2016 REAL Summer Camp Application

Please mail completed application and activity fee (check or M.O.) to: 545 N. Upper St. Lexington, KY 40508

 Date Received:
 Pay Type:

 Confirmation:
 Amt:

Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7
				7/5-7/8		
6/6-6/10	6/13-6/17	6/20-6/24	6/27-7/1	(Closed 7/4)	7/11-7/15	7/18-7/22

Please indicate the week(s) your child will attend: School begins 8/10/2016. ~ July 4th will not be prorated.

You are not guaranteed any additional weeks other than the above indicated after the application has been received. You may drop until May 20th and not be charged for those weeks.

REAL SUMMER CAMP IS HELD AT SOUTHERN MIDDLE SCHOOL- 400 WILSON DOWNING ROAD

Weekly fees for REAL Summer Camp:		Activity Fees: 4 wks or more 3 wks or less			The weekly fee can be paid on site with check and		
		1 Child	\$100.00	\$ 50.00	money order ONLY. Credit Cards are accepted at		
1 Child	\$ 100.00 per week	2 Children	\$200.00	\$ 100.00	the main office either in person or over the phone		
2 Children	\$ 190.00 per week	3 Children	\$300.00	\$ 150.00	ONLY. There is a 5% discount if you pay for ALL		
3 Children \$ 270.00 per week		The activity fee is non-refundable and due when			summer (3 wks or more) before the first day of		
PAYMENT IS DUE MONDAY		registering for camp.			camp. 859-288-2929		

Do you receive assistance of any kind? □ Yes □ No If yes, what agency?:_____

PLEASE PRINT ALL INFORMATION LEGIBLY AND USE SEPARATE FORM FOR EACH CHILD

Student Name:			Birth	Date:	Grade (entering):
T-Shirt Size: (circle one) 6/8 10/12 14/16	Adult:	S M	L	Height (in inches)	: Gender: 🗆 M 🗆 F
Address of Student:				Home Pl	none:
City:	State:		Zip:	Email:	
Mother/Guardian's Name:			Work Pl	none:	
Cell Phone:			-	Place of Employm	ent:
Father/Guardian's Name:			Work Pl	none:	
Cell Phone:			-	Place of Employm	ent:
Child lives with: D Both Parents	i	□ Mo	ther	🗆 Father	🛛 Guardian
EMERGENCY CONTACT AND CHILI	D RELE	ASE AU	THORIZ	ATION (ASIDE FRO	OM PARENT/GUARDIAN LISTED ABOVE)
Name	Relatior	nship to (Child		Phone
Name	Relation	nship to (Child		Phone
Name					
Name	Relatior	ship to	Child		Phone
form. Individuals should be prepared to sh	ow iden	tificatio	n.		whom the child lives or the persons listed on this equent exhaustion, recent surgery, accidents etc.):
one supervision, etc.)	this chile	d have a	in IEP or	504 plan? □ Yes	
If yes, please describe:					
If medication is taken on a daily basis please a (Dosage and time to be given must be marked Please list child's current medications:	on the c	original	medicin	e container sent to	REAL.)
What is this medication for?					
Family Physician:				_ Phone: _	
Hospital choice in case of emergency:					

MEDICAL CONSENT AGREEMENT AND RELEASE:

(1) I hereby authorize the Lexington-Fayette Urban County Government (its agents, employees, representatives, elected or appointed officials or designee(s)) and the agents or employees of its Division of Parks and Recreation (collectively referred to as "LFUCG"), to act for me according to their best judgment in any emergency requiring medical attention for me or my son, daughter, or ward and/or to treat me/my child for any injury/illness that I/he/she sustains during participation in any designated Parks and Recreation activity. Also, I waive and release the LFUCG from any and all liability for any injuries or illnesses incurred while participating in the above activity(s).

(2) I understand that I am responsible for any costs incurred due to injuries received in participating in the above activity(s) covering medical and dental expenses. I further accept responsibility that I and/or my son, daughter or ward, is physically able to participate in the above activity(s).

SIGNATURE OF PARENT/GUARDIAN: DATE: DATE:	
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PARENT AGREEMENT:

(1) I have read the REAL. Parent Handbook and will comply with all the policies and procedures stated therein. I also agree to abide by the Civility Policy detailed in the Parent Handbook. I understand that failure to adhere to these policies may result in my child's termination from the REAL Summer Fun Camp.

(2) I understand that by signing this application I am responsible for payment and will comply with payment deadlines as detailed in the Parent Handbook.

Guardian Social Security (last 4 digits): xxx- xx- ____ Guardian Date of Birth: _____

(3) I have accurately stated all medical/health concerns and listed any and all medication my child may need. I understand I must provide any medicine needed and sign a medical log each day. I understand that failure to accurately list medical concerns and/or provide an immunization record is grounds for dismissal from the program.

(4) Please check NO if not giving LFUCG Parks and Recreation permission to use child's photo in promotional literature:

(5) I UNDERSTAND THAT IF I HAVE NOT CANCELLED ANY OF THE WEEKS I INDICATED BEFORE MAY 20, 2016, I WILL BE RÉSPONSIBLE FOR PAYMENT REGARDLESS OF ATTENDANCE.

SIGNATURE OF PARENT/GUARDIAN: DATE:

WAIVER AND RELEASE AGREEMENT:

(1) The undersigned (being of lawful age and the parent/guardian of the undersigned student) having requested that their minor child participate in the REAL Summer Fun Camp and related events and activities; and whereas the Lexington-Fayette Urban County Government, Division of Parks & Recreation and the Fayette Public Schools are willing to let their minor child participate in the REAL Program. The undersigned do hereby waive, release, and discharge the Lexington-Fayette Urban County Government, Division of Parks & Recreation and the Fayette County Public Schools from any and all claims, actions, demands, and unknown foreseen and unforeseen bodily/personal injuries and property damages, and consequences thereof resulting from the activities of the REAL Program.

(2) It is understood that for, and in consideration of, granting permission for their minor child to participate in the Extended School Program that the undersigned hereby acknowledges that they have received a copy of the REAL Program Handbook, have thoroughly familiarized themselves with its contents, and agree to obey and abide by all the rules and regulations contained herein. The undersigned fully declares that they have admonished their minor child to conduct themselves properly at all times and have advised their child that if he/she should believe any of the facilities or equipment to be unsafe to immediately advise his/her counselor of such condition and refuse to participate further in the activity.

(3) The undersigned acknowledges and understands that the Lexington-Fayette Urban County Government provides only minimal medical expense benefits through an Accidental Death and Dismemberment insurance policy for the REAL Program. Benefits provided under this policy are supplemental only to the extent of policy limits and comes into effect only after all primary funding sources available have been exhausted. Any deductible amounts will be the sole responsibility of the participant. The Urban County Government itself will not provide any form of medical insurance and the Urban County Government, its representatives, supervisors and employees will not be responsible for any expense incurred due to any injury to my child during participation in the Program. Should the undersigned determine that additional coverage is required said coverage shall be the sole responsibility and expense of the participant. I hereby assert that I fully understand and agree to these waivers and agreements.

SIGNATURE OF PARENT/GUARDIAN:	DATE:	

FIELD TRIP RELEASE:

As a part of our camp program, field trips may be taken. The camp will give advanced notice concerning the location and the type of each individual field trip and any special items that may be needed. If we schedule a trip where the entire camp goes, ALL campers present that day are required to attend. Please sign below to give your child(ren) permission to attend field trips and off-site activities.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____



Mayor Jim Gray

LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT

Division of Parks & Recreation

REAL Parent Summer Handbook **Please Keep For Your Records**

The Recreation Enrichment And Learning program (REAL) is an exciting program designed to provide activities for your middle school child at a reasonable cost. REAL is a cooperative venture of the Lexington-Fayette Urban County Government Division of Parks and Recreation and selected Fayette County Public Schools. It offers student enrichment opportunities to include educational support, positive socialization skills and a variety of leisure activities. This handbook has been designed to provide you with important information and the policies of the REAL program.

Administration and Staff

REAL is administered through the Division of Parks and Recreation. Each REAL site is staffed with a site director who has (or is working towards) a degree in education, recreation, psychology or a closely related field. This person is responsible for close communication with the school principal, staff and participating students. The site director will also ensure quality in program curriculum and will provide continuity between the REAL activities and regular school policies with regard to student conduct. Program staff will include school staff, college students and other individuals skilled in various recreational activities. These individuals will program the daily activities and provide recreational support. REAL will maintain a student to staff ratio of 20-1. All site personnel will receive adequate in-service training prior to employment.

Activities

Both indoor/out door learning opportunities are provided with time for active play as well as time to relax, read, and participate in quiet activities. We provide a nurturing environment yet encourage independence associated with adolescence. Activities include arts and crafts, recreational games, active play, and nature activities. Many activities are centered around a sense of community involvement such as visits to Raven's Run sanctuary, Recycling Centers, McConnell Springs Nature Center, and the Lexington Humane Society. REAL Campers will swim two to three times a week, please be aware that a ONE PIECE bathing suit is required for all female campers.

Costs

The registration fee is due with the application for the school year. All weekly fees are due each Monday. Please give your checks (payable to Parks and Recreation) to the REAL site director or program secretary. A \$5.00 late fee per day will be assessed to all payments received after 6:00 p.m. on Monday. Please keep your weekly fees current. Your child could lose his/her spot in the program due to a delinquent account. Your tuition pays for direct operating costs of the program. When you enroll, you are reserving the staff, space and provisions for your child. Therefore, you are responsible for payment whether your child attends or not.

\$100.00 per week (No part time rates during summer camp) you may drop weeks up until May 20th.

Arrival & Pick-up

An adult (minimum of 16 years old) must sign each child in and/out of the REAL program. Failure to sign in or out can result in the termination of REAL services. Parents must enter their child's arrival and/or departure time on the sign in/out form. Parents or an authorized person must accompany the child to and from the REAL site except in cases where authorization papers have been filled out for a child to walk to and depart from the program at designated times. The REAL staff cannot accept the responsibility for children arriving earlier than 7:15am no matter how they arrive at the location.

Parents are responsible for ensuring child arrives on time for departure of field trips in which all staff will accompany the group on said trips. Anyone arriving after the predestinated departure time will not be able to enter the building.

Closing time is 6:00 p.m. Should a child be picked up after the closing time, the parent or guardian is assessed a penalty of \$5.00 up to 6:15 p.m. and \$5.00 for every additional fifteen minute period or portion thereof per child. This fee is to be paid when the child is picked up. After 6:00 p.m., if a parent has made no contact, a responsible party from your emergency contact list will be contacted to come to the site and pick up your child. If no one is available from your emergency list, the local police will be contacted at 7:00 p.m. and the child will be taken into protective custody until a parent can be located. Failure to pick up your child by 6:00 p.m. on a regular basis (4 times or more per month) is grounds for dismissal from the REAL program. The only persons allowed to pick up a child are those indicated on the child's authorization form. The staff reserves the right to ask for proper identification and to refuse to release the child if a person is not on the child's authorization form. If someone other than the parent or guardian is to pick up the child, a signed note must be sent to the site and it must be indicated on the sign in/out form for your child for that day.

Illnesses

REAL cannot provide for sick children. Please do not send your child to the program if he/she is ill. We are concerned for the health and welfare of each child; therefore, we require that your child be picked up as soon as possible in the event that he/she becomes ill at the program.

Behavior Management

Standards of behavior in the REAL sites parallel those in the school classroom. Children are expected to respect the staff and to follow the rules. All rules are directed toward avoiding injury to persons or property while insuring fairness.

To insure a safe, courteous and positive environment, it is necessary to firmly deal with unacceptable behavior. Discipline in REAL is assertive rather than aggressive. A disruptive child may be removed from a group situation to regain self-control or be denied a privilege. The goal of the program is for children to accept responsibility for their own behavior, both the rewards and consequences. Any form of discipline that would impair a student's self respect is avoided.

In the event that a child's behavior endangers another child or staff's welfare, is destructive to property, or disrespectful to authority, he/she will be given a discipline referral with a copy given to the parent. In the event that the site director deems it necessary, parents may be called to pick up their child immediately. Four discipline referrals during the school year will result in the child being dismissed from the program.

Please help us provide a safe, courteous environment for all students and staff by emphasizing appropriate behaviors at home and by supporting the REAL staff in the event that a discipline problem may arise. Our goal is to assist children in learning to take responsibility for their actions and receive the natural rewards and consequences that their actions may bring. Behavior management is a day-to-day lesson in learning to make correct choices as well as learning how to interact positively with both children and adults.

REAL Civility Policy

It is the intent of the REAL program to provide a positive environment for socialization as well as learning. To that extent, every adult that comes through the doors becomes a role model for positive socialization skills and effective problem management. The REAL program reserves the right to deny service to any child whose family members or associates do not exhibit the appropriate behavior for an environment of growth and learning. All parents and associates are reminded that displays of anger, inappropriate behavior, and physical abuse can result in the termination of services to that entire family. The REAL management staff reserves the right to determine what constitutes an infraction. Swearing, threatening gestures, raised voices, and intoxication are several good examples. Serious infractions may be referred to the proper authorities.

Emergency Situations

In the event of an emergency or natural disaster, the following procedures will be in effect.

All children will follow the school site disaster plan that is posted. All children will be kept at the school until they are picked up by the parent or other authorized person. A person authorized by the parent to pick up a child will be asked to present identification to the staff. Should it be necessary to evacuate children from the school, the evacuation site will be posted on the school door and every effort will be made to contact parent or guardians. Staff members will remain at the site with the children until they are released to the parent or authorized person. Please keep the emergency information sheet in your child's file current to assist the REAL staff in the event of any emergency.

Parental Involvement

Families are an important part to the REAL program. An information area will be located near the REAL program sign in/out form. Please check here regularly for information on upcoming events.

Tax Information

The Lexington-Fayette Urban County Government tax ID number is 61-0858140. The address for Parks and Recreation is: 545 North Upper Street, Lexington, Kentucky 40508. We do not automatically provide yearly reports. Please save your cashed checks for your records. Receipts are available weekly from the site director or secretary for your childcare costs.

IF YOU HAVE ANY QUESTIONS OR CONCERNS, PLEASE CALL THE PARKS & RECREATION ESP OFFICE AT (859) 288-2929. OUR OFFICE IS OPEN MONDAY – FRIDAY FROM 9:00 A.M. –5:30 P.M. PLEASE VISIT OUR WEBSITE AT: WWW.LEXINGTONKY.GOV