



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. 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

t 217.819.3919 | f 217.359.9428 | c 217.621.7687

e melanie.kahler@champaignparks.org | champaignparks.org



Dear Parents:

Welcome to the Busy Bees Program. We are looking forward to meeting you and having a productive year with your child. We hope that your child thoroughly enjoys our programs. You are more than welcome to visit our program at any time during the school year. Please contact the Preschool Supervisor to arrange. Please note that our pick up time is at 11:15am (11:30am 5-day) or 3:15pm. Children will be released only to adults. Classes will begin on Tuesday, September 3, 2024.

The preschool program manuals are intended to familiarize you with the practices and policies that we use for our preschool programs. Please take a few minutes to read through it. The manual explains many facets of the programs not ordinarily discussed. If you have not received a handbook with the forms needed for September 3, use the contact information below for Melanie Kahler or Michelle Horvat, or pick one up at Springer Cultural Center's front desk. **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 preschool programs in 2023-24, the physical is still valid, however we will need updated information forms. These forms are very important and your child cannot participate in the Busy Bees Program without them.

Please see the enclosed supply list. Your child's name tag will be available on the first day of class. Snack days will be noted on your child's snack calendar if you are in the 2-Day or 3-Day Busy Bee Programs. The 5-day Busy Bees participants will be asked to donate a bulk snack (crackers, cereal etc.) and juice the first of each month. Please send in healthy juices such as apple, grape, orange, or juicy juice on your child's assigned snack day. **Due to Champaign Park District's Allergen Policy we cannot except snacks with nuts or peanut butter.** Keep this in mind when choosing your child's snack to send.

If you are new to the program and wish to see the preschool area please contact Michelle Horvat at 217-398-2376 or at michelle.horvat@champaignparks.org and she will set up a tour.

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MICHELLE HORVAT

Preschool Program Supervisor

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CHAMPAIGN PARK DISTRICT

2307 Sangamon Drive | Champaign IL 61821



Dear Parents:

Welcome to the Creative Play Time Program! We are looking forward to meeting you and having a pleasant and productive year with your child. We hope that your child thoroughly enjoys our programs. When you bring your child, feel free to stay—you are more than welcome to visit our program at any time during the school year. Please see the enclosed supply list. Your child's name tag will be available on the first day of class.

The preschool program manuals are intended to familiarize you with the practices and policies that we use for our preschool programs. Please take a few minutes to read through it. The manual explains many facets of the programs not ordinarily discussed. If you have not received a handbook with the forms needed for September 5, use the contact information below for Melanie Kahler or Michelle Horvat, or pick one up at Springer Cultural Center's front desk. **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 preschool programs in 2023-24, the physical is still valid, however we will need to update the information forms. These forms are very important and your child cannot participate without them.

Beginning September 5, drop off will begin at the porch ramp at 12:25am and end at 12:35am. Pick up will be at 3:15pm at the porch ramp. Children will be released to adults only!

A supply list is enclosed. Please send the class a healthy snack and one or two healthy juices such as apple, grape, orange, or juicy juice. **Due to Champaign Park District's Allergen Policy we cannot except snacks with nuts or peanut butter.** Keep this in mind when choosing your child's snack to send in. A list of donation needs will be sent home monthly.

If you are new to the program and wish to see the preschool area please contact Michelle Horvat at 217-398-2376 or at michelle.horvat@champaignparks.org and she will set up a tour.

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CHAMPAIGN PARK DISTRICT

2307 Sangamon Drive | Champaign IL 61821



CLASS SUPPLY LIST

- 1-pencil bag
- 1-large size 8 crayons/primary colors
- 1-4 pack of play dough
- 2-large roll of paper towels
- 1-package of napkins
- 1-water bottle marked with your childs name on it
- 1-change of clothes in a zip lock bag with their name on it
- 2-photos of your child

NO PEANUT BUTTER PRODUCTS



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

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

Name child goes by at home: _____ Birthplace: _____

Address: _____

Primary Guardian #1

Name: _____

Home address: _____ Phone: _____

Employment Name & Address: _____ Phone: _____

Primary Guardian #2

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: _____



**CHAMPAIGN PARK DISTRICT
WRITTEN CONSENTS**

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
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

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 INSTRUCTIONS FOR DISPENSING MEDICATION
PARK DISTRICT
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**

