

DISCOVER.

IMAGINE.

GROW.

The **PITSTOP**

THERAPEUTIC RECREATION

PARENT GUIDE | 2020



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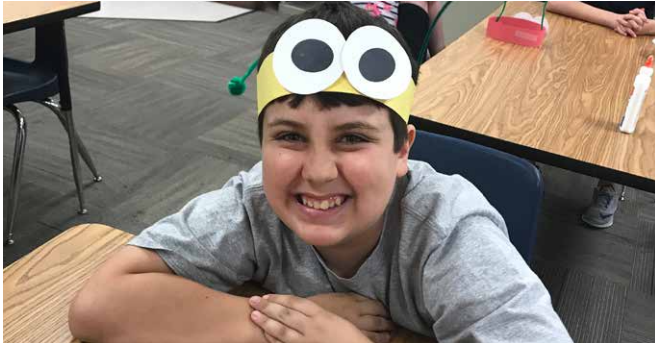
- Registration Form
- Emergency Contact
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CONTACT INFORMATION

- 📍 Camp Location: Chandler Community Center, 125 E. Commonwealth Ave. | Chandler, AZ 85225
- ☎ Program Phone | 480-332-3894
Customer Service Counter | 480-782-2727
Collette Prather, Recreation Coordinator II | 480-782-2709 | collette.prather@chandleraz.gov

🖱 chandleraz.gov/therapeutic

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.
- 100% refunds will only be granted if requested 48 hours, or more, in advance of program start. 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. Please call after 8 a.m. if participant is ill. You may let your counselors know in advance when participant will be gone for vacation.

HEALTH

If your child is experiencing a fever, cough, muscle aches, runny nose or sore throat, be considerate of others and please keep him/her at home on that day. If a participant comes to the program with these symptoms, the parent will be contacted and required to pick up the participant.

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.

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 past the end of the program hours.

COMMUNICATION WITH PARENTS

- The program staff is committed to communicating with parents about their child's positive and/or negative behaviors.

BEHAVIOR POLICY

- Our purpose is to provide recreation for participants of various ages. Since we're here to have fun, we take problems seriously.
- 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.
- After each incident that warrants parent/guardian contact, we will consider it a "strike." After a first strike, a Behavior Contract will be established and/or reviewed. After three strikes, participants will be asked to leave the program and will not be given a refund. At the discretion of the program coordinator, participants who are asked to leave the program may not be permitted to enroll in future sessions.
- 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 speak to program staff.

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 ADMINISTRATION

- Recreation staff and representatives are not trained or permitted to provide medication administration services to program participants.
- If you require medication administration during participation in one of our programs, you will need to complete the **Parental Consent and Directions for Self-Administration of Prescription and Non-Prescription Medication at City of Chandler Recreation Programs Form**.
- 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 your site's Program Coordinator.**

LOST AND FOUND

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 or while on field trips.

NO TOYS OR ELECTRONICS PERMITTED!

Toys, electronic games and cell phones are distracting to the program. If they need a cell phone, it should remain in a pocket and no one should know they have it.

PROGRAM DRESS CODE

- Participants should wear comfortable clothing such as a t-shirt and jeans. We play active games and explore the outdoors. Your child will get dirty, painted, and/or messy. Do not send them in their best clothes.
- Athletic or soft soled shoes (NON-MARKING with CLOSED TOED, LACED, BUCKLED OR VELCRO CLOSED) are required for all program activities. NO sandals, flip flops or Crocs.
- 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

Our programs are a drop-in program. Children may come and go under their own volition.

DROP-OFF

- Parents will pull up to the circle and staff will help the participant out of the car and into the classroom.

LATE DROP-OFF/EARLY PICK-UP

- For late drop-offs please bring your program participant into the lobby and staff will assist you. You will be asked to remain with your child until the group returns or arrangements can be made to meet up with the group.
- For early pick-ups please come to the lobby.

ALTERNATE PICK-UPS

- If someone will be picking up your participant who is not a parent or legal guardian, we ask that you list that person as an "alternate pick-up" on the Emergency contact form.
- Employees will ask for identification and refuse a pick-up to unauthorized individuals. Please let caregivers know to carry their ID.

SNACK

- The program does not provide lunch.
- If your child has any special diets, please provide your own snack.
- Parents of each participant may volunteer to provide a non-perishable snack. A sign-up list may be sent by email. Please bring snacks that are store-bought and unopened. **We ask that you do not bring any snacks that have peanuts, peanut butter or nuts. Also please don't bring foods that have been processed in a plant that processes nuts or contains traces of nuts, tree nuts, etc.**

FIELD TRIPS

- There will be no bus field trips this summer.

DONATIONS ALWAYS WELCOME

- Items needed include: lemonade mix, small cups, popcorn, paper towels, and disinfectant wipes.

WHAT TO BRING

- We are trying to limit items brought into the program from home. **Please only bring a refillable water bottle** and no other items to the program.

REGISTRATION FORM

Participant's Name: _____
(Last) (First) (Middle initial)

Home Address: _____
(Street) (City) (Zip code)

Birth Date: _____ Age: _____ Sex: _____ E-mail address: _____ T-Shirt size: _____

Parent's Name: _____ Primary Phone: _____ Additional Phone: _____

**The following information is to help staff better understand each participant's wants and needs.
 Please be as specific as possible with your answers.**

- Has the participant attended a day-camp type program in the past? Yes No
- What is the participant's disability? (Please check all that apply to participant):

<input type="checkbox"/> MIMD/MOMD	<input type="checkbox"/> Down syndrome	<input type="checkbox"/> fetal alcohol syndrome	<input type="checkbox"/> autism/Asperger's
<input type="checkbox"/> hearing impaired	<input type="checkbox"/> learning disabilities	<input type="checkbox"/> head injury	<input type="checkbox"/> bi-polar
<input type="checkbox"/> diabetes	<input type="checkbox"/> seizure disorder	<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> communication impairments
<input type="checkbox"/> Other: _____			
- Does participant have allergies? Yes No
 If yes, please list: _____
- Does participant have seizures or blackouts? Yes No
 If yes, please describe: _____
- Have you ever known the participant to:

Interact well with others?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> Regularly
Be cooperative with peers and adults?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> Regularly
Express his/her needs?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> Regularly
Exhibit age-appropriate behaviors?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> Regularly
Hit or strike others?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> Regularly
Use foul language?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> Regularly
Exhibit self destructive behavior?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> Regularly
React aggressively to criticism?	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Often	<input type="checkbox"/> Regularly
Comments on the above: _____					
- Is the participant potty-trained? Yes No
- Does the participant use diapers/pull-ups? Yes No
 If yes, can the participant independently change his or her own diapers/pull-ups? Yes No

**NOTE: Participants must be potty-trained or independently able to take care of bathroom needs.
 Staff are only able to offer minimal assistance.**

Please list any other pertinent information that would help our staff in working with the participant. (Be specific, and please attach additional pages(s) if necessary): _____

Please take some time to describe the participant's likes and dislikes. What activities and environmental stimulation does the individual enjoy and respond positively to? Is there anything that the individual responds negatively to?

Positive response to: _____ **Negative response to:** _____

Staff Notes (to be filled out by program staff only): _____

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

Name: _____

Cell Number: _____

Home Number: _____

Relationship: _____

SECONDARY CONTACT

Name: _____

Cell Number: _____

Home Number: _____

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.

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

Participant's Name: _____

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 above have read and understand the **Parent Guide, Drop-off/Pick-up policy, Behavior policy** and the **Refund policy**. I have also filled out the registration packet as **COMPLETELY** as possible and to the best of my knowledge.

All the staff members at The Pitstop may rely on the information contained herein to make a decision as to whether or not this applicant may safely participate at The Pitstop. The City of Chandler reserves the right, in its absolute discretion, to terminate this program, or anyone's participation in the program, at any time, for any reason, including but not limited to any participant's failure to comply with any staff or program coordinator's directives.

I 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: _____