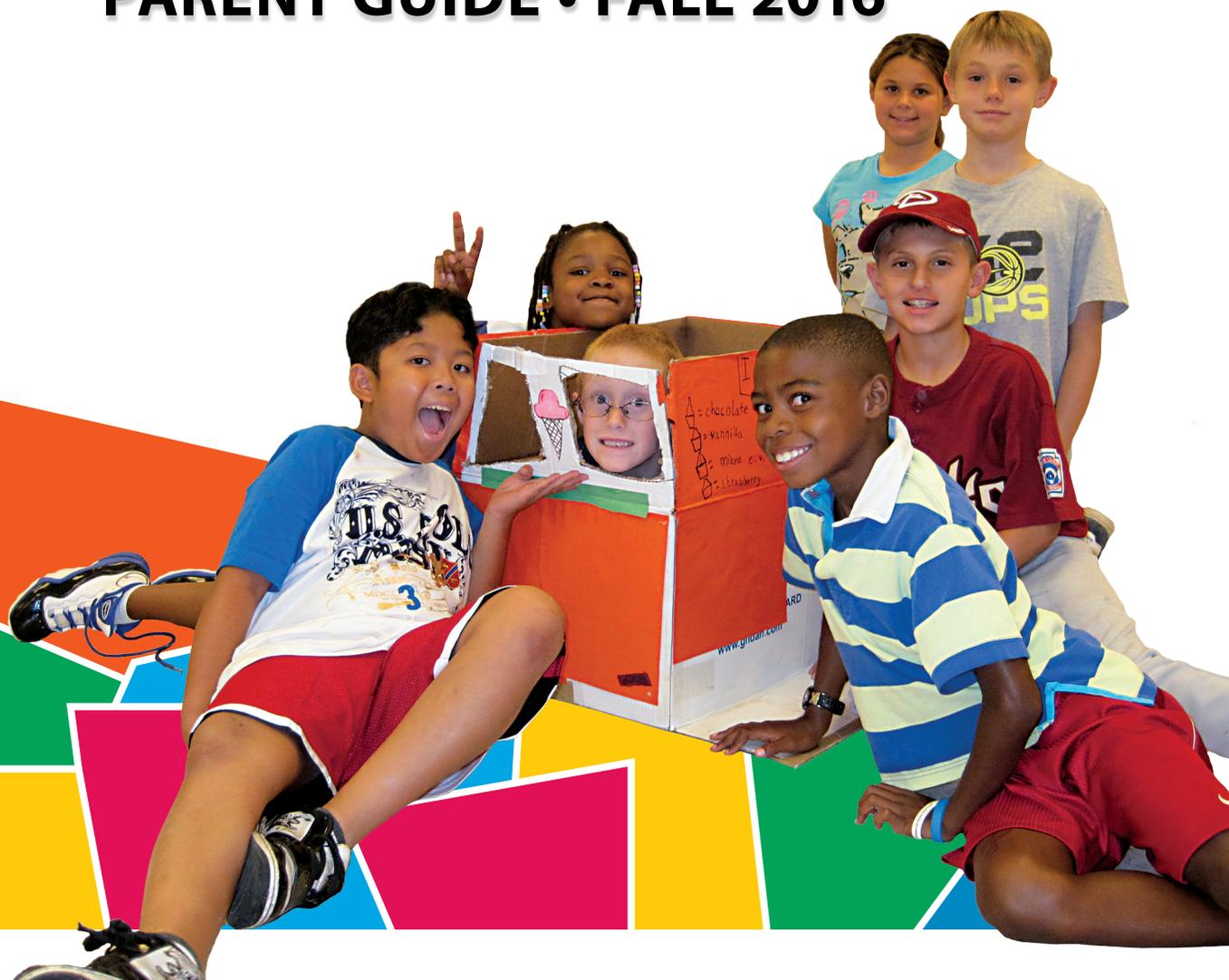


# SNEDIGAR RECREATION CENTER **YOUTH PROGRAM**

**PARENT GUIDE • FALL 2016**



# YOUTH PROGRAM PARENT GUIDE

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## FREQUENTLY CALLED PHONE NUMBERS:

**SRC Guest Service Counter** .....480-782-2640

**Youth Program Coordinator**

Teo Ruiz.....480-782-2641

**SRC Fax Number** .....480-782-2644

## ADDRESS:

**Youth Program**

Snedigar Recreation Center

4500 S. Basha Rd.

Chandler, AZ 85248

## MAILING ADDRESS

Mail Stop 502

P.O. Box 4008

Chandler, AZ 85244-4008

## TAX ID NUMBER:

86-6000238



# 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 Youth Program 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 Youth Program Coordinator.
- Refunds will be made only to the original payee or credit card holder.
- Participants are enrolled in the Youth Program on a weekly basis. Refunds will be processed upon notification to the Youth Program Coordinator, Teo Ruiz at 480-782-2641, according to the dates below:

	100% Refund	50% Refund
<b>Week 1</b>	9/26	10/3
<b>Week 2</b>	10/3	10/10

- After the Monday 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.

## 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 & Neighborhood 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, grades 1–6. 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 Teo Ruiz at 480-782-2641.

## Safety Concerns

- Parents/Guardians are responsible for the welfare of their child(ren) prior to and after the Youth Program in which the child is enrolled.
- Participants should not be dropped off before the program start time (7 a.m.) nor should the parent/guardian leave the participant more than 15 minutes past the end of the evening hours (6 p.m.). A flat fee of \$5 will be charged for the first 15 minutes after 12 p.m. or 6 p.m., and an additional \$1 for every minute thereafter.

## Photographing

- Photographs and videotaping of youth participating in the Youth 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 Youth Program may be used in promotional materials. Please inform Youth Program Staff before your child attends, if you do not want your child's photo or video to be taken.

## Medication Disbursement

- The SRC 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 front desk counter. Two weeks after the Youth Program ends, unclaimed lost and found items will be given to charity. Youth Program is not responsible for any items lost during the program or while on field trips.

- **NO ELECTRONICS (PHONES, IPODS, MP3, ETC.) 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 Youth Program does not provide breakfast, lunch or snack.
- Participants must bring 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 7 for snack times.
- Refrigeration and microwave use is NOT available for individual lunches.
- Parent/Guardians are welcome to have lunch with their child(ren).



## 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 will meet in room 506. 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.**
- Youth Program is a drop-in program. Children may come and go under their own volition.

## Early Departures

Although we try to have someone in the classrooms at all times, occasionally we are out of the classrooms doing assessments or conducting programs at another location. If you arrive and the campers are not inside please ask the front desk to find where they are located.

## Late Pick-Up

- Participants must be picked up by 12 p.m. (1/2 day) or 6 p.m. (all-day).
- A flat fee of \$5 will be charged for the first 15 minutes after 12 p.m. or 6 p.m., and an additional \$1 for every minute thereafter.

# YOUTH PROGRAM DAILY SCHEDULE

Time	Activity
7–8:30 a.m.	Free Play
8:35–9:10 a.m.	Rotation 1
9:15–9:55 a.m.	Rotation 2
10–10:30 a.m.	Snack Break
10:35–11:10 a.m.	Rotation 3
11:15 a.m.–noon	Rotation 4
Noon–1 p.m.	Lunch
1:05–1:50 p.m.	Rotation 1
1:55–2:40 p.m.	Rotation 2
2:45–3:15 p.m.	Snack Break
3:20–4:05 p.m.	Rotation 3
4:10–5 p.m.	Rotation 4
5–6 p.m.	Free Play

**Note:** Morning and afternoon rotations are different activities/games.



# COMMUNICATION WITH PARENTS

Date: \_\_\_\_\_

## THIS IS WHAT HAPPENED TODAY:

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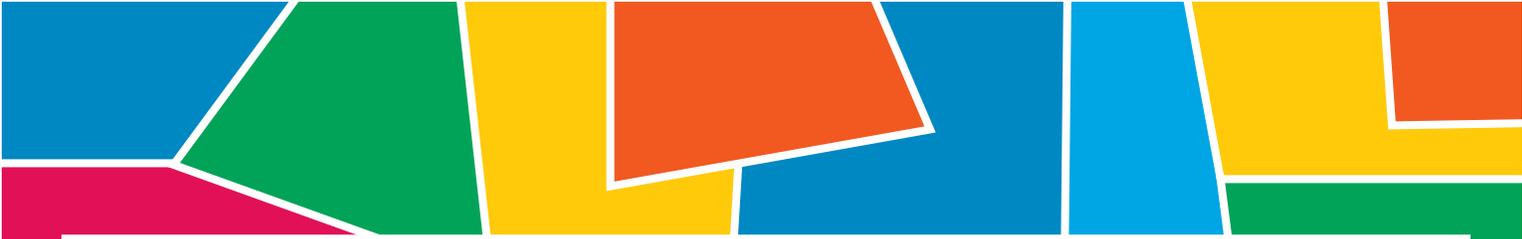
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- The Youth Program staff is committed to communicating with parents about their child's positive and/or negative incident. This form will be attached to your sign-out sheet at the end of the day.
- If at anytime you do not understand the comments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



# **SESSION SCHEDULE**

## **Fall 2016 Youth Program**

**Week 1: October 3-7 • Mad Scientist Week**

**Week 2: October 10-14 • Spooky Week**

# FIELD TRIP AND SPECIAL EVENT INFORMATION

## Fall 2016 Youth Program

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 Teo Ruiz or talk to any of the Youth 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:

### FIELD TRIPS

Date & Time	Location	Description	Additional Info
<b>Week 1</b> <b>Friday, October 7</b> Depart: 8:30 a.m. Return: 12:30 p.m.	<b>Brunswick Bowling</b> 1160 S. Gilbert Rd. Gilbert, AZ 85296	Bring extra money for spending. Participants are required to wear comfortable clothes and closed toe shoes. All half-day participants will attend the Friday field trip and will need to adjust their schedule according to the departure and arrival times.	
<b>Week 2</b> <b>Friday, October 14</b> Depart: 9 a.m. Return: noon	<b>Harkins Theater</b>		

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.

# FIELD TRIPS PERMISSION SLIP

## Fall 2016 Youth Program

In order for the participant(s) listed below to attend all field trips scheduled for the Youth 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.

### FIELD TRIPS SCHEDULED ARE:

Please list all participants and include shirt sizes, which have permission to attend any field trips:

Location	Date	Attending?
Brunswick Bowling	(F) Oct. 7	Yes / No
Harkins Theater	(F) Oct. 14	Yes / No

1. \_\_\_\_\_ Shirt Size: \_\_\_\_\_
2. \_\_\_\_\_ Shirt Size: \_\_\_\_\_
3. \_\_\_\_\_ Shirt Size: \_\_\_\_\_
4. \_\_\_\_\_ Shirt Size: \_\_\_\_\_

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 Youth 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: \_\_\_\_\_

# EMERGENCY CONTACT

## Fall 2016 Youth Program

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.	_____	_____

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: \_\_\_\_\_

***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:*** \_\_\_\_\_

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

# POLICY ACKNOWLEDGEMENT

## Youth Program

**PARENTS:** Please read the attached information regarding our Youth 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: \_\_\_\_\_