

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

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 5th 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 to camp is 7:30 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. Parents **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.

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/PROBLEM/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 involved camp staff. 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 accommodations. 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 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 the 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 and cellular phone will be on hand at all times, with an AED available at the facility. 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 5th grade.
- Registration is limited to 80 children.
- Pre-registration is required. Registration will open April 21st.
- 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 due Thursday at 5:00 p.m. prior to the week camp begins. Based on availability
- 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 the first day of camp.

CAMP FEES

- The weekly fee is \$125 per child.
- The first week of camp must be paid in full upon registration.
- The Camp Fee for each week will be due by Thursday, 5:00 p.m. prior to the start of each week. Based on availability
- 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 fifteen 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 2nd and conclude on Friday, July 25th. No Camp will be held on Thursday June 19th, Friday July 4th.

DAILY ACTIVITIES

A variety of activities are offered each day. 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 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 a nutritious snack.

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, towel and sunscreen on swimming days which will be posted on the weekly schedule. Also, on swimming days we encourage a pair of flip flops 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.



FIELDHOUSE SUMMER CAMP REGISTRATION FORM

Parent's Name _____ Phone (wk) _____

Address _____ Phone (hm) _____

City _____ Zip _____ E-mail _____

Child(ren) Name _____ Age _____ Grade Completed _____

_____ Age _____ Grade Completed _____

_____ Age _____ Grade Completed _____

_____ Age _____ Grade Completed _____

Camp Fee: \$125 per child

The first week of camp must be paid upon registration. The Camp Fee for each week will be due on Thursday at 5:00pm prior to the start of each week

Based on availability

Session	Dates	Please mark weeks being paid today	Staff Use Only	
			Date Paid	Amount Paid
Week 1	June 2 nd – June 6 th			
Week 2	June 9 th – June 13 th			
Week 3	June 16 th – June 20 th (closed June 19 th)			
Week 4	June 23 rd – June 27 th			
Week 5	June 30 th – July 4 th (closed July 4 th)			
Week 6	July 7 th – July 11 th			
Week 7	July 14 th – July 18 th			
Week 8	July 21 st – July 25 th			

***PLEASE NOTE**

REGISTRATION IS ONLY SECURED AND GUARANTEED WHEN PAYMENT IS MADE FOR YOUR SELECTED WEEKS



FOR OFFICE USE ONLY
Date Received: _____

**FIELDHOUSE SUMMER CAMP
APPLICATION FOR ADMISSION**

PLEASE COMPLETE AND SIGN. ALL INFORMATION IS CONFIDENTIAL.

1. Childs Name: _____ Male__ Female__ Birthdate _____ Shirt Size: _____
Childs Name: _____ Male__ Female__ Birthdate _____ Shirt Size: _____
Address: _____
Home Phone _____
Cell Phone _____

2. Mother's Name: _____

3. Father's Name: _____

Child will be released from Camp Staff only to the following persons: (Please list all parents, guardians and other individuals that are authorized to pick up your child(ren))

Name	Address	Relationship	Phone
a. _____	_____	_____	_____
b. _____	_____	_____	_____
c. _____	_____	_____	_____
d. _____	_____	_____	_____

5. Does your child have any food allergies or dietary restrictions? _____

6. What is your child's favorite indoor/outdoor activities? _____

Write below any further information about your child or your family which you believe might be helpful to us in understanding your child. _____



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 7:30 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

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



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
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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
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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.)

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.

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.			
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?
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	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
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Permission Form for Children to go Off-Premises

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

_____ 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 X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place The Alley	Street Address 115 W Ash	City Salina	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Rolling Hills Wildlife	Street Address 625 N Hedville Rd	City Salina	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Lakewood Discovery Center	Street Address 1323 E Iron	City Salina	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Oakdale Park	Street Address 730 Oakdale Dr	City Salina	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Smoky Hill Museum	Street Address 211 W Iron Ave	City Salina	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

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

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

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

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

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

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

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

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

High-Risk Activities & Kenwood Cove Permission Form

While my child(ren), _____, is attending Fieldhouse Summer Camp between the dates of June 2, 2025, and July 25, 2025, 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 will remain with a counselor at all times as they are not a strong swimmer or cannot swim.
- ☐ **Option 2** – My child is allowed to move freely within the water park, checking in with a counselor periodically due to their strong and independent swimming abilities.

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: _____

Curtis State Office Building
Kansas Department of Health and Environment
1000 SW Jackson, Suite 200
Topeka, KS 66612-1274
Phone: 785-296-1270 | Fax 785-559-4244
Email: kdhe.cclr@ks.gov | kdhe.ks.gov/ChildCareLicensing



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 City of Salina Fieldhouse Summer Camp	License # 0076850-008
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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:

Signature of Parent or Guardian	Date Signed
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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.