



2020 Summer Day Camp Registration Packet



Welcome to the Kidz Klub Summer Day Camp Program! **KEEP THIS PAGE FOR YOUR RECORDS!**

The Kidz Klub program is designed to provide educational, social, and recreational opportunities for children ingoing 5K – 6th grade. This program will run from **June 1st- July 2nd at Bowman Park Stable Building** and then **July 6- August 14th at Lake Delton Elementary School**. Below you will find important information about our camp. Also, there are sign up calendars at the end of this packet for you to keep and fill out throughout the summer. Please fill out this packet in its entirety before handing it in.

****If school extends due to snow days then we will begin the day following the last day of school.**

Parent Meeting

Our Summer Day Camp Parent Meeting will take place on **the first night of camp** from 5- 5:30pm at Lake Delton Elementary School. At this meeting, you can meet our staff and take a tour of the camp site. We will also go over some important camp information. Your children can attend this meeting!

**If you register after June 1, you will need to meet one on one with the Recreation Coordinator (Abby Schultz).*

Items Included in Fee:

- 1 - Kidz Klub T-Shirt (for field trip days)
- Daily Lunch and Snack
- 1 - Kidz Klub Water Bottle
- Weekly Field Trips

Registration Deadline

You may register at any point throughout the summer for the Summer Day Camp program. However, early registration & payment is preferred in order to secure your spot in the program. Please allow one week of lead time to get your child into the program after June 4th.

What NOT to Bring

We ask that children not bring the following:

- Toy guns or weapons of any kind
- Pokemon Cards, Tarot Cards, etc
- Cell phone/IPAD/Any Electronics (unless otherwise allowed by staff for a specific day)
- Money
- Any other personal items that you don't want to lose
- *Any personal item can be taken away by staff!

Flex Days

We understand that sometimes children are sick or that scheduling mistakes happen. When your child is absent on a scheduled (paid) day you will receive a flex day. Each child will receive up to 3 flexible cancellation days during the Summer Day Camp. These days can be used to receive a household credit (not refund) towards another day in summer.

Cancellation Policy

If Kidz Klub Summer Day Camp is ever cancelled for any reason, we will email/text all participants, post it on our website at www.citywd.org and our Facebook page: Dells/Delton Parks and Recreation Department

Withdrawal from Program

If you decide to withdraw your child from the Kidz Klub summer day camp program, please provide the Parks and Recreation department with a minimum of two weeks' notice.

Parks & Recreation Dept.
722 Michigan Ave
Wisconsin Dells, WI 53965

Recreation Coordinator- Abby Schultz
Kidz Klub Cell Phone: (608) 432-3036

Office Phone: 608-254-4818

Fax: 608-254-7329

Email: reccoordinator@dellsparkandrec.com

Persons Other Than Parents/Guardians Who Are Authorized to Pick Up Child - if no one, circle "None"

NONE

1. Relationship to Child: Mother / Father / Guardian

Name _____ Home Phone _____
Last First

Home Address _____ Cell Phone _____
Street City Zip

Place of Employment and Work Phone # OR
Where Reachable While Child is in Program _____

2. Relationship to Child: Mother / Father / Guardian

Name _____ Home Phone _____
Last First

Home Address _____ Cell Phone _____
Street City Zip

Place of Employment and Work Phone # OR
Where Reachable While Child is in Program _____

Emergency Contact – List information of person to contact when mother, father or guardian cannot be reached.

1. Relationship to Child: Mother / Father / Guardian

Name _____ Home Phone _____
Last First

Home Address _____ Cell Phone _____
Street City Zip

Place of Employment and Work Phone # OR
Where Reachable While Child is in Program _____

2. Relationship to Child: Mother / Father / Guardian

Name _____ Home Phone _____
Last First

Home Address _____ Cell Phone _____
Street City Zip

Place of Employment and Work Phone # OR
Where Reachable While Child is in Program _____

Physician or Medical Facility

Name _____ Address _____
Street City Zip

Telephone _____

Authorization

- YES NO I hereby give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately.
YES NO I have read and understand the policies of the Kidz Klub Summer Day Camp program. I also understand the fee and payment structure and agree to pay for my child's participation in the programs in a timely manner.

Summer Day Camp Site Location: Lake Delton Elementary School

Cost: \$22/day due at registration.

**You can pay monthly if you need to. If you pay monthly, payment is due on the first of each month for that month.
(Example: Payment on June 1st is for the month of June)

Monthly Due Dates:

June 1st

July 1st

August 1st

Please Check Which Option you are choosing:

_____ Full Payment

_____ Monthly Payment

\$ _____ **Total**

Authorization to Participate

I give permission for my child to participate in the Wisconsin Dells Kidz Klub program. I assume all risks as hazards incidental to the conduct of this program. I hereby certify that my child is in normal health and capable of safe participation in the City of Wisconsin Dells Kidz Klub program.

Authorization for Photos

I give permission for the city of Wisconsin Dells to take photos of my child while participating in City of Wisconsin Dells & Lake Delton Parks and Recreation Department programs. I understand that these pictures may be used for promotional reasons.

Signature of parent or guardian

Date

For Office Use Only

Paid For:

June _____

July _____

August _____

Please Return Forms To:

City of Wisconsin Dells Parks and Recreation Department

722 Michigan Avenue

Wisconsin Dells, WI 53965

(There is a drop box outside the door to save on postage)

Wisconsin Dells Parks and Recreation Department
2020 Kidz Klub Summer Day Camp
Transportation Permission Slip

I/we, _____, hereby give permission for
Parent/Guardian

_____ to be transported to & from Lake Delton Elementary School to the
Name of Child

designated field trip locations for the Kidz Klub Summer Day Camp Program.

Date Telephone (day & evening)

Parent/Guardian Signature Print name

Parent/Guardian Signature Print name

WAIVER OF LIABILITY

The undersigned, in consideration of the City of Wisconsin Dells allowing _____ hereinafter "my child") to be transported by the "Lamers" Charter Bus, Wisconsin Dells Taxi and/or the "Original Wisconsin Ducks" to the various field trip locations. I/we acknowledge that such transportation by bus can, as with all transportation, be hazardous with risk of accident, rollover, diesel fume exposure, personal injury, destruction of personal property, fire, emotional trauma among other injuries. I also understand that lack of seat belts may exacerbate these injuries and damage.

I/we hereby release the City of Wisconsin Dells, its employees, officials and agents against any loss, damage, or expense arising from any actual or claimed death or injury or damage to property, whether owned by myself, my child, the City, or third parties, including loss of use, which actually or allegedly results from, or actually or allegedly arises in connection with the above transportation, including any such injury, death, or damage caused in whole or in part by the negligence of the City, its employees, officials and agents.

I/we have had the opportunity to review this release and to negotiate this waiver and I/we sign this waiver on behalf of myself and my child.

DATE _____

Parent/Guardian signature Parent/Guardian signature

Print name: _____ Print name: _____

**City of Wisconsin Dells Kidz Klub
 Health History and Emergency Care Plan**
Please complete both sides of this form

Instructions: The parent/guardian must complete this form for placement in the child's file prior to the child's first day of attendance. A periodic review by parents, guardians and staff is recommended. Information contained on the form shall be shared with any person caring for the child.

CHILD INFORMATION			
Name (Last, First, MI)	Address – Home (Street, City, State, Zip Code)		
Telephone Number	Birthdate (mm/dd/yyyy)	Date – First Day of Attendance (mm/dd/yyyy)	
PARENT / GUARDIAN INFORMATION Provide information where the parent(s) / guardian(s) may be reached while the child is in care.			
Name (Last, First, MI)	Telephone Number – Home	Telephone Number – Work	Telephone Number – Cell
Name (Last, First, MI)	Telephone Number – Home	Telephone Number – Work	Telephone Number – Cell
PHYSICIAN / MEDICAL FACILITY INFORMATION			
Name – Physician	Address – Medical Facility		Telephone Number
Medical Questions			
Does your child have any food allergies? – Please Specify			
Does your child have any other allergies? – Please Specify			

Check any special medical condition(s) that you child may have.

- No Specific Medical Condition
- Asthma Diabetes Epilepsy/seizure disorder Gastrointestinal or feeding concerns including special diet and supplements
- Cerebral palsy/motor disorder Emotional/behavior disorder including ADD or ADHD
- Other condition(s) requiring special care – Please Specify

Triggers that you child may have that could cause problems. – Please Specify

Signs or symptoms to watch for. – Please Specify

Steps the child care provider should follow. If medications are necessary, the Authorization to Administer Medication should be attached to this form.

- 1.
- 2.
- 3.

When to call parents regarding symptoms or failure to respond to treatment.

When to consider that the condition requires emergency medical care or reassessment.

Please add any additional information that may be helpful to the childcare provider.

SIGNATURE – Parent or Guardian

Date Signed

Any Review Dates: _____

**AUTHORIZATION TO ADMINISTER MEDICATION – CHILD CARE CENTERS
INSTRUCTIONS FOR USE**

Use of form: This form is mandatory for family child care centers to comply with DCF 250.07(6)(f)1.a. Failure to comply may result in issuance of a noncompliance statement. This form is voluntary for group child care centers, day camps and certified providers; however, completion of this form meets the requirements of DCF 251.07(6)(f)1.a., DCF 252.44(6)(e)1.a. and DCF 202.08(4)(f) and 202.09(5)(c), Wis. Admin. Codes. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: When a parent is requesting that the provider administer prescription or non-prescription medication to a child in care, this form shall be completed and signed by the parent or guardian before any medication is administered. A separate form shall be used for each medication. Place the form in child's file when medication is no longer required / authorized. Personal Information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

CERTIFIED CHILD CARE CENTERS:

This form is voluntary for certified providers; however, completion of Page 1 *Medication Information and Authorization* and Page 2 *Documentation of Medication Administration – Certified Child Care Providers* meets the requirements of DCF 202.08(4)(f) and 202.09(5)(c), Wis. Admin. Codes.

Have the child's parent or guardian complete and sign Page 1 *Medication Information and Authorization*. Record administration of the authorized medication in the spaces provided on Page 2 *Documentation of Medication Administration – Certified Child Care Providers*. Lines should not be skipped.

LICENSED FAMILY CHILD CARE CENTERS:

Page 1 *Medication Information and Authorization* is mandatory for family child care centers to comply with DCF 250.07(6)(f)1.a. Failure to comply may result in issuance of a noncompliance statement.

Have the child's parent or guardian complete and sign Page 1 *Medication Information and Authorization*.

Page 2 *Documentation of Medication Administration – Certified Child Care Providers*, is only for use by certified child care providers. It is not used by Family Child Care Centers because medication administration must be documented in the center medical log book on the day that the medication is administered.

Log the dates and times medication was administered in the center medical log book. Blanket authorizations that exceed the length of time specified on the label are prohibited; no medication intended for use by a child in the care of the center may be kept at the center without a current medication administration authorization from the parent. For more information, see the document *Directions for Use of Center Medication & Injury Log or Logs* available from the Child Care Information Center website as part of the Appendix J Resource List.

LICENSED GROUP CHILD CARE AND DAY CAMPS:

Page 1 *Medication Information and Authorization* is voluntary for group child care centers and day camps; however, completion of this form meets the requirements of DCF 251.07(6)(f)1.a. and DCF 252.44(6)(e)1.a., Wis. Admin. Codes.

Have the child's parent or guardian complete and sign Page 1 *Medication Information and Authorization*.

Page 2 *Documentation of Medication Administration – Certified Child Care Providers*, is only for use by certified child care providers. It is not used by Group Child Care Centers because medication administration must be documented in the center medical log book on the day that the medication is administered.

Log the dates and times medication was administered in the center medical log book. Blanket authorizations that exceed the length of time specified on the label are prohibited; no medication intended for use by a child in the care of the center may be kept at the center without a current medication administration authorization from the parent. For more information, see the document *Directions for Use of Center Medication & Injury Log or Logs* available from the Child Care Information Center website as part of the Appendix J Resource List.

**AUTHORIZATION TO ADMINISTER MEDICATION – CHILD CARE CENTERS
MEDICATION INFORMATION AND AUTHORIZATION**

A. FACILITY AND CHILD INFORMATION

Name – Child Care Center _____

Name – Child _____

Birthdate (mm/dd/yyyy) _____

B. MEDICATION INFORMATION: Medication shall be in the original container and labeled with the child's name. The label shall include dosage and directions for administration.

Name – Medication	Dosage	Time(s) of Day to be Administered	How to be Administered	Dates – Medication Time Period	
				From	To
		<input type="checkbox"/> AM <input type="checkbox"/> PM			
	 <input type="checkbox"/> AM <input type="checkbox"/> PM			
	 <input type="checkbox"/> AM <input type="checkbox"/> PM			
	 <input type="checkbox"/> AM <input type="checkbox"/> PM			

Yes No Does the over-the-counter (OTC) medication label indicate the child's physician should be consulted? If "Yes" I have consulted with my child's physician, and I am authorizing a dosage consistent with the physician's recommendation.

Name – OTC Medication

Parent Initials

Additional information / special instructions / contraindications – Specify.

C. AUTHORIZATION

I hereby authorize administration of the above medication to my child by staff of the child care center listed above.

SIGNATURE – Parent or Guardian _____

Date Signed

STUDENT IMMUNIZATION RECORD

INSTRUCTIONS TO PARENT: COMPLETE AND RETURN TO SCHOOL WITHIN 30 DAYS AFTER ADMISSION. State law requires all public and private school students to present written evidence of immunization against certain diseases within 30 school days of admission. The current age/grade specific requirements are available from schools and local health departments. These requirements can be waived only if a properly signed health, religious, or personal conviction waiver is filed with the school. The purpose of this form is to measure compliance with the law and will be used for that reason only. If you have questions on immunizations or how to complete this form, contact your child's school or local health department.

PERSONAL DATA		PLEASE PRINT				
Step 1	Student's Name	Birthdate (Mo/Day/Yr)	Gender	School	Grade	School Year
	Name of Parent/Guardian/Legal Custodian	Address (Street, City, State, Zip)			Telephone Number ()	

IMMUNIZATION HISTORY						
Step 2						
List the MONTH, DAY AND YEAR your child received each of the following immunizations. DO NOT USE A (✓) OR (X) except to answer the question about chickenpox. If you do not have an immunization record for this student at home, contact your doctor or public health department to obtain it.						
TYPE OF VACCINE*	FIRST DOSE Mo/Day/Yr	SECOND DOSE Mo/Day/Yr	THIRD DOSE Mo/Day/Yr	FOURTH DOSE Mo/Day/Yr	FIFTH DOSE Mo/Day/Yr	
DTaP/DTP/DT/Td (Diphtheria, Tetanus, Pertussis)						
Adolescent booster (Check appropriate box) <input type="checkbox"/> Tdap <input type="checkbox"/> Td						
Polio						
Hepatitis B						
MMR (Measles, Mumps, Rubella)						
Varicella (Chickenpox) Vaccine Vaccine is required only if your child has not had chickenpox disease. See below:						
Has your child had Varicella (chickenpox) disease? Check the appropriate box And provide the year if known: <input type="checkbox"/> YES _____ year (Vaccine not required) <input type="checkbox"/> NO or Unsure (Vaccine required)						

REQUIREMENTS

Step 3 Refer to the age/grade level requirements for the current school year to determine if this student meets the requirements.

COMPLIANCE DATA

Step 4 **STUDENT MEETS ALL REQUIREMENTS**
 Sign at Step 5 and return this form to school.
 Or

STUDENT DOES NOT MEET ALL REQUIREMENTS

Check the appropriate box below, sign at Step 5, and return this form to school. PLEASE NOTE THAT INCOMPLETELY IMMUNIZED STUDENTS MAY BE EXCLUDED FROM SCHOOL IF AN OUTBREAK OF ONE OF THESE DISEASES OCCURS.

Although my child has NOT received ALL required doses of vaccine, the FIRST DOSE(S) has/have been received. I understand that the SECOND DOSE(S) must be received by the 90th school day after admission to school this year, and that the THIRD DOSE(S) and FOURTH DOSE(S) if required must be received by the 30th school day next year. I also understand that it is my responsibility to notify the school in writing each time my child receives a dose of required vaccine.

NOTE: Failure to stay on schedule and notify the school may result in court action and a fine of up to \$25.00 per day of violation.

WAIVERS (List in Step 2 above, the date(s) of any immunizations your child has already received)

For health reasons this student should not receive the following immunizations _____

 SIGNATURE - Physician Date Signed

For religious reasons this student should not be immunized.

For personal conviction reasons this student should not be immunized.

 LIST VACCINE(S) WAIVED

SIGNATURE

Step 5 This form is complete and accurate to the best of my knowledge. Check one: (I do I do not) give permission to share my child's current immunization records and as they are updated in the future with the Wisconsin Immunization Registry (WIR). I understand that I may revoke this consent at any time by sending written notification to the school district. Following the date of revocation, the school district will provide no new records or updates to the WIR.

 SIGNATURE - Parent/Guardian/Legal Custodian or Adult Student Date Signed

June 2020

Summer Day Camp Sign-Up Calendar

Name of Child _____

Place an "X" in the box for each day your child will be attending the Summer Day Camp Program.
Please fill out one sheet for each child participating in the Summer Day Camp Program.

***If you sign up for the field trip, you must sign up for one other day in that week!**

Monday	Tuesday	Wednesday	Thursday	Friday
June 1 7:45am- 5:15pm	June 2 7:45am- 5:15pm	June 3 7:45am- 5:15pm FIELD TRIP DAY TBD	June 4 7:45am- 5:15pm	June 5 7:45am- 5:15pm
June 8 7:45am- 5:15pm	June 9 7:45am- 5:15pm	June 10 7:45am- 5:15pm FIELD TRIP DAY TBD	June 11 7:45am- 5:15pm	June 12 7:45am- 5:15pm
June 15 7:45am- 5:15pm	June 16 7:45am- 5:15pm	June 17 7:45am- 5:15pm FIELD TRIP DAY Country Bumpkin	June 18 7:45am- 5:15pm	June 19 7:45am- 5:15pm
June 22 7:45am- 5:15pm	June 23 7:45am- 5:15pm	June 24 7:45am- 5:15pm FIELD TRIP DAY TBD	June 25 7:45am- 5:15pm	June 26 7:45am- 5:15pm
June 29 7:45am- 5:15pm	June 30 7:45am- 5:15pm POOL DAY 11:45am- 3:45pm			

Total Balance Worksheet

One Child: # of Days _____ x \$22= \$ _____

Two Children: # of Days _____ x \$44= \$ _____

July 2020

Summer Day Camp Sign-Up Calendar

Name of Child _____

Place an "X" in the box for each day your child will be attending the Summer Day Camp Program.
Please fill out one sheet for each child participating in the Summer Day Camp Program.

***If you sign up for the field trip, you must sign up for one other day in that week**

Monday	Tuesday	Wednesday	Thursday	Friday
		July 1 7:45am- 5:15pm FIELD TRIP DAY TBD	July 2 7:45am- 5:15pm	July 3 CLOSED! 
July 6 7:45am- 5:15pm	July 7 7:45am- 5:15pm	July 8 7:45am- 5:15pm FIELD TRIP DAY TBD	July 9 7:45am- 5:15pm	July 10 7:45am- 5:15pm
July 13 7:45am- 5:15pm	July 14 7:45am- 5:15pm POOL DAY 11:45am- 3:15pm	July 15 7:45am- 5:15pm FIELD TRIP DAY Fishing (3 rd -6 th) Yogi Bear (K-2 nd)	July 16 7:45am- 5:15pm	July 17 7:45am- 5:15pm
July 20 7:45am- 5:15pm	July 21 7:45am- 5:15pm	July 22 7:45am- 5:15pm FIELD TRIP DAY Baraboo Children's Museum/Ochsner's Park	July 23 7:45am- 5:15pm	July 24 7:45am- 5:15pm
July 27 7:45am- 5:15pm	July 28 7:45am- 5:15pm POOL DAY 11:45am- 3:15pm	July 29 7:45am- 5:15pm FIELD TRIP DAY Jet Boat	July 30 7:45am- 5:15pm	July 31 7:45am- 5:15pm FIELD TRIP DAY Mascot Day @ Library?

Total Balance Worksheet

One Child: # of Days _____ x \$22= \$ _____

Two Children: # of Days _____ x \$44= \$ _____

August 2020

Summer Day Camp Sign-Up Calendar

Name of Child _____

Place an "X" in the box for each day your child will be attending the Summer Day Camp Program.
Please fill out one sheet for each child participating in the Summer Day Camp Program.

***If you sign up for the field trip, you must sign up for one other day in that week!**

Monday	Tuesday	Wednesday	Thursday	Friday
August 3 7:45am- 5:15pm	August 4 7:45am- 5:15pm	August 5 7:45am- 5:15pm FIELD TRIP DAY Pool Day	August 6 7:45am- 5:15pm	August 7 7:45am- 5:15pm
August 10 7:45am- 5:15pm	August 11 7:45am- 5:15pm POOL DAY 11:45am- 3:15pm	August 12 7:45am- 5:15pm FIELD TRIP DAY Galaxy Skate	August 13 7:45am- 5:15pm	August 14 7:45am – 2pm END OF SUMMER COOKOUT @ Ralph Hines Park- 12pm

Total Balance Worksheet

One Child: # of Days _____ x \$22= \$ _____

Two Children: # of Days _____ x \$44= \$ _____

2020 Field Trips & Events

(Subject to change due to the unknowns for places of businesses)

All field trip locations and dates are tentative. Field trips may be maneuvered around based on availability of some locations. Many of the field trips are weather permitting. If you have any questions please let us know.

ICONS

The following icons indicate items that a child should have for a particular field trip.



JUNE

June 3- TBD

June 10- TBD

June 17- Country Bumpkin (10:30am- 2:30pm)



Duck shuttle will be picking us up at 10:30am. Please wear your Kidz Klub t-shirt, closed toed shoes and bring your water bottle. We will apply sunscreen prior to leaving the school. Shuttle will take us back to the school around 2:30pm.

June 24- TBD

JULY

July 1- TBD

July 8- TBD

July 15- 3rd- 6th graders: Grandpa Bud's Fishing Trip; Bud Gussel's Pond (8:45am- 1pm)



The 3rd- 6th graders will be departing the school via taxis at 8:45am. Please wear your Kidz Klub t-shirt and closed toed shoes. Sunscreen will be applied before leaving the school. Fishing poles and supplies are provided.

July 15- K-2nd graders: Yogi Bear; swimming (12:45pm- 3:15pm)



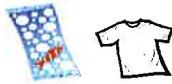
The K-2nd graders will be going to Yogi Bear campground for a day of swimming. Please dress them in their swimsuit prior to bringing them to school. Also, bring a towel and plastic bag for wet items. We will apply sunscreen once we get to the facility. Please also bring a backpack to carry items to and from the school.

July 22– Baraboo Children’s Museum/Ochsner’s Park (9:30am- 3:30pm)



Today, we head to the Baraboo Children’s Museum and Ochsner’s Park. Bus will depart the school at 9:30am; we’ll be at the museum until noon and then head over to Ochsner’s for lunch, zoo and free time. We should return back to the school around 3:30pm.

July 29 – Jet Boat Tour (1:30- 3:15pm)



The Duck shuttle will pick us up and we will head to the upper boat docks to do a jet boat tour. These boats go fast and you will get wet! Please bring an extra change of clothes and towel. Lifejackets are provided for the little kids. On our tour, we will go to Witches Gulch and Stand Rock.

July 31- College Mascot Show @ Library ?? (11:45am- 2:15)

The Duck Shuttle will pick us up at 11:45am. The kids will eat lunch at the library field and then enjoy a mascots show before heading back around 2:15pm.

AUGUST

August 5- Pool Day: City Pool (11:45am- 3:45pm)



The Duck Shuttle will pick us up at 11:45am. The kids will eat lunch at Veteran’s Park and then enjoy a pool day before heading back around 3:45pm. Dress the kids in their swim attire before coming to camp.

August 12- Galaxy Skate in Richland Center (10:30am- 3:30pm)



The bus will depart the school at 10:30am to head to Galaxy Skate in Richland Center. Have the kids wear their Kidz Klub t-shirt. Kids are allowed to bring money; concessions and game room available. We will have lunch prior to skating. We should be back to the school around 3:30pm. Electronics/snacks allowed on bus trip.

August 14- End of Summer Family Cookout: 12pm (Ralph Hines Park)

Today we will end our summer with a family cookout at Ralph Hines Park in Lake Delton. Lunch will be served at 12pm. Please bring a dish to pass if you plan on attending (fruit, desert, punch, pasta salad, etc). We will provide hot dogs, chips, snacks and milk. **PARENT PICK UP WILL BE EARLY AT 2PM THIS DAY!**