

# Fieldhouse Summer Camp



## PARENT MANUAL

Salina Parks & Recreation Department

300 W. Ash, Rm. #100

Salina, KS 67401

Questions - (785) 309-5765

Direct line to Camp Staff (during camp) – 785-833-8309

[www.salinaparks.com](http://www.salinaparks.com)

## **INTRODUCTION**

Thank you for choosing Salina Parks and Recreation Department Fieldhouse Summer Camp program. We look forward to an exciting and adventurous summer of fun. The Fieldhouse Summer Camp Program will provide your child with many fun filled days of planned activities and special events. Our camp staff will work with your child to develop new skills and interests and create a positive and enjoyable experience in a day camp atmosphere. If after reading our Parent Manual you find you still have questions, do not hesitate to contact our Program Director.

## **GENERAL DEPARTMENT PHILOSOPHY**

The Salina Parks & Recreation Department is dedicated to providing a wide variety of leisure time opportunities and activities to enhance the quality of life for our citizens in our community.

## **PURPOSE**

The purpose of Fieldhouse Summer Camp is to provide children with a fun, educational, and stimulating program in a safe environment. Fieldhouse Summer Camp is licensed by the Kansas Department of Health and Environment as a school-age program. We accept children who have completed kindergarten by the first day of camp and are not older than having just completed 5<sup>th</sup> grade.

## **HOURS OF OPERATION**

The hours of operation will be from 8:00 a.m. to 5:00 p.m., Monday through Friday. The earliest a child may arrive at camp is 7:15 am and the latest a child may be picked up is 5:30 pm or a late fee will occur.

## **CHILD DROP OFF/PICK UP PROCEDURES**

We maintain a daily attendance record that includes each child's name, arrival time and departure time. Individuals authorized for pick up **must** enter the facility to sign or scan their children in and out **every day**.

## **MEDICINE**

If medication is to be administered during camp the following conditions must be met:

- We must obtain written permission from the child's parent or guardian.
- Nonprescription medication must be in the original container and labeled with the child's name.
- Prescription medication must be in the original container labeled with the following information: child's name, fill date, physician's name, expiration date and specific instructions for administration.

## **COUNSELOR / THERAPIST ETC. VISITS**

If your child has scheduled visits with a counselor/therapist etc. that will happen during camp time, please complete the needed information in the paperwork packet. Based on license regulations, we must have that person cleared prior to visits.

## **SUSPECTED ABUSE AND NEGLECT REPORTING POLICY AND PROCEDURE**

In accordance with the procedures set forth by the Kansas Department of Health and Environment, any camp staff having reasonable cause to believe that a child in their care may be an abused or neglected child shall immediately report the matter to the Program Director. The Program Director will notify the secretary of the Department of Social and Rehabilitation Services.

### **REFUND POLICY**

If you're not satisfied, neither are we. If after attending the first week of camp you are dissatisfied, speak to the Program Director about your concerns, refund and credit options. No refunds will be given after camp ends. Refunds are not given for vacations or individual days missed.

### **COMPLAINTS/PROBLEMS/IDEAS**

Your opinions and concerns are important to us. Please address your concerns to the Program Director. The Program Director will be happy to address your concerns over the phone or in person by scheduling a meeting with you and other camp staff involved. If the Program Director is unable to address your concerns, please contact the Recreation Supervisor. Questions regarding fees or payments should be addressed to the Recreation Supervisor.

### **BEHAVIOR AND DISCIPLINE**

It is the parent's obligation and responsibility to inform the Program Director if their child has any behavior, mental, or physical needs that require special accommodation. This should be noted on your child's registration forms. Our discipline policy includes the following steps:

1. Verbal warning. Explanation of consequences for second offense.
2. The child will be placed in a designated break area for 5 to 10 minutes.
3. Written warning, parent called.
4. Meeting with Program Director and/or Recreation Supervisor and parents. Automatic suspension of the following day's activities and following program date(s) as determined by the Program Director.
5. One-week suspension. (no refund will be given)
6. Expulsion from the Fieldhouse Summer Camp. (refunds will only be given for future full weeks already registered and paid for)

Individual circumstances and severity of events may require that we move through these steps more quickly. These steps are implemented for your child's safety and the safety of others.

## **FIRST AID AND EMERGENCY PROCEDURES**

Appropriate measures will be taken to safeguard the health and safety of all camp participants. The information provided on Health History and the Authorization for Emergency Medical Care forms is very important in helping us provide adequate care in the event of an emergency. A first aid kit, AED and cellular phone will always be on hand. Camp staff are certified in first aid and CPR and will administer any immediate treatment for minor injuries. If a more serious injury occurs, emergency medical services will be called and transportation to the nearest hospital will be provided. In the event of an emergency, parents will be notified as soon as possible. Do not send a sick child to camp. In the event a child gets sick at camp, the parents will be notified and asked to pick him/her up immediately.

## **REGISTRATION**

- Fieldhouse Summer Camp is open to boys and girls who have completed kindergarten by the first day of camp and are not older than having just completed 5<sup>th</sup> grade.
- Registration is limited to 90 children.
- Pre-registration is required. Registration will open April 20<sup>th</sup>.
- Registration is taken at the Salina Parks & Recreation Department Admin Office from 8:00 a.m. to 5:00 p.m., Monday through Friday.
- Registration is based on availability and only secured and guaranteed when payment is made for your selected weeks.
- You may register your child for any and/or all weeks of camp.
- Registration packets are available at the Recreation Office during regular business hours. This packet includes Kansas Department of Health and Environment forms that must be completed prior to registering your child for camp.

## **CAMP FEES**

- The weekly fee is \$130 per child.
- The first week of camp must be paid in full upon registration.
- Your child will not be allowed to attend camp until fees are paid
- Once camp fee is paid, no refunds will be allowed.

## **LATE PICK-UP FEES**

Parents are responsible for picking up their children by 5:30 p.m. A late fee of \$5 per child will be charged per ten minutes. Your child will not be permitted to attend camp until late fees are paid.

## **ABSENCE**

Please notify us if your child is ill or will be absent, direct line to camp staff 785-833-8309. If your child will not be attending a week of camp that they have registered for, please notify the Parks & Recreation Department as soon as possible so that we can attempt to fill the opening.

## **CAMP SCHEDULE**

Camp will begin on Monday June 1st and conclude on Friday, July 24th. No Camp will be held on Friday June 19<sup>th</sup>, Friday July 3<sup>rd</sup>.

## **DAILY ACTIVITIES**

A variety of activities are offered each day. Scheduled activities typically begin at 8:30 a.m. and conclude at 4:30 p.m. Activities include sports, active games, playground visits, bowling, library, movies, swimming, board games, recreational activities and more. All activities are included in the weekly fee.

## **FIELD TRIPS**

Field Trips may include visits to water parks, museums, zoos, and more. Your child may need a sack lunch on field trip day. Our weekly schedule will list other items needed for field trips as well as a departure time and expected return time.

## **LUNCH AND SNACKS**

Our lunches are provided by USD 305 Food Service, with alternate services from YMCA in July. If you choose to send a sack lunch with your child, please adhere to the following guidelines:

- The lunch should be labeled with the name of your child
- Perishable foods and drinks shall be in an insulated sack or box with a coolant.
- On field trip days all children may be required to bring a sack lunch.
- We provide a morning and afternoon snack *each* day. We strive to provide nutritious snacks.
- Based on camper/staff allergies – there may be restrictions on specific items. These will be communicated in the weekly email.

## **TRANSPORTATION**

Transportation will be provided by Durham Bus Service and Salina Parks & Recreation Department van or bus.

## **STAFF**

It is our goal to maintain a ratio of 1 staff member to 15 campers. We complete a criminal history and child abuse registry background check on all staff and regular volunteers. Our staff maintains current certification in first aid and child CPR.

## **CAMP ATTIRE**

Please send your child to camp in comfortable clothes, sturdy shoes and socks. Please send a water bottle with your child's name on it each day. We also encourage you to send a hat or visor for sun protection and a jacket when the weather is bad. Your child should bring a swimming suit and towel on swimming days which will be posted on the weekly schedule. Also, on swimming days we encourage a pair of flip flops/sandals to be worn to the pool. Clearly mark any items brought to camp with your child's name. We will not be responsible for personal belongings brought from home.





## PERMISSION FORM

My child(ren), \_\_\_\_\_, \_\_\_\_\_, has permission to participate in the Fieldhouse Summer Camp program at the Salina Fieldhouse.

I am familiar with the mode of transportation, the camp rules and regulations, the camp leadership and activities of the program. I permit my child to actively participate in all routine activities of the camp, including all field trips.

I understand that I will be held responsible for any repair cost that may result from my child being destructive.

In the event of an illness or accident, I authorize the calling of a doctor and/or providing other necessary first aid and medical services. I understand that appropriate measures will be taken and that I will be notified as soon as possible in the event of an emergency.

I understand that Camp Hours are 8:00 a.m. to 5:00 p.m. I also understand that the earliest my child may arrive to camp is 7:15 a.m. and the latest I can pick my child up is 5:30 p.m. If I arrive later than 5:30 p.m. I will be charged \$5.00 per child, per fifteen minutes and my child(ren) will not be allowed back to camp until this fee is paid. Fee must be paid within one business day at the Parks & Recreation Department office.

Parents/Guardians must enter the facility to sign/scan their children in and out EVERYDAY.

I understand that if my child continually disobeys, that I will be called and my child will have to be picked up as soon as possible. Uncooperative behavior will not be tolerated.

By signing this form I agree to abide by ALL the rules and regulations mentioned above and acknowledge receipt of the Camp Salina Parent Manual.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE



## 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).

<b>Name of facility exactly as stated on the license</b> <b>City of Salina Fieldhouse Summer Camp</b>	<b>License #</b> <b>0076850-008</b>
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I authorize \_\_\_\_\_ (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 \_\_\_\_\_ and \_\_\_\_\_.  
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:

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<b>Signature of Parent or Guardian</b>	<b>Date Signed</b>
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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 premises from the facility.

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## High-Risk Activities & Kenwood Cove Permission Form

While my child(ren), \_\_\_\_\_, is attending Fieldhouse Summer Camp between the dates of June 1, 2026, and July 24, 2026, I give permission for them to participate in the following activities:

- **Swimming and Splash Park Activities** – Including the use of diving boards, wave pool, lazy river, and water slides at Kenwood Cove and City of Salina Parks and Recreation Splash Parks.
- **Nature Activities** – Including archery and fishing at Lakewood Discovery Center.
- **Photo Taking Opportunities** – Photos may be taken and used for camp promotion, including publications within and outside of the Salina Parks and Recreation Department.
- **PG Movies** – Campers may participate in movie days, watching PG or G-rated films using streaming services.

### Kenwood Cove Swimming Group Selection

Children are placed into specific groups based on swimming abilities each time we visit Kenwood Cove.

Please select the option that best fits your child's swimming ability:

- Option 1** – My child is not a strong swimmer or cannot swim
- Option 2** – My child can swim but not fully confident
- Option 3** – My child has strong and independent swimming abilities

Please specify if you would like your child to always have a life jacket/float on while at KWC Yes \_\_\_ No \_\_\_

### Sunscreen Administration

Each time campers will be outside for an extended period, sunscreen will be applied by counselors and directors as a protective measure. However, this does not guarantee protection against sunburn. Sunscreen will be provided by the Fieldhouse Camp unless your child has allergies or special accommodations, in which case parents must provide sunscreen. Spray sunscreen is not permitted in the facility.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## Permission Form for Children to go Off-Premises

Name of the Facility (exactly as stated on the license) <b>City of Salina Fieldhouse Summer Camp</b>			License # <b>0076850-008</b>	
Street Address of the Facility <b>140 N 5th St</b>		City <b>Salina</b>	Zip Code <b>67401</b>	County <b>Saline</b>

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

**First and Last Name of Child or Youth**

Place Kenwood Cove	Street Address 701 Kenwood Dr	City Salina	By Vehicle <input checked="" type="checkbox"/>	Walk/Bike <input type="checkbox"/>
Signature of Parent or Guardian			Date Signed	

Place The Alley	Street Address 115 W Ash	City Salina	By Vehicle <input type="checkbox"/>	Walk/Bike <input checked="" type="checkbox"/>
Signature of Parent or Guardian			Date Signed	

Place Rolling Hills Wildlife	Street Address 625 N Hedville Rd	City Salina	By Vehicle <input checked="" type="checkbox"/>	Walk/Bike <input type="checkbox"/>
Signature of Parent or Guardian			Date Signed	

Place Lakewood Discovery Center	Street Address 1323 E Iron	City Salina	By Vehicle <input checked="" type="checkbox"/>	Walk/Bike <input type="checkbox"/>
Signature of Parent or Guardian			Date Signed	

Place Oakdale Park	Street Address 730 Oakdale Dr	City Salina	By Vehicle <input type="checkbox"/>	Walk/Bike <input checked="" type="checkbox"/>
Signature of Parent or Guardian			Date Signed	

Place Smoky Hill Museum	Street Address 211 W Iron Ave	City Salina	By Vehicle <input type="checkbox"/>	Walk/Bike <input checked="" type="checkbox"/>
Signature of Parent or Guardian			Date Signed	

<b>Place</b> Salina Community Theatre	<b>Street Address</b> 303 E Iron	<b>City</b> Salina	<b>By Vehicle</b>	<b>Walk/Bike</b> X
<b>Signature of Parent or Guardian</b>			<b>Date Signed</b>	

<b>Place</b> Salina Art Center	<b>Street Address</b> 242 S Santa Fe	<b>City</b> Salina	<b>By Vehicle</b>	<b>Walk/Bike</b> X
<b>Signature of Parent or Guardian</b>			<b>Date Signed</b>	

<b>Place</b> Salina Art Center Warehouse	<b>Street Address</b> 149 S 4th St	<b>City</b> Salina	<b>By Vehicle</b>	<b>Walk/Bike</b> X
<b>Signature of Parent or Guardian</b>			<b>Date Signed</b>	

<b>Place</b> Oakdale Elementary	<b>Street Address</b> 811 E Iron Ave	<b>City</b> Salina	<b>By Vehicle</b>	<b>Walk/Bike</b> X
<b>Signature of Parent or Guardian</b>			<b>Date Signed</b>	

<b>Place</b> Sky Gymnastics & Trampoline Park	<b>Street Address</b> 181 E Iron	<b>City</b> Salina	<b>By Vehicle</b> x	<b>Walk/Bike</b>
<b>Signature of Parent or Guardian</b>			<b>Date Signed</b>	

<b>Place</b> Salina Public Library	<b>Street Address</b> 301 W Elm St	<b>City</b> Salina	<b>By Vehicle</b>	<b>Walk/Bike</b> X
<b>Signature of Parent or Guardian</b>			<b>Date Signed</b>	

<b>Place</b> Olivia's Playground	<b>Street Address</b> 323 Center St	<b>City</b> Salina	<b>By Vehicle</b>	<b>Walk/Bike</b> X
<b>Signature of Parent or Guardian</b>			<b>Date Signed</b>	

<b>Place</b> Jerry Ivey Park	<b>Street Address</b> 2465 Edward Street	<b>City</b> Salina	<b>By Vehicle</b> X	<b>Walk/Bike</b>
<b>Signature of Parent or Guardian</b>			<b>Date Signed</b>	



## Child Health History (continued) Immunizations

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First Last MM/DD/YYYY

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.  
 K.A.R. 28-4-590(d)(4) Children or youth who are currently attending or who attended in the preceding school year a public or accredited non-public school in Kansas, Missouri, or Oklahoma shall not be required to provide documentation of current immunizations or exemptions from immunizations.

**Do not provide immunization or exemption information if the child or youth is currently attending, or was attending during the previous school year at, a public or accredited non-public school.**

Vaccine	Record the date (MM/DD/YY) each dose of vaccine was received				
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>
Diphtheria, Tetanus, Pertussis (DTaP)					
Haemophilus influenzae type b (Hib)					
Hepatitis A (Hep A)					
Hepatitis B (Hep B)					
Measles, Mumps, Rubella (MMR)					
Pneumococcal disease (PCV15, PCV20)					
Poliomyelitis (IPV)					
Varicella (VAR)					
Respiratory syncytial virus (RSV) – Recommended, not required					
Rotavirus (RV) – Recommended, not required					
Influenza – Recommended, not required					
I attest that to the best of my knowledge the immunization information entered is true and correct.					
Parent/Guardian Signature: _____ Date: _____					

If your child is exempted from the law requiring immunizations, K.S.A. 65-508(g), check either (A) or (B) below and complete as required.

(A) Certification from licensed physician stating that immunization would endanger the child's life. Child is exempt from the following immunizations:

\_\_\_\_DTaP \_\_\_\_Hib \_\_\_\_Hep A \_\_\_\_Hep B \_\_\_\_MMR \_\_\_\_PCV15/PCV20 \_\_\_\_IPV \_\_\_\_VAR

Physician's Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_

(B) My child is exempt under the law from immunizations. As the parent or legal guardian, I state that I am an adherent of a religious denomination whose teachings are opposed to immunizations.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_