

## 2022-2023 Kid Care Registration Form

Summer Camps: Camp Rorie Galloway    Dunford    Rutherford  
ASA: Achziger    Dunford    Florence    Goodbar    Shaw    Thompson    Rutherford

This form must be on file with the Parks and Recreation Department to participate in any city sponsored Kid Care program. Additional waivers will be required for Camp Rorie Galloway and Summer Camp Field trips as necessary.

### REGISTRATION INFORMATION

Program registration is limited to site capacity maximums on a "first come, first served" basis. Registration is available online on our website <https://www.cityofmesquite.com/214/Parks-Recreation>. Choose the "register online" button and choose "Kid Care." You can also register in person at the Parks and Recreation Office, 1515 N. Galloway, Monday-Friday, from 8:00 a.m. to 5:00 p.m.

### PARTICIPANT INFORMATION

ADDRESS \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

NAME \_\_\_\_\_ GENDER M F Age \_\_\_\_ Birthdate \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_

NAME \_\_\_\_\_ GENDER M F Age \_\_\_\_ Birthdate \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_

### PARENT INFORMATION

PARENT/GUARDIAN (A) \_\_\_\_\_ Email \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_ DL# \_\_\_\_\_

PARENT/GUARDIAN (B) \_\_\_\_\_ Email \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_ DL# \_\_\_\_\_

In case of emergency, contact the follow persons(s) other than parent:

NAME \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

NAME \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

The following person(s) will be allowed to sign my child out. **Must provide photo ID.**

Name \_\_\_\_\_

DL# \_\_\_\_\_

Name \_\_\_\_\_

DL# \_\_\_\_\_

**I do not** give permission for my child to be released to the following person(s):

Name \_\_\_\_\_

DL# \_\_\_\_\_

Name \_\_\_\_\_

DL# \_\_\_\_\_

### **MEDICAL INFORMATION**

In the event of a medical emergency or illness you will be notified immediately. You or your emergency contact need to be available to pick up your child. All full-time staff are First Aid and CPR trained and will take whatever emergency medical measures are deemed necessary for the protection and safety of the participant. This may include transportation by ambulance to the nearest medical treatment facility.

Doctor's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Phone \_\_\_\_\_

City \_\_\_\_\_

#### **Health History**

**(Please attach additional page if necessary, all information is kept confidential)**

*(Please circle all that apply)*

Child \_\_\_\_\_ has or is subject to: Asthma / Fainting Spells / Convulsions / Bloody Nose / Heart Trouble / Diabetes / Seizures / Other: \_\_\_\_\_

Child \_\_\_\_\_ has or is subject to: Asthma / Fainting Spells / Convulsions / Bloody Nose / Heart Trouble / Diabetes / Seizures / Other: \_\_\_\_\_

Child \_\_\_\_\_ has or is subject to: Asthma / Fainting Spells / Convulsions / Bloody Nose / Heart Trouble / Diabetes / Seizures / Other: \_\_\_\_\_

#### **Allergies**

Child \_\_\_\_\_ is allergic to: Medicines \_\_\_\_\_ / Insects \_\_\_\_\_ / Food \_\_\_\_\_ / Plants \_\_\_\_\_ / Other: \_\_\_\_\_

Child \_\_\_\_\_ is allergic to: Medicines \_\_\_\_\_ / Insects \_\_\_\_\_ / Food \_\_\_\_\_ / Plants \_\_\_\_\_ / Other: \_\_\_\_\_

Child \_\_\_\_\_ is allergic to: Medicines \_\_\_\_\_ / Insects \_\_\_\_\_ / Food \_\_\_\_\_ / Plants \_\_\_\_\_ / Other: \_\_\_\_\_

Please explain allergies and treatment: \_\_\_\_\_

My child requires the use of an epi-pen: yes \_\_\_\_\_ no \_\_\_\_\_

### **PERMISSION TO SECURE TREATMENT**

In the event of any emergency, I authorize the City of Mesquite to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my minor child/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered. I understand that this authorization includes transporting my child by ambulance if necessary to the nearest medical treatment facility or hospital if I am unable to be reached first. I also give my permission for my child to be released to individuals authorized in this packet to secure treatment if I am unavailable.

Initials \_\_\_\_\_

**MEDICATIONS (All medications must be given to PARD STAFF)**

Does your child(ren) require any medications to be taken during CAMP hours? Yes \_\_\_ No\_\_\_ Note: Medication will only be administered according to the labeled directions. All medication(s) must be in their original containers with instructions for the administration of the medication on the label. The medication sent to the program site must contain the daily dosage. Staff is not permitted to accept any larger doses. If there are any changes in the dosage of, frequency or administration of the medication, it is the parent’s responsibility to inform the staff in writing.

Child \_\_\_\_\_ Medicine/Dosage/Time: \_\_\_\_\_ Medicine and Dosage/Time: \_\_\_\_\_

Child \_\_\_\_\_ Medicine/Dosage/Time: \_\_\_\_\_ Medicine and Dosage/Time: \_\_\_\_\_

Child \_\_\_\_\_ Medicine/Dosage/Time: \_\_\_\_\_ Medicine and Dosage/Time: \_\_\_\_\_

**MEDICATION WAVIER**

My initials below indicate that I acknowledge that the instructions on the pharmaceutical container are accurate and I agree to allow the City of Mesquite staff to assist in the administration of the medication to my child and I waive any claim against the City of Mesquite or its staff.

Initials \_\_\_\_\_

**STANDARDS OF CARE**

**Standards of Care**

The City of Mesquite City Council annually adopts the Youth Programs Standards of Care which outlines the minimum standards by which Parks and Recreation operates youth programs. This document is available on our website at <https://www.cityofmesquite.com/1123/After-School-Adventures>. A hard copy is available upon request. My initials signify I have been made aware of where to find the standards of care information.

Initials \_\_\_\_\_

**DISCIPLINE POLICY AND CONSEQUENCES**

**General Provisions**

In fairness to all participants of the programs, all participants must always be respectful of staff, other participants and program facilities and property. Improper use of furniture, drink, food, misuse of equipment, horseplay or vulgar/abusive language will not be permitted.

**Fighting and stealing will not be tolerated and is cause for immediate dismissal from all Kid Care programs.**

- 1<sup>st</sup> offense - On spot counseling and time out from activities – parents consulted
- 2<sup>nd</sup> offense-Talk with location coordinator and parents
- 3<sup>rd</sup> offense – Suspended- depending on severity of the incident and circumstances- from the program for 1 to 3 days
- 4<sup>th</sup> offense- Suspension for 1 week from program activities and from City of Mesquite Recreation Centers depending on the severity of the incident and circumstances
- 5<sup>th</sup> offense – Removal from the program and from the City of Mesquite recreation Centers.

The city will not engage in physical punishment or withhold food, water or bathroom access.

**Parents and Participants**

**All disciplinary actions and suspensions depend on the severity of the incident, circumstances of the incident, and frequency of occurrence. The City reserves the right to dismiss the participant from the program without warning when it is determined that a participant’s unsafe behavior places other children, himself/herself, or staff in danger. Staff will contact law enforcement officers if determined to be necessary.**

**SUSPENSION**

When a child is suspended, parents will be notified and required to pick their child up immediately. Suspensions may last from 1 day, 1 week, 1 month or for the entire program session.

Parents will not be refunded for any time their child(ren) is suspended from the program. Your help in reviewing the rules and guidelines with your child(ren) and making sure they understand the consequences of their actions is appreciated.

If Camp/Play Day/ASA rules are violated, one or more of the disciplinary actions (as defined in the above Discipline Policy and Consequences) may be imposed for violations of the above rules.

Please review behavior expectations with your child(ren) and inform them of the consequences for inappropriate behavior. My signature below indicates that both the parents and child(ren) acknowledge the discipline policy.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**BEHAVIOR**

Is your child diagnosed with a learning disability, behavior disorder or physical disability that we need to be aware of?  
Yes \_\_\_ No \_\_\_

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Are there any other conditions requiring our attention that we should know? Yes \_\_\_ No \_\_\_

If yes, please explain: \_\_\_\_\_

**DROP OFF AND PICK UP**

Camp and Play Day hours are from 7:00 a.m. to 6:00 p.m. Drop off is available after 7:00 a.m. ASA program children are delivered to their school’s program site by MISD staff immediately after school dismisses. Children must be signed out by a parent or guardian before 6:00 p.m. The 6:00 p.m. closing time is strictly enforced. **Parents will be given a 5-minute grace period and at 6:06 p.m. late fees will begin to accrue at \$1.00 per minute.**

If a child has not been picked up from the facility 30 minutes after the program has ended and the staff has made attempts to contact the child(ren) parents and their authorized persons in the emergency list, staff will call the police and turn the child(ren) over to them.

**Photo ID Policy:** For the safety of the program participants, all persons picking up participants will be required to show proof of identity in the form of a valid driver’s license or equal form of picture ID before the child(ren) will be released to them.

Initials \_\_\_\_\_

**PARTICIPANT PHOTO USE**

Mesquite Parks and Recreation reserves the right to photograph or videotape participants in programs and/or facilities. The photos and/or video are strictly for the City of Mesquite use and may be used in publications, flyers, brochures, videos, websites and other advertisements.

My initials below grant permission to the City of Mesquite to use photographs and/or videos of my child solely for the purpose of marketing and advertising in the above-mentioned ways.

Initials \_\_\_\_\_

**MOVIE RELEASE CONSENT**

My initials below indicate that my child(ren) has permission to view PG rated films while attending Mesquite Parks and Recreation programs.

Initials \_\_\_\_\_

**SUNSCREEN AND BUG SPRAY -Summer Camp Program Only**

I do \_\_\_\_\_ or do not \_\_\_\_\_ give my permission for staff to apply sunscreen and/or bug spray to my child. (Parents must provide)

Initials \_\_\_\_\_

**Homework – After School Adventures Only**

\_\_\_\_\_ I want my child to spend a portion of their time at After School Adventures working on their homework.

Initials \_\_\_\_\_

**CHILD TAX CREDIT**

***The City of Mesquite is not licensed by the State to provide childcare programs that qualify for the IRS Child Care Tax Credit.***

All Texas municipalities are eligible to be exempt from State day-care licensing provided a *Standards of Care Ordinance* is approved annually. In Mesquite, this ordinance is in place. Camps, play days and after school care offered by the City are defined or classified as “*recreational programs*” rather than “*childcare*” programs.

Please be advised that **Parks and Recreation staff will not be allowed to provide City tax identification information for the purpose of income tax deductions.**

Initials \_\_\_\_\_

**PARTICIPANT ASSUMPTION OF RISK AND WAIVER OF LIABILITY RELATING TO CORONAVIRUS/COVID-19 AND OTHER COMMUNICABLE DISEASES**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

The City of Mesquite Parks and Recreation Department has put in place preventative measures and protocols, where possible, to reduce the spread of COVID-19; however, the City of Mesquite cannot guarantee that you or your child(ren) will not become infected with COVID-19. Attending any City program will increase your child(ren)'s risk of contracting COVID-19.

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By signing this agreement, I acknowledge the contagious nature of COVID-19 and other communicable diseases and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 or other communicable diseases by attending the City of Mesquite Parks and Recreation programs, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 or other communicable diseases at the City of Mesquite Parks and Recreation programs may result from the actions, omissions, or negligence of myself and others, including, but not limited to, City employees and volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself including, but not limited to, personal injury, disability, and death, illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at the City of Mesquite Parks and Recreation programs (the "Claims"). On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless the City of Mesquite, its employees, agents, volunteers and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the City of Mesquite, its employees, agents, volunteers and representatives, whether a COVID-19 or other communicable disease infection occurs before, during, or after participation in any City of Mesquite Parks and Recreation program.

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Signature of Parent/Guardian Date

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Print Name of Parent/Guardian Date

In consideration of (myself/my child(ren) being permitted to go in and on and use recreational facilities operated by the City of Mesquite and participate in recreational activities sponsored by the City of Mesquite Parks and Recreation Department,

I \_\_\_\_\_, being of lawful age, do for myself, my heirs and assigns, release, hold harmless and forever discharge, the City of Mesquite, its officers and employees from any and every claim, action of any kind, arising from or by reason of any injury to (myself/my child(ren) while (I am/my child(ren) is in or on and/or using any of the recreation activities sponsored by the City of Mesquite Parks and Recreation Department.

My signature below also gives my permission for my child to be transported by the City of Mesquite staff to scheduled off-site program trips. (Parents will be notified in advance. Additional waivers may be necessary depending on the activity.)

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Date*

The undersigned does hereby acknowledge to have read and understood all the information contained on this document and approves all releases, permits and waivers contained herein. I also understand I must scan and email this document to [funmakers@cityofmesquite.com](mailto:funmakers@cityofmesquite.com) or deliver a paper copy to the Parks and Recreation Office, 1515 N. Galloway, Monday -Friday 8:00 a.m. to 5:00 p.m. before my child may participate in Kid Care programs. I have kept a copy of this document for my records.

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*