



SPRING 2019

COMMUNITY CENTER

YOUTH CAMP PARENT GUIDE

YOUTH SPRING CAMP PARENT GUIDE

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FREQUENTLY CALLED PHONE NUMBERS:

- Community Center Service Counter** 480-782-2727
- Program Coordinators**
 - Trevor Groth 480-782-2730
- Facility Manager**
 - Tony Baumann 480-782-2722
- Community Center Fax Number** 480-782-2734

PHYSICAL ADDRESS:

Community Center
125 East Commonwealth Avenue
Chandler, AZ 85225

MAILING ADDRESS:

Mail Stop 501
P.O. Box 4008
Chandler, AZ 85244-4008





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.
- Participants are enrolled in the program on a weekly basis. Refunds will be processed upon notification by the Program Coordinator, Trevor Groth at 480-782-2730.
- Due to field trip planning and activity supply needs, any cancellations received 48 hours prior to the camp start date receives a full refund. Less than 48 hours notice results in a 50% refund. After the class is completed, there will be no refund.
- 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.

ABSENCES

Refunds are not available for absences due to 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 5-12. 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 Trevor Groth at 480-782-2730.

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.

PHOTOGRAPHY

- Taking photographs or video 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), by city staff, as a result of participation in program activities 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

Recreation staff and representatives are not trained or permitted to provide medication administration services to program participants. If you require assistance with medication administration during participation in one of our programs, you will need to make arrangements to have a caregiver provide such services for you. Participants' self-administration of medications will be permitted only in accordance with an approved in advance Request for Reasonable Accommodation. Medications covered by this policy include, but are not limited to, all prescription and over-the-counter drugs, inhalers, and epinephrine auto-injectors (e.g., EpiPens). Any questions regarding the administration of medications should be directed to the program coordinator, Trevor Groth.

LOST AND FOUND

Lost and Found is located at the Community Center Service 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 and will hold them until they can be picked up by the child's parent/guardian ONLY!

LUNCH/SNACK

- Please make sure your child(ren) eat a well-balanced meal.
- Lunchtime is scheduled from 11:30 a.m.-12:30 p.m. However, the time may vary depending on offsite field trips. Snack times are scheduled once during the morning and once during afternoon.
- Refrigeration and microwave use is NOT available for individual lunches.

****Please notify City of Chandler staff of any food allergies your child(ren) may have.****

SUNSCREEN

- Please send a small container of waterproof sunscreen (25 SPF or higher), with your child with their name clearly marked on it.
- **Suggestion:** Consider applying all day waterproof sunscreen on your child(ren) before they leave for the program.
- Our staff 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 CLOSURES) 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

- 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.
- Youth Program will meet in the Multipurpose Room #109. Staff will have a table with session binders for parent/guardian sign in/out forms.
- Youth Program is from 7 a.m.-6 p.m. for full day; 7 a.m.-noon for morning half-day program, and 1-6 p.m. for afternoon half-day program.
- A child may be dropped off or picked up any time between 7 a.m.-6 p.m. depending on the session they were registered for. Please sign each child in and out properly.

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 Multipurpose Room #109 when you arrive.

LATE PICK-UP (LATE FEE POLICY)

- Youth participants enrolled in the morning half-day program must be picked up by noon. Afternoon/All-day program participants must be picked up no later than 6 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
7:30–7:55 a.m.	Free Play
8–8:25 a.m.	Large 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.	Large Group Activity
Noon–12:55 p.m.	Lunch/Free Play
1–1:25 p.m.	Large 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.	Large Group Activity
5–5:30 p.m.	Free Play



COMMUNICATION WITH PARENTS

DATE: _____ STAFF: _____

THIS IS WHAT HAPPENED TODAY:

- Program staff is committed to communicating with parents about their child's positive and/or negative behavior. 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.

FIELD TRIP INFORMATION

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 Trevor Groth 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 Tuesday, March 12 Depart: Noon Return: 3 p.m.	Jumpstreet Chandler 455 E. Warner Rd. Chandler, 85225	Participants will take on the trampoline park!	Additional waiver from Jumpstreet is required for this field trip
Week 1 Wednesday, March 13 Depart: 10:30 a.m. Return: 3 p.m.	Desert Breeze Park 660 N. Desert Breeze Blvd E, Chandler, 85226	Participants will enjoy a day out at the park with games, food, and much more	Pizza lunch will be provided for this trip.
Week 2 Wednesday, March 20 Depart: 10:30 a.m. Return: 4 p.m.	Tumbleweed Park 745 E. Germann Rd. Chandler, 85286 Harkins Theatre 2980 E. Germann Rd. Chandler, 85286	Participants will head over to Tumbleweed Park for fun, games, and lunch. They will then travel to Harkins to view Wonder Park.	Each participant will get a voucher for the movie (includes kids popcorn, fruit snack and soft drink)
Week 2 Friday, March 22 Depart: 9:30 a.m. Return: 3 p.m.	USA's Skateland 1101 W. Ray Rd. Chandler 85224	Participants will take part in a STEM activity and be able to roller skate!	Pizza lunch is provided for this trip.

ATTENTION PARENTS: If you would like to provide a child booster seat for your child so the City of Chandler staff can use while transporting your child during field trips, please feel free to contact the camp coordinator. Child booster seats are not provided by the City of Chandler staff members to use during transportation to and from field trips during Spring camp.

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 each child's personal belongings.**



FIELD TRIPS PERMISSION SLIP

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

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

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

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.**

FIELD TRIPS SCHEDULED ARE:

LOCATION	DATE	ATTENDING?
Jumpstreet Chandler	(Tu) March 12	Yes / No
Desert Breeze Park	(W) March 13	Yes / No
Tumbleweed Park and Harkins Theatre	(W) March 20	Yes / No
USA's Skateland	(F) March 22	Yes / No

**Please note that we will be viewing a 'Wonder Park' on Wednesday, March 20. By circling "YES" you are giving your child permission to view this film.*

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: _____

SUNSCREEN PERMISSION SLIP

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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 assist my child in applying 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:

	<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/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 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 to Child</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, **Inclusion and Participation, Code of Conduct and Safety, Late Fee policy, Behavior policy and the Refund policy.**

Parent/Guardian Signature: _____ Date: _____