Guardian

Father/Guardian's Home Street Address	City	Zip Code	Home Phone # ()
--	-------------	-----------------	-----------------------------

Father/Guardian's Work Place Name & Street Address	City	Zip Code	Work Phone # ()
---	-------------	-----------------	-----------------------------

Names and ages of other children in the Child or Youth's Family (Attach additional page if needed.)
--

Person(s) authorized to pick up the Child or Youth in case of emergency. Include first and last name and Street Address. Attach additional page if needed.	City	Zip Code	Phone Number (during program hours):
1.			
2.			
3.			

First and Last Name of Physician & Street Address	City	Zip Code	Phone Number ()
--	-------------	-----------------	-----------------------------

Name of Hospital Preference in case of emergency.
--

Yes	No	N/A	Complete the following information about medications for this child or youth.
			Will this child or youth need to take any nonprescription or prescription medication during their time at the program?
			If yes above, is there signed permission on file?

Circle any of the following conditions or difficulties that affect this child or youth. IF IT DOES NOT APPLY, PUT "N/A"			
Allergies	Frequent sore throats/ colds	Ear Infections or Aches	Heart or Lung Conditions
Skin Problems	Asthma	Headaches	Diabetes
Vision	Speech/Communication	Hearing	Emotion/Behavior
Other: Please describe.			

If you circled any of the above conditions, please provide additional information that will help the staff members meet the child's or youth's needs while attending the program. (Attach additional page, if needed.)

Provide additional information about your child or youth that might affect him/her while at the School Age Program including any special needs, restrictions to activities, major changes at home or special instructions. (Attach additional page, if needed.)

Complete the following information about this child's or youth's immunization status.

Yes	No	
		Did this child or youth attend a public or accredited non-public school in Kansas, Missouri or Oklahoma the previous year?
		If yes, are this child's or youth's immunizations current?
X	X	If yes to both of these questions, you do NOT need to complete the immunization history below. If no to either of the above questions, you must complete the immunization history below for this child or youth or attach a copy of the child's or youth's immunization history.

Please give dates in the space below for ALL immunization series completed by this child or youth. Record MM/DD/YYYY.

		1	2	3	4	5
	DPT, DT*, TD (*DT only if child is allergic to DTP)	/ /	/ /	/ /	/ /	/ /
	POLIO	/ /	/ /	/ /	/ /	
	MMR	/ /	/ /			
Single Dose Only	RUBEOLA (MEASLES)	/ /	/ /			
	MUMPS	/ /	/ /			
	RUBELLA (GERMAN MEASLES)	/ /	/ /			
	HIB (Hemophilus Infl. B) *RECOMMENDED	/ /	/ /	/ /	/ /	
	HBV (Hepatitis B Vaccine) *RECOMMENDED	/ /	/ /	/ /		
	VAR (Varicella-Chicken Pox) *RECOMMENDED	/ /				

Print the First and Last Name of the Person Completing this Health History form	Relationship to the Child/Youth	Date Completed
---	---------------------------------	----------------

If the Health History form was completed by a person other than a Parent/Guardian, who provided you with this information?	What is that person's relationship to the child/youth?
--	--

I attest, under penalty of perjury, that to the best of my knowledge, the information provided on this form is true and correct.	
Signature of person completing this form	Date Signed



PARENTAL PERMISSION FORM FOR OFF-PREMISES TRIPS

Name of the Facility (exactly as stated on the license) Haysville Activity Center			License # #48593		
Street Address of the Facility 523 Sarah Ln		City Haysville	Zip Code 67060	County Sedgwick	

_____ may go to the following locations off the premises **with** adult supervision:

First and Last Name of Child or Youth

Place Dewey Gunzelman Pool	Street Address 525 Sarah Ln	City Haysville	By Vehicle	Walk/Bike X
Signature of Parent or Guardian			Date Signed	

Place Riggs Park	Street Address 706 Sarah Ln	City Haysville	By Vehicle	Walk/Bike X
Signature of Parent or Guardian			Date Signed	

Place Haysville Middle School	Street Address 900 West Grand	City Haysville	By Vehicle	Walk/Bike X
Signature of Parent or Guardian			Date Signed	

Place Sedgwick Co Zoo	Street Address 5555 W Zoo Blvd	City Wichita	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Riverside Park	Street Address 720 Nims N	City Wichita	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Buffalo Park	Street Address 1020 Hardther	City Wichita	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Tanganyika	Street Address 1000 S Hawkins Ln	City Goddard	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	



PARENTAL PERMISSION FORM FOR OFF-PREMISES TRIPS

Name of the Facility (exactly as stated on the license) Haysville Activity Center			License # #48593		
Street Address of the Facility 523 Sarah Ln		City Haysville	Zip Code 67060	County Sedgwick	

_____ may go to the following locations off the premises **with** adult supervision:

First and Last Name of Child or Youth

Place Goddard Linear Park	Street Address 108 N Main St	City Goddard	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Derby Plaza Theatre	Street Address 1300 N Nelson Dr	City Derby	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Carousel Skate	Street Address 312 N West St	City Wichita	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Riverfront Stadium	Street Address 275 S McLean Blvd	City Wichita	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Urban Air	Street Address 8545 W Irving	City Wichita	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place North Rock Lanes	Street Address 3232 N Rock Rd	City Wichita	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place All Star Sports	Street Address 8333 W 21st	City Wichita	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	



PARENTAL PERMISSION FORM FOR OFF-PREMISES TRIPS

Name of the Facility (exactly as stated on the license) Haysville Activity Center			License # #48593		
Street Address of the Facility 523 Sarah Ln		City Haysville	Zip Code 67060	County Sedgwick	

_____ may go to the following locations off the premises **with** adult supervision:

First and Last Name of Child or Youth

Place Wichita Gymnastics	Street Address 9400 E 37th St N	City Wichita	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Wichita Sports Forum	Street Address 2668 Greenwich Rd	City Wichita	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Fred A Cholmia Park	Street Address 525 Sarah Ln	City Haysville	By Vehicle	Walk/Bike X
Signature of Parent or Guardian			Date Signed	

Place Maize Splash Park	Street Address 401 S Khedive St	City Maize	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place McDonalds	Street Address 200 N Main	City Haysville	By Vehicle	Walk/Bike X
Signature of Parent or Guardian			Date Signed	

Place Island Park	Street Address 200 Main St	City Winfield	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Winfield Aquatic Center	Street Address 300 Main St	City Winfield	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	



PARENTAL PERMISSION FORM FOR OFF-PREMISES TRIPS

Name of the Facility (exactly as stated on the license) Haysville Activity Center			License # #48593		
Street Address of the Facility 523 Sarah Ln		City Haysville	Zip Code 67060	County Sedgwick	

_____ may go to the following locations off the premises **with** adult supervision:

First and Last Name of Child or Youth

Place Madison Central Park	Street Address 512 E Madison	City Derby	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Kirby Park	Street Address 608 Chatta St	City Haysville	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Orchard Acres	Street Address 1200 E Dirck St	City Haysville	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place High Park	Street Address 2801 James St	City Derby	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Rock River Rapids	Street Address 1900 E James St	City Derby	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place The Arcade	Street Address 139 Mead	City Wichita	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Wellington Family Aquatics	Street Address 1101 W Harvey Ave	City Wellington	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	



PARENTAL PERMISSION FORM FOR OFF-PREMISES TRIPS

Name of the Facility (exactly as stated on the license) Haysville Activity Center			License # #48593		
Street Address of the Facility 523 Sarah Ln		City Haysville	Zip Code 67060	County Sedgwick	

_____ may go to the following locations off the premises **with** adult supervision:

First and Last Name of Child or Youth

Place Haysville Community Library	Street Address 210 Hays Ave	City Haysville	By Vehicle X	Walk/Bike X
Signature of Parent or Guardian			Date Signed	

Place Museum of World Treasures	Street Address 835 E 1st N	City Wichita	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Exploration Place	Street Address 300 N McLean	City Wichita	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Hutchinson Cosmosphere	Street Address 1100 N Plum St	City Hutchinson	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Strataca Salt Mine	Street Address 3650 E Ave G	City Hutchinson	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	