



Springer Cultural Center Patrons,

The goal of the Springer Cultural Center is to provide quality programs. An essential part of this goal is maintaining a safe environment. One consistent safety issue expressed by our patrons is the drive-through area between the facility and church. Several issues continue to occur that contribute to potential dangers in the drive area. Some of these issues as well as our policies are referred to below.

We **urge** you to adhere to and respect these policies. Your cooperation will help prevent potential injuries to you, your family, vehicles, and other patrons. A map indicating available parking areas is included with this letter.

The area between the church and facility is a “**drive-through**” area. The area is not owned by either the park district or the church. The area is available for public use and traffic flows in both directions. Also, traffic flows in both directions in the alley north of the facility.

Vehicles are **not permitted** to park and be left unattended in the drive-through area. Also, parents should not wait in vehicles for their child(ren) to exit from class. Parked or stopped vehicles block the flow of traffic. This causes other vehicles to dart around into potential oncoming traffic or pedestrians who are not visible. We urge parents to park vehicles in the lot and come inside to meet their child. Or, if your child is of appropriate age and you are comfortable, they may meet you in the parking lot. You will be asked to move your vehicle if it is parked or stopped in the drive-through area.

The only exception to this is for parents in the Busy Bee/Creative Playtime programs. A drop-off/pick-up service is provided for these programs. Arrangements for the service occur at specific times of the day. Parents enter off of Church Street and remain in their vehicles. Preschool staff is on site and assist children with exiting and entering the vehicle on the side closest to the facility. Again, if parents intend to exit vehicles and come inside with children, they **must park** in the parking lot. Parents are not to use the opposite direction to drop off or pick up their child(ren). It creates a safety issue when both sides of the drive-through are blocked.

Parking is available outside the entrance in the spaces alongside the church. The lot to the north of the facility (see map) has parking spaces available. The two rows closest to the facility are free parking. The third has a few metered spaces and the rest of the row is rented and not available. The row along Randolph Street has some metered spaces and there is a parking garage across the street.

The Springer Cultural Center has approximately 35,000 visits per year. We appreciate your cooperation in helping maintain a safe environment for everyone.

Sincerely,

MELANIE KAHLER

Cultural Arts Manager

Springer Cultural Center | 301 N. Randolph, Champaign, IL 61820

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CHAMPAIGN PARK DISTRICT

Dear Parents,

Welcome to the Art Smart Kid program! We hope that your child thoroughly enjoys our program. When you bring your child, please feel free to stay—you are more than welcome to visit our program at any time during our sessions.

The Art Smart Kids Manual is intended to familiarize you with the practices and policies that we use for the Art Smart Kids Program. Please take a few minutes to read through it. The manual explains many facets of the programs not ordinarily discussed.

Please fill out the forms and return them to the Springer Cultural Center. The forms must be returned to the Preschool Program Supervisor, Michelle Horvat, or the Cultural Arts Manager, Melanie Kahler, by the first day of the program. **Forms must be complete and the medical must have a physician's signature and dated.** We accept the forms that physicians print at the clinic. If you are unable to get an appointment for the physical before the first day of the program, make us aware of the scheduled appointment. You may turn it in as soon as your appointment is complete. If you attended our Art Smart Kid program in 2020-21, the physical is still valid, however we will need updated information forms.

As reminder, **due to Champaign Park District's Allergen Policy we cannot except snacks with nuts or peanut butter.**

Please note: due to Covid-19 and required Public Health Plans, class supply lists and lunch instructions could change. The changes, along with the Public Health Plans will be e-mailed out closer to the start date.

Feel free to contact us with any questions or concerns!

Sincerely,

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MICHELLE HORVAT

Preschool Program Supervisor

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CHAMPAIGN PARK DISTRICT

2307 Sangamon Drive | Champaign IL 61821



CLASS LIST

Art Smart

Dear Parents:

Please send the following supplies with your child on the first day of school:

	Napkins, 1 large family-pack
	5 oz. Paper Cups, 2 boxes of 90 count (no plastic)
	Sign up for juice and snack (located outside of classroom)
	Paper Towel, 1 large roll

Label all supplies with your child's name and last initial (including individual crayons). Send a large backpack or tote bag (no wheels, please) with your child's name on it. We need their bags to be brought to school every day!

**Reminder: Bring in your child's forms and pictures

All children will need a complete change of clothes to be kept in their cubbies. Place their clothing in a plastic bag labeled with your child's name on it.

Thank you,

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CHAMPAIGN PARK DISTRICT

2307 Sangamon Drive | Champaign IL 61821



Participant Name: _____ Guardian Initial: _____ Date: _____

COVID-19 Symptoms

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Wellness checks for staff and patrons before arriving to class and mid-day if applicable:

- Yes No: Have you felt feverish?
- Yes No: Do you have a cough?
- Yes No: Do you have a sore throat?
- Yes No: Have you been experiencing difficulty breathing or a shortness of breath?
- Yes No: Do you have muscle aches?
- Yes No: Have you had a new or unusual headache (e.g., not related to caffeine, diet, or hunger, not related to history of migraines, clusters, or tension, not typical to the individual)?
- Yes No: Have you noticed a new loss of taste or loss of smell?
- Yes No: Have you been experiencing chills or rigors (rigors: a sudden feeling of cold with shivering accompanied by a rise in temperature)?
- Yes No: Do you have any gastrointestinal concerns (e.g., abdominal, pain, vomiting, diarrhea)?
- Yes No: Is anyone in your household displaying any symptoms of COVID-19?
- Yes No: To the best of your knowledge, have you or anyone in your household come into close contact with anyone who has tested positive for COVID-19 (close contacts include household contacts, intimate contacts, or contacts within 6-ft for 15 minutes or longer)?



**CHAMPAIGN
PARK DISTRICT**

**CHAMPAIGN PARK DISTRICT
CHILD'S PERSONAL RECORD**

Child's Full Name: _____ Sex: _____ Birth Date: _____

Name child goes by at home: _____ Birthplace: _____

Address: _____

Marital Status of parents: Married Deceased: Mother
 Divorced Father
 Separated
 Other

Relationship: Mother Stepmother Guardian

Name: _____

Home address: _____ Phone: _____

Employment Name & Address: _____ Phone: _____

Relationship: Father Stepfather Guardian

Name: _____

Home address: _____ Phone: _____

Employment Name & Address: _____ Phone: _____

Names & ages of brothers: _____

Names & ages of sisters: _____

Others in household & relationship: _____

Pets: _____ Names: _____

Two persons to be notified in case of an emergency, if above persons are not available:

Name: _____

Address: _____ Phone: _____

Name: _____

Address: _____ Phone: _____

Name, address & phone of person authorized to pick up your child from the Champaign Park District other than parents or guardians:

Allergies or special problems: _____

Parent or Guardian signature: _____



EMERGENCY MEDICAL CARE

In case of sickness or accident, I hereby consent to the Champaign Park District providing emergency care through clinic, hospital, or doctor for:

Child's Name: _____

Name of Preferred Physician: _____

Physician's Address: _____ Phone: _____

Name of Preferred Hospital or Clinic: _____

Hospital/Clinic's Address: _____ Phone: _____

Parent/Guardian Name Printed: _____

Parent/Guardian Signature: _____ Date: _____

VISITS, TRIPS, EXCURSIONS

I hereby give consent to the Champaign Park District to take _____
(Child's Name)

on walking or transported field trips to places of interest, including public parks, with the understanding that such trips are under the supervision of authorized personnel of the Champaign Park District, and that all possible precautions are taken to ensure the health and safety of my child.

Parent/Guardian Name Printed: _____

Parent/Guardian Signature: _____ Date: _____



**CHAMPAIGN
PARK DISTRICT**

**CHAMPAIGN PARK DISTRICT
WRITTEN CONSENTS**

CLASS LIST

I hereby give consent for _____ name, address, telephone number, and
(Child's Name)

birthday to be put on a class list. I understand that all students will receive a list. I will not hold the Champaign Park District responsible for prank calls or misuse of information.

Parent/Guardian Name Printed: _____

Parent/Guardian Signature: _____ Date: _____

SIGNATURE OF UNDERSTANDING

I have received, read, and understand the procedures and policies contained within the Art Smart, Busy Bees, and/or Creative Play Time Handbook.

Parent/Guardian Name Printed: _____

Parent/Guardian Signature: _____ Date: _____



POLICY ON DISPENSING MEDICATION

Champaign Park District

The Champaign Park District will not dispense medication to a minor child or other participants until the *Permission to Dispense Medication Waiver and Release of All Claims* form and *Instructions for Dispensing Medication* form have been completed by a parent or guardian. The Champaign Park District's internal procedures on dispensing medication are available for review.

PERMISSION TO DISPENSE MEDICATION

Waiver and Release of All Claims

I, (please print your name) _____, the Parent/Guardian of
(please print names of child/children attending) _____

give permission to Champaign Park District program staff to administer to my child/children the medication(s) listed below. I understand it is my responsibility to deliver the medication directly to authorized program staff in individual dosage containers, original prescription containers, or envelopes clearly labeled with the following information:

Name of Program _____ **Date** _____

Name of Participant _____

Name of Medicine _____

Complete Dosage Instructions _____

Name of Program _____ **Date** _____

Name of Participant _____

Name of Medicine _____

Complete Dosage Instructions _____

In all cases the recommended dosage of any medication will not be exceeded. If after administering medication there is an adverse reaction, I give my permission to the Champaign Park District to secure from any licensed hospital physician and/or medical personnel any treatment deemed necessary for immediate care. I agree to be responsible for payment of any and all medical services rendered.

I recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medication to my minor child. Such risks include, but are not limited to, failing to properly administer the medication, failing to observe side effects, failing to assess and/or recognize an adverse reaction, failing to assess and/or recognize a medical emergency, and failing to recognize the need to summon emergency medical services.

In consideration of the Champaign Park District administering medication to my minor child/children, I do hereby fully release or discharge the Champaign Park District and its officer, agents, volunteers and employees from any and all claims from injuries, damages and losses I or my minor child/children may have (or accrue to me or my minor child/children), and arising out of, connected with, incidental to, or in any way associated with the administering of medication.

Signature of Parent or Guardian

Date



**CHAMPAIGN
PARK DISTRICT**

INSTRUCTIONS FOR DISPENSING MEDICATION

Champaign Park District

THIS FORM MUST BE COMPLETED FOR EACH PROGRAM SESSION OR WHEN MEDICATION CHANGES.

Name of Program _____

Name of Participant _____ Age _____

Address _____

Name of Parent/Guardian _____

Daytime Phone _____ Other Phone _____

Name of Parent/Guardian _____

Daytime Phone _____ Other Phone _____

Name of Doctor _____ Phone _____

Name of Medication _____ Dose _____ Time _____

Dispensing and Storage Instructions _____

Possible Side Effects _____

Name of Medication _____ Dose _____ Time _____

Dispensing and Storage Instructions _____

Possible Side Effects _____

Name of Medication _____ Dose _____ Time _____

Dispensing and Storage Instructions _____

Possible Side Effects _____

Other Considerations (nervousness, change in temperament, etc.) _____

I understand that it is my responsibility to give the medication directly to Champaign Park District Program staff with full instructions in original prescription bottles. In all cases, medication dispensing can only be changed or modified by completing another *Permission to Dispense Medication/Waiver and Release of All Claims* form and *Instructions for Dispensing Medication* form. I hereby acknowledge that the above information provided for the dispensing of medication for my minor child, guardian, ward, or other family member is accurate. I also understand that it is my responsibility to inform the Champaign Park District of any changes in the dispensing of medication.

Signature of Parent or Guardian

Date

