Mayor Jay Tibshraeny and the Chandler City Council

CHANDLER
Parks & Recreation
Discover. Imagine. Grow.

# YOUTH & TWEEN CAMP PARENT GUIDE AT TUMBLEWEED

# YOUTH & TEEN PROGRAM PARENT GUIDE

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## FREQUENTLY CALLED PHONE NUMBERS:

**TRC Guest Service Counter**..... 480-782-2900

**Program Coordinator**
Susan Richardson..... 480-782-2912

**TRC Fax Number** ..... 480-782-2929

## ADDRESS:

**Tumbleweed Recreation Center**
745 East Germann Road
Chandler, AZ 85286

## MAILING ADDRESS:

Mail Stop 503
P.O. Box 4008
Chandler, AZ 85244-4008

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# POLICIES AND PROCEDURES

***The recreation program is a drop-in program and participants may come and go at their own volition during the session for which they are registered.***

## REFUNDS

- If the Recreation Division cancels a session, a full refund or transfer will be issued.
- Program fees paid by credit card, check or cash will be refunded within two to four full business weeks after approval by the Program Coordinator.
- Refunds will be made only to the original payee or credit card holder.
- Participants are enrolled in the program on a weekly basis. Refunds will be processed upon notification to the Program Coordinator, Susan Richardson at 480-782-2912, according to the dates below:
- After the Wednesday of each week, refunds will not be processed for that week. This policy is enforced so that we can plan supplies and activities properly.

| | 100% REFUND | 50% REFUND |
|---|---|---|
| Week 1 | 9/30 | 10/3 |
| Week 2 | 10/7 | 10/10 |

## ABSENCES

Refunds are not available for vacations, special events, short-term illnesses of four days or less, or other personal commitments that prevent attendance.

## EXTENDED ILLNESSES

- A refund may be available for an extended illness of five or more consecutive program days.
- A doctor's note and written note from the parent or guardian explaining the situation must be received within eight working days from the first day of absence. Upon review, participants may receive a prorated refund for the unused days.

## INCLUSION AND PARTICIPATION

The Department welcomes the participation of children and adults, including those with disabilities. A reasonable accommodation should be requested two (2) weeks in advance. Contact Collette Prather at 480-782-2709 via voice or AZ Relay at 711. Staff is not able to provide services of a personal nature, such as assistance in eating, toileting or dressing. Participants are welcome to bring a caregiver or aide, if they need assistance with these activities.

## CODE OF CONDUCT AND SAFETY

The City of Chandler Community Services Department strives to maintain an atmosphere of camaraderie, courtesy, and respect. To ensure the safety and enjoyment of everyone in our recreational facilities, classes, programs, and activities, participants are expected to conduct themselves in an appropriate manner, at all times.

Appropriate behavior includes the ability and willingness to follow instructions and to interact positively with other individuals. Staff will discuss behaviors of concern with a participant and his/her family, when necessary.

Unsafe or unacceptable behavior will not be tolerated from anyone visiting a facility or participating in any City of Chandler class, program, or activity. Any person acting inappropriately may be subject to Progressive Discipline Action Steps, which may include revocation of the privilege of using department facilities or participating in departmental activities, classes, or programs for a period of time (including a permanent ban), as determined by staff, based on the circumstances of a specific incident.

***Please inquire at the front desk to view the Code of Conduct and Safety in its entirety.***

## BEHAVIOR POLICY

- Our purpose is to provide recreation for youth ages 5-13. Since we're here to have fun, we take problems seriously.
- After each incident that warrants parent/guardian contact, we will consider it a "strike." After three strikes, participants will be asked to leave the program and will not be given a refund, unless a Behavior Contract is established.
- We log all behavior incidents, and if incidents are serious and/or frequent, we will talk to the parent/guardian, either on the phone or in person.
- Incident Report of Child Abuse-Arizona State Law/Code Section 13-3620, 8-201 states mandatory reporting required by a physician, resident, dentist, chiropractor, medical examiner, nurse, psychologist, social worker, school personnel, peace officer, parent, counselor, clergy/priest. The Recreation Division will notify the Chandler Police Department Victim Services Unit at 480-782-4535 of all issues relating to the Arizona State Law of Child Abuse.
- This policy is set in place in order to ensure safety and to prevent behavior problems for all participants and staff members. If you have any questions, please feel free to inform a Recreation Leader II or contact Susan Richardson at 480-782-2912.

## SAFETY CONCERNS

- Parents/Guardians are responsible for the welfare of their child(ren) prior to and after the program in which the child is enrolled.
- Participants should not be dropped off before the program start time nor should the parent/guardian leave the participant more than 15 minutes past the end of the program hours. See late pick-up policy on page 6.

## TRC MEMBERSHIP/PASSES

- Enrollment in the program does not entitle the parent(s) or child(ren) use of the Tumbleweed Recreation Center facility for any purposes other than the program.
- Participants and/or parent(s) may purchase daily passes as needed at the Guest Services Counter for youth ages 8 and older. Participants under the age of 8 may not remain in the building without adult supervision.
- To become a pass holder at the TRC, please call Guest Services Counter at 480-782-2900. A representative will assist you with recreational and fitness opportunities.

## PHOTOGRAPHING

- Photographs and videotaping of youth participating in the program is discouraged by parents/guardians, and/or visitors due to the confidentiality of the child(ren) present.
- Photographs and video footage taken of your child(ren) as a result of participation in activities of the program may be used in promotional materials. Please inform program staff before your child attends, if you do not want your child's photo or video to be taken.

## MEDICATION DISBURSEMENT

- The TRC does not retain a full-time registered nurse and/or licensed physician.
- All distribution of medication (prescription or non-prescription) will not be administered by any program or facility staff.
- Arrangements should be made to administer medication(s) to all participants by a parent/guardian or a person on the approved pick-up list.
- A participant may bring and store an EpiPen for allergy reason's in a large zip lock bag with the participants name, birth date and allergy written on bag with their personal belongings. Please complete the emergency form with the participants allergy information.

## LOST AND FOUND

Lost and found is located at the Guest Services Counter. Two weeks after the program ends, unclaimed lost and found items will be given to charity. The program is not responsible for any items lost during the program.

**NO ELECTRONICS ARE PERMITTED IN CAMP!**
Staff will confiscate items for parent pick-up ONLY!

## LUNCH/SNACK

- Please make sure your child(ren) eat a well-balanced meal. The program does not provide breakfast, lunch or snack.
- Participants must provide their own non-perishable lunch and snack. Lunchtime is scheduled from 12-1 p.m. Snack times are scheduled once during the morning and afternoon sessions. Please refer to page 8 for snack times.
- Refrigeration and microwave use is NOT available for individual lunches.
- Parent/Guardians are welcome to have lunch with their child(ren).

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## SWIMMING

- Open-swim is scheduled Thursdays from 1-4 p.m.
- Participants must bring a swimsuit, towel and sunscreen.
- All participants will be required to complete a swim test provided by the aquatic staff prior to swimming at the pool. Participants who do not pass will be restricted to swim in the zero depth area.
- Masks, snorkels, fins, water wings, vests and swim toys are not allowed. Goggles are not required but encouraged.
- Participants have the opportunity to change into their swimsuits prior to swimming. If your child wears their swimsuit to the program, please have them bring their undergarments to change into after swimming. Wet swimsuits are not advisable for participants to stay in all day due to health concerns.

## SUNSCREEN

- Please send your child to the program with waterproof sunscreen (25 SPF or higher), with their name clearly marked on it. The program does not dispense sunscreen due to different needs and allergies.
- **Helpful suggestion:** Try applying all day waterproof sunscreen on your child(ren) before they leave for the program.
- Our counselors will help participants that cannot apply sunscreen by themselves with a signed approval form.

## PROGRAM DRESS CODE

- Participants should wear comfortable clothing such as a t-shirt and jeans.
- Athletic or soft soled shoes (NON-MARKING with CLOSED TOED, LACED, BUCKLED OR VELCRO CLOSED) are required for all program activities.
- To reduce the amount of lost and found, please have your child(ren)'s clothing marked with their name on it.

## PARTICIPANT DROP-OFF & PICK-UP

**YOUTH**

- Youth Program is a drop-in program. Children may come and go under their own volition.
- Youth Program will meet in the Cotton Room South. Staff will have a table with session binders for parent sign in/out forms.
- Youth Program is from 7 a.m.-6 p.m.
- A child may be dropped off or picked up any time between 7 a.m.-6 p.m. Please sign each child in and out properly.

  **Morning Drop-Off: 7 a.m.**
  **Evening Pick-Up: 6 p.m.**

**TWEEN**

- Tween Program is a drop-in program. Participants may come and go under their own volition.
- Tween Program will meet in the Classroom D. Staff will have a table with session binders for parent sign in/ out forms.
- Tween Program is from 7:30 a.m.-5:30 p.m.
- A participant may be dropped off or picked up any time between 7:30 a.m.-5:30 p.m. Please sign each participant in and out properly.

  **Morning Drop-Off: 7:30 a.m.**
  **Evening Pick-Up: 5:30 p.m.**

## EARLY DEPARTURES

Please notify the Program Coordinator when you are picking your child up prior to the established pick-up hours. Although we try to have someone in the office at all times, occasionally we are out of the office doing assessments and evaluations of the programs. This allows for us to have program staff and your child in the Cotton Room South when you arrive.

## LATE PICK-UP

- Youth participants must be picked up by noon (1/2 day) or 6 p.m. (all-day). Tween participants must be picked up by 5:30 p.m.
- A flat fee of $5 will be charged for the first 15 minutes after pick-up time, and an additional $1 for every minute thereafter.

# YOUTH PROGRAM DAILY SCHEDULE

| TIME | ACTIVITY |
|---|---|
| 7–7:55 a.m. | Free Play |
| 8–8:25 a.m. | Big Group Activity |
| 8:30–9:20 a.m. | Breakout Session 1 |
| 9:25–10:15 a.m. | Breakout Session 2 |
| 10:20–10:35 a.m. | Snack Break |
| 10:40–11:30 a.m. | Breakout Session 3 |
| 11:35–11:55 a.m. | Big Group Activity |
| Noon–12:55 p.m. | Lunch/Free Play |
| 1–1:25 p.m. | Big Group Activity |
| 1:30–2:20 p.m. | Breakout Session 1 |
| 2:25–3:15 p.m. | Breakout Session 2 |
| 3:20–3:35 p.m. | Snack Break |
| 3:40–4:30 p.m. | Breakout Session 3 |
| 4:35–4:55 p.m. | Big Group Activity |
| 5–6 p.m. | Free Play |

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# CLUB TRC TWEEN PROGRAM DAILY SCHEDULE

| TIME | ACTIVITY |
|---|---|
| 7:30-8:25 a.m. | Free Play |
| 8:30-8:55 a.m. | Big Group Activity |
| 9-9:50 a.m. | Breakout Session 1 |
| 9:55-10:10 a.m. | Snack Break |
| 10:15–11:05 a.m. | Breakout Session 2 |
| 11:10 a.m.-noon | Breakout Session 3 |
| Noon-12:55 a.m. | Lunch/Free Play |
| 1–1:25 p.m. | Big Group Activity |
| 1:30–2:20 p.m. | Breakout Session 1 |
| 2:25–3:15 p.m. | Breakout Session 2 |
| 3:20–3:35 p.m. | Snack Break |
| 3:40–4:30 p.m. | Breakout Session 3 |
| 4:35–5:30 p.m. | Free Play |

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# COMMUNICATION WITH PARENTS

DATE:_____

## THIS IS WHAT HAPPENED TODAY:

_____

_____

_____

_____

_____

_____

_____

Parent/Guardian Signature: _____Date:_____

- The program staff is committed to communicating with parents about their child's positive and/or negative incident. This form will be attached to your sign-out sheet at the end of the day.
- If at anytime you do not understand the comments on the form, please talk with the Program Coordinator or program staff about the incident.

# WEEKLY THEMES
## FALL 2016 PROGRAM

## YOUTH & CLUB TRC TWEEN

### Week 1: SURVIVOR

Campers will be divided into two teams and explore fun adventure's to see who will survive. They will create human puzzles and challenge one another. They will learn how to work together as a team.

### Week 2: PUMPKIN PATCH

Join us on a fall adventure. The kids will be creating fun spooky crafts, going through mazes, and scavenger hunts made by them.

***All themes are subject to change.***

# YOUTH & CLUB TRC TWEEN PROGRAM FIELD TRIPS PERMISSION SLIP FALL 2016

The City of Chandler would like to have the parents as informed as possible. If ever a question or problem arises, please feel free to call Susan Richardson or talk to any of the program staff. We try to improve the program each year with your input.

Below is information parents may need regarding field trips and special events:

| DATE & TIME | LOCATION | DESCRIPTION | ADDITIONAL INFO |
|---|---|---|---|
| **Week 1**<br>**October 7**<br>Depart: 9 a.m.<br>Return: 2 p.m. | **Phoenix Zoo**<br>455 N. Gavin Pkwy.<br>Phoenix, AZ 85008 | Campers will enjoy two hours of fun exploring at the Phoenix Zoo. Each child will receive two slices of pizza and a drink for lunch. | Please make sure child is wearing appropriate clothing and sunscreen. Camp will not be stopping at the gift shop and we will be eating lunch when we return from the field trip. |
| **Week 2**<br>**October 14**<br>Depart: 9 a.m.<br>Return: 2 p.m. | **Brunzwick Bowling**<br>1160 S. Gilbert Rd.<br>Gilbert, AZ 85296 | Campers will enjoy 90 minutes of unlimited bowling. Each child will receive two slices of pizza and a drink for lunch. | Please make sure child is wearing socks. If you send your child with additional money for the arcade or concessions, please place in a plastic bag with the child's name and the total amount written on the outside of the bag. |

All half-day participants will attend the field trip(s) and will need to adjust their schedule according to the departure and arrival times. ***Staff is not responsible for the each child's personal belongings.***

# YOUTH & CLUB TRC TWEEN PROGRAM FIELD TRIPS PERMISSION SLIP

In order for the participant(s) listed below to attend field trips scheduled for the program for the site circled below, this form must be signed by a parent or legal guardian of the child(ren).

Also, please indicate which field trips your child(ren) will be attending, by circling either "Yes" or "No" in the appropriate box. **To ensure the staff-to-participant ratio is met for the field trips, staff will not be left behind at the facility. All participants in attendance that day will attend the field trip or swim trip.**

| LOCATION | DATE | ATTENDING? |
|---|---|---|
| Phoenix Zoo | (F) October 7 | Yes / No |
| Brunzwick Bowling | (F) October 14 | Yes / No |

**FIELD TRIPS SCHEDULED ARE:**

Please list all participants that have permission to attend any field trips:

1._____

2. _____

3. _____

4. _____

I, _____, the parent/legal guardian of the above listed participant(s), give permission for my child(ren), listed above, to attend any of the field trips scheduled for the program. I understand that the City of Chandler does not carry accident insurance for these programs. I agree to indemnify and hold harmless the City of Chandler from all losses or injuries sustained during my child's/youth's participation. I also give permission for any photo/video taken of my child/participants to be used by the City of Chandler.

Parent/Guardian Signature: _____Date:_____

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# SWIMMING/SUNSCREEN PERMISSION SLIP

## FALL 2016 SWIMMING PERMISSION

I, _____, the parent/legal guardian of the participant(s) listed below:

1. _____
2. _____
3. _____
4. _____

give permission for my child/participant to go swimming with the program. I understand that the City of Chandler does not carry accident insurance for these programs. I agree to indemnify and hold harmless the City of Chandler from all losses or injuries sustained during my child's/youth's participation.

I understand staff will not be left behind at the facility in order to ensure that the staff-to-participant ratio is met. All participants in attendance will attend the swim trip.

I also give permission for any photo/video taken of my child/participants to be used by the City of Chandler.

Parent/Guardian Signature: _____

Date: _____

## FALL 2016 SUNSCREEN PERMISSION

I, _____, the parent/legal guardian of the participant(s) listed above give permission for a program leader of the same sex as my child to apply sunscreen to my child in the presence of another program leader.

The purpose of sunscreen is for the safety of the participants and encouragement of proper protection from the sun before open swimming and/or any outdoor activity.

Parent/Guardian Signature: _____

Date: _____

# EMERGENCY CONTACT

I, _____ , the parent/legal guardian of the participant(s) listed below:

| Child's Name | Program child will be participating in |
|---|---|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

give permission for emergency medical service to be administered to my child/participant listed above. I understand that the City of Chandler does not carry accident insurance for these programs. I agree to indemnify and hold harmless the City of Chandler from all losses or injuries sustained during my child's/youth's participation. I also give permission for any photo/video taken of my child/participant to be used by the City of Chandler.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian email address: _____

***In case of emergency, please contact:*** *(Please print)*

| PARENT/GUARDIAN CONTACT | SECONDARY CONTACT |
|---|---|
| Name: _____ | Name: _____ |
| Cell Number: _____ | Cell Number: _____ |
| Home Number: _____ | Home Number: _____ |
| Relationship: _____ | Relationship: _____ |

***In case of emergency, please list child's address:*** _____

The City of Chandler intends to comply with the Americans with Disabilities Act (ADA).
To request a reasonable accommodation, please contact Collette Prather at (480) 782-2709 at least two weeks in advance.

***List any physical disabilities/conditions or allergies to food or medications known:*** _____

_____

_____

***Doctor's Name:*** _____ ***Phone Number:*** _____

***Staff cannot administer any medication. The City of Chandler will not store medication and is not responsible or liable for any medication your child requires.***

***Alternate Pick-ups:*** *(Please list the names and contact information for people permitted to pick-up your child.)*
*If someone other then myself will be picking my child up from class I will* ***notify staff in writing*** *and that person will be required to show photo ID before my child will be released.*

| Name | Relation to Child | Phone Number |
|---|---|---|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |

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# POLICY ACKNOWLEDGEMENT

**PARENTS:** Please read the attached information regarding our program policies. When you have read them, please sign this acknowledgement sheet.

I, _____, the parent/legal guardian of the participant(s) listed below:

1. _____
2. _____
3. _____
4. _____

have read and understand the Parent Guide, **Inclusion and Participation, Code of Conduct and Safety, Late Fee policy, Behavior policy and the Refund policy.**

Parent/Guardian Signature: _____Date:_____

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