



Haysville Recreation 2025-2026 SOS/Spring Break Camp Registration Form



Children must be signed-in each morning and signed-out each evening by an authorized person.

Hours of operation are 6:30 AM to 6:00 PM. Cost is \$30 /Day/Child.
Drop-off and pick-up will be at the HAC @ 523 Sarah Lane unless otherwise notified.
Children must be between K-5th Grade.

Participant Information

Participant's Name: _____ Birth Date: _____

Age: _____ Grade: _____ School: _____

Participant's Name: _____ Birth Date: _____

Age: _____ Grade: _____ School: _____

Participant's Name: _____ Birth Date: _____

Age: _____ Grade: _____ School: _____

Parent/Guardian Information

Parent/Guardian (Mother) _____

Address _____ City/Zip _____

Employer _____

Cell _____ Work _____

Home _____ Email Address _____

Parent/Guardian (Father) _____

Address _____ City/Zip _____

Employer _____

Cell _____ Work _____

Home _____ Email Address _____

Lives With: Both Mother & Father: _____ Mother ONLY: _____ Father ONLY: _____

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

Emergency Information (Other than Parent or Guardian)

Name of person to notify in emergency:

1. _____ Relation: _____ Phone: _____

2. _____ Relation: _____ Phone: _____

Please list ALL other people who are allowed to pick up this child: _____

Doctor: _____ Phone: _____

In case of an emergency, which hospital do you prefer? _____

Allergies/Reaction (include food allergies): _____

Special Accommodations Needed (If Any): _____

Specify which child: _____

Please list anyone your child should NOT have contact with: _____

COMPLETE BACK SIDE - - - ->

Updated Information *Must Be Signed*

I hereby understand that it is my sole responsibility as the parent or guardian to contact the HAC if any of the above stated information changes (Ex: Address, Contact Info, Etc.). Information on this sheet can only be updated or changed by the parent or guardian listed on this form.

Signature of Responsible Party: _____ **Date:** _____

Media Release

I hereby grant the permission to record my child's likeness and/or voice for use by television, films, 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 *Must Be Signed*

I, the undersigned, do hereby for myself, the named minor, and all who may hereafter claim through or for me, waive and release Haysville and the above named agency from all claims, rights and causes of action accruing in my favor as a result of personal injury, loss of life, or loss of property against Haysville Recreation Department and their representatives while participating in the activities related to the SOS Day. I understand normal risk associated with the activities described herein, and I agree to allow the above-described person for whom I am responsible to participate in those activities. I further agree with them that no suit or action at law shall be instituted for the above reasons by others or me in my behalf.

Signature of Responsible Party: _____ **Date:** _____

Emergency Clause *Must Be Signed*

In the event I cannot be reached in an emergency, I hereby give my permission to employees of this day camp to secure proper medical care for my child as deemed necessary. This permission extends from minor first aid treatment to (under a doctor's orders) hospitalization, injections, anesthesia, surgery and other medical procedures deemed necessary.

Signature of Responsible Party: _____ **Date:** _____

Application of Bug Spray/Insect Repellant *Must Be Signed*

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 *Must Be Signed*

I hereby grant the HRD staff permission to apply non-prescription sunscreen of SPF 50 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:** _____

Late Fee/Cancellation & Transfer Policies *Must Be Signed*

Fees are due at the time of registration and must be paid in full.

Registration fees offset the costs to plan, schedule and book the activities. If you must cancel or transfer your registration, it must be done by 5:00pm the day BEFORE the program for a refund. Cancellations made the DAY OF will NOT be refunded or credited to the latchkey account. No refunds due to expulsion will be given

LATE PICK-UP POLICY: All children must be picked up no later than 6:00pm. Any parent arriving late will be charged \$1.00 for each minute per child he/she is late. CHILDREN WILL NOT BE ALLOWED TO RETURN TO ANOTHER SOS DAY OR SPRING BREAK UNTIL THE FEE IS PAID. If no contact is made with a responsible party after 30 minutes, the Haysville Police Department will be contacted.

Signature of Responsible Party: _____ **Date:** _____

Kansas Department of Health and Environment

Bureau of Family Health
Child Care Licensing Program
1000 SW Jackson, Suite 200
Topeka, KS 66612-1274
Phone: 785-296-1270 Fax: 785-559-4244
Website: www.kdheks.gov/kidsnet



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 HMS | Street Address 900 w Grand | City Haysville | By Vehicle | Walk/Bike |
| | | | | X |
| Signature of Parent or Guardian | | | Date Signed | |

| | | | | |
|--|---|------------------------|--------------------|------------------|
| Place Campus Natatorium | Street Address 2100 W 55th ST S | City Wichita | By Vehicle | Walk/Bike |
| | | | X | |
| Signature of Parent or Guardian | | | Date Signed | |

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

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

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

| | | | | |
|--|--|----------------------|--------------------|------------------|
| Place Derby Bowl | Street Address 444 S Baltimore Ave | City Derby | By Vehicle | Walk/Bike |
| | | | X | |
| Signature of Parent or Guardian | | | Date Signed | |

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

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

| | | | | |
|--|---|------------------------|--------------------|------------------|
| Place Sedgwick Co Park | Street Address 6501 W 21st ST N | City Wichita | By Vehicle | Walk/Bike |
| | | | X | |
| Signature of Parent or Guardian | | | Date Signed | |

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

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

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

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

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| 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 Applejack Pumpkin | Street Address 10007 SW Indiannola Rd | City Augusta | By Vehicle X | Walk/Bike |
| Signature of Parent or Guardian | | | Date Signed | |

| | | | | |
|--|---------------------------------------|---------------------------|------------------------|------------------|
| Place P & M Pumpkin Patch | Street Address 311 16th Ave | City Moundridge | By Vehicle X | Walk/Bike |
| Signature of Parent or Guardian | | | Date Signed | |

| | | | | |
|--|---|----------------------|------------------------|------------------|
| Place Walters Pumpkin Patch | Street Address 10001 NW US Hwy 27 | City Burns | By Vehicle X | Walk/Bike |
| Signature of Parent or Guardian | | | Date Signed | |

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

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

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

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

HAYSVILLE RECREATION ELEMENTARY SCHOOL CALENDAR OF EVENTS 2025 - 2026 (Subject to Change)

| | | |
|-----------|---|--|
| August | 13 - Wednesday | First Day of School/Latchkey Program (PreK-6) |
| September | <u>1 - Monday</u> 12 - Friday | <u>Labor Day - No Program Offered</u> No School – All Day Program at HAC* |
| October | 10 - Friday 16 - Thursday 17 - Friday | No School - All Day Program at HAC * No School - All Day Program at HAC * No School - All Day Program at HAC * |
| November | 24 - Monday 25 - Tuesday <u>26 - 28</u> | Thanksgiving Break - All Day Program at HAC * Thanksgiving Break - All Day Program at HAC * <u>Thanksgiving Break - No Program Offered</u> |
| December | 19 - Friday <u>22 - 31</u> | No School - All Day Program at HAC * <u>Winter Break - NO Program Offered</u> |
| January | <u>1 - New Year Day</u> 2 - Friday 5 - Monday 6 - Tuesday 19 - Monday | <u>Winter Break – NO Program Offered</u> No School - All Day Program at HAC * No School - All Day Program at HAC * No School - All Day Program at HAC * MLK Day - No School - All Day Program at HAC * |
| February | 12 - Thursday 13 - Friday 16 - Monday | No School - All Day Program at HAC * No School - All Day Program at HAC * Presidents Day - No School - All Day Program at HAC * |
| March | <u>13 - Friday</u> 16 - 20 | <u>No School - NO Program Offered</u> Spring Break Camp at Haysville Activity Center |
| April | 1 - WEDNESDAY 3 - Friday 6 - Monday 27 - Monday | SUMMER ELEMENTS REGISTRATION! No School - All Day Program at HAC * No School - All Day Program at HAC * No School – All Day Program at HAC * |
| May | 19 - Tuesday <u>20 - 22</u> <u>25 - Monday</u> 26 - TUESDAY | Last Day of School - <u>Early Dismissal - NO PM Latchkey!</u> <u>School's Out - NO PROGRAM</u> <u>Memorial Day - No Program Offered</u> Start Date for Summer Elements (K - 4th Grade) |

* All Day Program called “SOS Day” at the HAC will run from 6:30 am - 6:00 pm.
On these days an extra fee (\$30) will be charged on top of the regular Latchkey fees.
 In addition, a separate registration form MUST be filled out at the HAC for these days.
 Please note that there are a maximum number of students that can register for SOS Days.
 These days fill up quickly so be sure to register promptly to claim your spot!