

Haysville Recreation

Summer Elements 2025

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 1st!**
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 Wednesday, 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 27th - July 31st.** 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, Thursday, June 19th and some field trips.
- During the **LAST week (Aug 4 - 8)** 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 (2024-2025).
- 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 1st...fills up in TWO HOURS!!**

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

SUMMER ELEMENTS 2025

Field Trip Information

FIELD TRIPS ARE SUBJECT TO CHANGE!

WEEK	WEEKLY THEME	FIELD TRIP DATE	FIELD TRIP:
1	Animal Planet Week	Friday, May 30	Sedgwick County Zoo (AM Field Trip)
2	Aloha Vibes Week	Friday, June 6	Derby Theater – “Lilo & Stitch” (AM Field Trip)
3	Sports Week	Wednesday, June 11 Friday, June 13	G4-G6 Wind Surge Baseball G1-G3 Wichita Gymnastics
4	HACurassic Park Week (Dinosaurs)	Friday, June 20 Friday, June 20	G1-G3 – Field Station Dinos G4-G6 – Carousel Skate
5	Blast Off! Space Week	Thursday, June 26	Blast Off Bay!
6	Star-Spangled Week	Thursday, July 3	Aviate at Sports Forum
7	Dragon Quest Week	Thursday, July 11	Derby Theater – “How to Train Your Dragon” (AM Field Trip)
8	HAC’s Got Talent Week	Thursday, July 17	Winfield Pool
9	“When I Grow Up...” Career Week	Thursday, July 24	Exploration Place
10	Water World Week	Thursday, July 31	Wellington Pool
11	Decade Week	Tuesday, August 5 Thursday, August 7	Splash Pad Adventures Fun City! (AM Field Trip)

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 2025 Summer Elements Registration Form

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

Week 1: (Not 26th) May 27 - 30	Week 5: June 23 - 27	Week 9: July 21 - 25
Week 2: June 2 - 6	Week 6: June 30 - July 3 (Not on 4th)	Week 10: July 28 - Aug 1
Week 3: June 9 - 13	Week 7: July 7- 11	Week 11: Aug 4 - 8
Week 4: June 16 - 20	Week 8: July 14 - 18	

Participant Registration Information

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

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

Current Grade (*24-'25): _____ **Shirt Size:** _____ **School:** _____ **Sex:** M F

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

Current Grade (*24-'25): _____ **Shirt Size:** _____ **School:** _____ **Sex:** M F

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

Current Grade (*24-'25): _____ **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 27 to August 8, 2025. 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 Repellant

I hereby grant the HRD staff permission to apply bug spray or insect repellant 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, 2025. 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)
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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 # ()
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Mother/Guardian's Work Place Name & Street Address	City	Zip Code	Work Phone # ()
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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 # ()
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Father/Guardian's Work Place Name & Street Address	City	Zip Code	Work Phone # ()
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Names and ages of other children in the Child or Youth's Family (Attach additional page if needed.)
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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 ()
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Name of Hospital Preference in case of emergency.
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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
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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?
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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



Authorization for Emergency Medical Care

Written permission for emergency medical treatment must be on file at the facility. Consult with the local emergency medical facility to be sure this form is acceptable. Reference K.A.R. 28-4-127(b)(1)(A). School Age Programs reference K.A.R. 28-4-582(e)(2).

Name of facility exactly as stated on the license	License #
City of Haysville - Haysville Activity Center SAP	#48593

I authorize _____ HRD & Staff Members _____ (*caregiver/staff*) who is/are representative(s) of the above-named facility to give consent for any and all necessary emergency medical care for my child or youth _____ (*child's first and last name*) while child or youth is in the facility's custody between 05/27/25 and 08/08/25.
MM/DD/YYYY MM/DD/YYYY

List any known allergies or other information about the medical conditions of this child or youth pertinent in case of emergency:

Signature of Parent or Guardian	Date Signed

The Medical Record/Assessment Form (Or Health Status History form for School Age Programs) and the authorization for Emergency Medical Care must be taken to the emergency room. Both forms must also be in a vehicle when the child or youth is off premised from the facility.



Permission Form for Children to go Off-Premises

Name of the Facility (exactly as stated on the license) City of Haysville - Haysville Activity Center SAP			License # #48593	
Street Address of the Facility 523 Sarah Lane	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 Lane	City Haysville	By Vehicle	Walk/Bike X
Signature of Parent or Guardian			Date Signed	

Place Riggs Park	Street Address 706 Sarah Lane	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	



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_____ 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 Maine St	City Goddard	By Vehicle <input checked="" type="checkbox"/>	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Derby Plaza Theater	Street Address 1300 N Nelson Dr	City Derby	By Vehicle <input checked="" type="checkbox"/>	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Carousel Skate	Street Address 312 N West St	City Wichita	By Vehicle <input checked="" type="checkbox"/>	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Riverfront Stadium	Street Address 275 S McLean Blvd	City Wichita	By Vehicle <input checked="" type="checkbox"/>	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place All Star Sports	Street Address 8333 W 21st	City Wichita	By Vehicle <input checked="" type="checkbox"/>	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Wichita Gymnastics	Street Address 9400 E 37th St N	City Wichita	By Vehicle <input checked="" type="checkbox"/>	Walk/Bike
Signature of Parent or Guardian			Date Signed	



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

First and Last Name of Child or Youth

Place Wichita Sports Forum	Street Address 2668 Greenwich Rd	City Wichita	By Vehicle <input checked="" type="checkbox"/>	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Fred A Cholmia Park	Street Address 525 Sarah Lane	City Haysville	By Vehicle	Walk/Bike <input checked="" type="checkbox"/>
Signature of Parent or Guardian			Date Signed	

Place Maize Splash Park	Street Address 401 S Khedive St	City Maize	By Vehicle <input checked="" type="checkbox"/>	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place McDonalds	Street Address 200 N Main	City Haysville	By Vehicle <input checked="" type="checkbox"/>	Walk/Bike <input checked="" type="checkbox"/>
Signature of Parent or Guardian			Date Signed	

Place Island Park	Street Address 200 Main St	City Winfield	By Vehicle <input checked="" type="checkbox"/>	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Winfield Aquatic Center	Street Address 300 Main St	City Winfield	By Vehicle <input checked="" type="checkbox"/>	Walk/Bike
Signature of Parent or Guardian			Date Signed	



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

First and Last Name of Child or Youth

Place The Arcade	Street Address 139 Mead	City Wichita	By Vehicle <input checked="" type="checkbox"/>	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Wellington Family Aquatics	Street Address 1101 W Harvey Ave	City Wellington	By Vehicle <input checked="" type="checkbox"/>	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Haysville Community Library	Street Address 210 Hays Ave	City Haysville	By Vehicle <input checked="" type="checkbox"/>	Walk/Bike <input checked="" type="checkbox"/>
Signature of Parent or Guardian			Date Signed	

Place Exploration Place	Street Address 300 N McLean	City Wichita	By Vehicle <input checked="" type="checkbox"/>	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Field Station Dinosaurs	Street Address 2999 N Rock Rd	City Derby	By Vehicle <input checked="" type="checkbox"/>	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Blast Off Bay!	Street Address 435 N Crowne Dr	City Goddard	By Vehicle <input checked="" type="checkbox"/>	Walk/Bike
Signature of Parent or Guardian			Date Signed	



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

First and Last Name of Child or Youth

Place Fun City Adventure Park	Street Address 6959 E 21st St N	City Wichita	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Glow Golf	Street Address 3035 N Rock Rd, Suite #200	City Wichita	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Edgemoor Park	Street Address 5815 9th St N	City Wichita	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Osage Splash Park	Street Address 2121 W 31st St S	City Wichita	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	