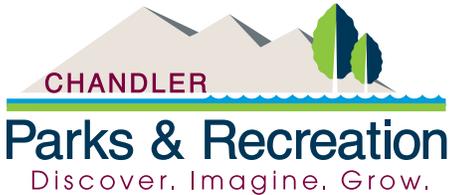


WINTER 2014-15



YOUTH CAMP PARENT GUIDE

YOUTH PROGRAM PARENT GUIDE

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FREQUENTLY CALLED PHONE NUMBERS:

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

Program Coordinator

Abel Mendoza 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, Abel Mendoza at 480-782-2912, according to the dates below:

	100% REFUND	50% REFUND
Week 1	December 19	December 22
Week 2	December 26	December 29

- 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.

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.

DISMISSAL FROM THE PROGRAM

There are times when the program must dismiss a child due to psychological or emotional problems that precludes the child from participating safely or effectively in a group. Dismissal will take effect only after consultation among the parent(s), participant and program coordinator.



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.
- 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, clergyman/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 Abel Mendoza 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.

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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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 AND PICK-UP

- 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.

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 12 p.m. (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.



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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COMMUNICATION WITH PARENTS

DATE: _____

THIS IS WHAT HAPPENED TODAY:

- 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

WINTER 2014-15 PROGRAM

Week 1: WINTER WONDERLAND

While celebrating the seasons holiday cheer at the Tumbleweed Recreation Center, the youth camp will enjoy holiday arts and crafts, fun winter games and activities.

Week 2: HAPPY NEW YEAR!

This week we will ring in the new year with exciting games, sports, and art activities. We will celebrate the year with old and new traditions while remembering the past year's moments.

EMERGENCY CONTACT

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

	<u>Child's Name</u>	<u>Program child will be participating in</u>
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 CONTACT

Name: _____

Cell Number: _____

Home Number: _____

Relationship: _____

SECOND CONTACT

Name: _____

Cell Number: _____

Home Number: _____

Relationship: _____

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

List any physical problems/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 than 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.

	<u>Name</u>	<u>Relation</u>	<u>Phone Number</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____



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**, **Late Fee policy**, **Behavior policy** and the **Refund policy**.

Parent/Guardian Signature: _____ Date: _____

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