



City of Surprise  
Community & Recreation Services

# Spring Break Camp 2019 Parent Handbook



**CITY OF SURPRISE SPRING BREAK CAMP PROGRAM**

Community & Recreation Services: 623-222-2000

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The City of Surprise Spring Break Camp Program provides opportunities for youths enrolled in K - 6<sup>th</sup> grade to have fun in a safe and supervised program over the spring break. This exciting program features on-site activities such as: arts & crafts, games, sports, plus special field trips to help the youth have a safe, fun-filled break.

**Participants**

Youth who are currently enrolled in K – 6<sup>th</sup> grade.

**Dates**

March 18-22, 2019

**Hours**

6:30 a.m. - 6:00 p.m.

**Location**

Countryside Recreation Center

15038 N. Parkview Place

Surprise, Az. 85379

Phone: 623-222-2626



**Fees**

Registration Fee \$10 per child

Full Week                      \$110 Residents                      \$130 Non-residents

3 Days                              \$ 85 Residents                      \$105 Non-residents

*All field trips are included for participants attending on scheduled field trip days.  
DES co-pays will be required at the time of registration.*

Registrations are accepted at the City of Surprise Community & Recreation Services Building located at 15960 N. Bullard Avenue, Surprise, Arizona, 85374.

**Payment**

Registration fee and payment is due at the time of registration for the camp.

**DES Payment**

If you qualify for DES, registration fee and copay for the week is due at the time of registration for the camp.

**Withdrawal / Change Policy**

It is the City of Surprise Spring Break Camp Policy that prior notice is required to terminate or change enrollment in the program. If for any reason you decide to change or drop your child's enrollment from the Spring Break Camp Program, notification must be made by the Wednesday prior to the start of the program. You can email Michelle Yingling at [michelle.yingling@surpriseaz.gov](mailto:michelle.yingling@surpriseaz.gov) or call 623-222-2233.

## **Sign In/Out**

For the safety of the participants, only parents/guardians or an authorized person designated on the registration form will be able to sign a child in and out each day. **A child may not sign themselves in or out!** There are no exceptions! This is strictly enforced. This also provides parents an opportunity to see the activity schedule planned for the day. Those picking up a child will be required to show I.D. so please remember to bring it in with you, this is for your child's safety and not to inconvenience you.

## **Authorization for Release**

A child enrolled in the City of Surprise Spring Break Camp Program will only be released to those persons authorized with their actual signature on the registration form. NO exceptions will be made without the advance written permission of the parents or telephone authorization. **If only one person has the sole custody of a child, then a legal document must be on file with the site stating the name of the legal guardian**

## **Late Pick-Up**

***Pick up time from Summer Camp is 6:00PM. All children must be picked up by this time or a late fee will be charged.***

**Fee:** The charge is \$5 per child for every 5 minutes after 6:00 pm, **per the school clock**, and will be charged to your camp account. Please call 623-222-2626 to notify staff if you are running late.

- 1<sup>st</sup> Time:** Fee plus written warning
- 2<sup>nd</sup> Time:** Fee plus written warning
- 3<sup>rd</sup> Time:** Fee plus 3 days suspension
- 4<sup>th</sup> Time:** Removal from the program

## **Medication**

The Surprise Spring Break Camp staff may administer medication. To authorize giving medication to a child, the parent/guardian must complete a "Medication Release Form" and bring the prescribed amount of medication in the original container. Forms are available at the site.

## **Illness**

All children become ill from time to time. It is important for parents who have children in the Spring Break Camp to understand that their child's health affects the health of other children and staff members in the program.

Do not take a child who has signs and symptoms of being ill to the Spring Break Camp as they will be sent home. These symptoms are as follows:

1. Fever. They must be fever free for 24 hours in order to return.
  - a. A child with a temperature above 100.5 will be sent home.
2. Any Contagious/Communicable disease such as strep throat, pink eye, chicken pox, fifth disease, etc.
  - a. Communicable Diseases must be reported per state requirements.
3. Skin Rash/sores. ie: impetigo, head lice, ringworm, rosella
  - a. Head Lice – we have a "No Nit" Policy.
  - b. Communicable
4. Eye Discharge.
5. Vomiting.
6. Diarrhea – Runny, watery or bloody stools
7. Mucus or pus from red eyes.
8. Thick or colored drainage from the nose.
9. Swollen Glands or Sore throat.
10. Severe/hard coughing or difficulty breathing.
  - a. Skin Diseases must be reported per state requirements.
11. Signs of irritability – too tired/sick/continuously crying to fully participate.



If your child becomes ill during the program, staff will try and contact a parent or authorized designee to pick-up the participant. Please notify staff if phone numbers change at any time during the program.

### **Emergencies**

If your child has an accident, injury, or emergency while at Spring Break Camp that requires medical treatment by a health care provider, a staff member will immediately notify the child's parents. For this reason, it is essential that all forms have current names and phone numbers. A written emergency report will be filled out.

### **Toilet Training**

Children must be toilet trained. If frequent urine and/or bowel accidents occur (3 or more within a 5 day period) or if they wear pull-ups, then they do not meet this requirement. Please understand that if your child does exhibit signs of not being fully trained, you will be asked to remove your child from the program. If an accident happens, a parent or guardian is expected to either pick-up the child or bring a change of clothes/cleansing products within 1 hour from the time the parent/guardian is notified.

### **Personal Items**

**\*Please do not permit your child to bring personal items such as video games, cell phones or ipods.** The City of Surprise is not responsible for any lost, stolen, or broken items. The site has many games, toys and activities to keep your child busy and entertained. Items not claimed will be donated at the end of March.

### **Lunches**

Each participant is responsible for bringing his or her own non-perishable lunch. Refrigeration and microwaves will not be available for use.

### **Snacks**

Participants will receive an afternoon snack provided by City of Surprise. Parents are encouraged to send along a morning snack and water bottle every day.

### **Field Trips**

Participants will be attending two field trips during Spring Break Camp. Field trips are subject to change and costs are included in the weekly fee. Transportation for field trips is provided by the City of Surprise. It is required that each participant attending the field trip has a permission slip completely filled out by a parent. Participants will be required to wear I.D. stickers and/or wristbands for safety purposes.

**Note to Parents: All participants that attend the Spring Break Camp Program on a field trip day will be required to go on the field trip. No participants will be left behind at the site. If you choose not to have your child attend a specific field trip, your child will not be able to attend the program until the participants have returned from the field trip.**

**Parents are not permitted to drop off or pick-up their child at the field trip destination. Participants MUST ride the bus to and from the field trip site.**

**\*\*You may send some extra money for snacks or tokens with your child, but please note that staff is in NO WAY responsible for holding it or keeping track of it!**

## **Enrollment/Disenrollment Procedures**

To enroll your child in the City of Surprise Summer Camp Program, parents must complete and return the following to the City of Surprise Community & Recreation Services located at: 15960 N. Bullard Avenue, Surprise, Arizona, 85374.

- 1) Registration Form. Complete, leave no line blank.
- 2) **Emergency/Immunization Card. Complete, leave no line blank. If the question/line does not apply, write "none" or "N/A". Two (2) emergency contacts, beside the parents, must be listed to have authorization to pick-up your child in case of an emergency. If you do not have 2 emergency contacts, write in "CPS" and "Surprise Police Department".**
- 3) Copy of immunization record.
- 4) Discipline Policy – signed.
- 5) Registration fee per family per child- \$10 Residents / \$30 Non-Residents
- 6) Payment for the week.

## **Individuals with disabilities**

The Surprise Community and Recreation Services Department offers programs for people of all ability levels. Under the ADA, individuals needing modifications of policies, practices or procedures should contact 623.222.3543 (Voice) or 623.222.3503 (TTY) at least 5 business days in advance to request appropriate accommodations.

## **Licensing**

City of Surprise Summer Camp is regulated by the Arizona Department of Health Services located at 150 N. 18<sup>th</sup> Avenue, Suite 400, Phoenix, Arizona, phone number 602-364-2536. Inspection reports are completed by DHS and are available upon request.

## **Daycare Subsidies**

Please call Child Care administration office of information on child care assistance at 602-542-4216.

## **Insurance**

The City of Surprise carries liability insurance for all of its operations, including city-sponsored recreation programs.

## Spring Break Camp Daily Schedule



6:30 – 8:00 am	Greeting & Indoor Play
8:00 – 8:30 am	AM Snack-please bring
8:30 – 9:00 am	Outside / Inside Play
9:00 – 9:30 am	Daily Announcements
9:30 - 11:30 am	Centers/ Craft/visitors
11:30 am - Noon	Lunch
Noon – 1 pm	Organized Group Games
1 – 3:30 pm	Guest Presenter
3:30 – 4:00 pm	PM Snack-provided
4 – 4:30 pm	Outside / Inside Play
4:30 – 6 pm	Free Play & Group Games

Times and activities may change due to daily field trips and other planned activities. **An updated weekly Calendar of activities can be found on the Parent Board near the sign in area.**



## Spring Break Camp March 2019



Sun	Mon	Tue	Wed	Thu	Fri	Sat
17	18	19	20	21	22	23
	3D Flowers Shamrock Craft Brownie and Puddin' Tower	Pizza at the Park Fieldtrip 10:30am-3pm Fizzy Lemonade	Tube Butterflies Spring Training Baseball Bat Craft	Jump Street 12pm-4pm Outdoor Games	Spring Scavenger Hunt Movie & Popcorn STEM Structures	



**CITY OF SURPRISE  
SPRING BREAK CAMP DISCIPLINE POLICY 2019**

In order to ensure the safety of all participants and staff in the City of Surprise’s Spring Break Camp, the following discipline policy will be strictly implemented and enforced. Please read the policy, sign, and return with your child’s registration. All rules will be discussed with participants on the first day of the program and sent home to parents/guardians.

When a participant needs guidance, the following options are utilized:

1. Participant is encouraged to verbalize his/her feelings and to think of alternative solutions and their possible effects.
2. Participant is redirected to a different area.
3. If a participant has lost control and is unable to reason, “time out” will be used. The “time out” technique is used when the staff member feels it is the only way to calm the participant down. “Time out” is 1 minute multiplied by their age.
4. Parent note sent home. Parent note must be signed and returned by the next day.
5. Initiate a parent conference to discuss available options.
6. Suspension or dismissal from the program.

Some actions will result in an automatic suspension or dismissal from the Spring Break Program. Parents will be contacted immediately to pick-up their child from the program. The participant will be suspended for the following day(s) and/or dismissed from the program. The following are actions that will result in automatic suspension or dismissal:

1. Showing extreme disrespect or disruption (abusive language).
2. Damaging the Spring Break Recreation Site (school or bus) or supplies or stealing property.
3. Endangering another child or staff verbally (threats) or physically (hitting, spitting, biting, throwing objects, etc.).

*The City of Surprise Community & Recreation Services Department reserves the rights to withdraw a participant from the program if all discipline options have been exhausted and/or demonstration of extreme behavior that put participants and staff in danger (i.e. verbal or physical actions including fighting, threats).*

.....  
I have read the “Spring Break Camp Discipline Policy” and fully understand the process to be used for discipline issues.

**Participant’s Name:**

\_\_\_\_\_

**Parent/Guardian Signature:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_



**CITY OF SURPRISE  
SPRING BREAK CAMP REGISTRATION 2019**

Child's Name \_\_\_\_\_ Shirt Size \_\_\_\_\_  
Last First M.I.

School \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Arizona Zip \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

In the event of an emergency, please contact:

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone Number \_\_\_\_\_

List any allergies (food, medication, etc.): \_\_\_\_\_

List two people, other than yourself, authorized to pick up your child (name, relationship, and phone #).

1. \_\_\_\_\_  
Name Relationship Phone

2. \_\_\_\_\_  
Name Relationship Phone

By signing below, my family and I will comply with the Policies & Procedures in the Parent Handbook.

Are you approved by DES to receive assistance in paying for your child's Camp \_\_\_\_\_ Yes \_\_\_ No

I hereby permit the City of Surprise Spring Break Camp Staff to release my child to the above people upon my telephone authorization. Initial \_\_\_\_\_ Date \_\_\_\_\_

Photos: I give permission for my child to be video taped or photographed by the City of Surprise employees to be used at the site for activities and for any program advertisements for the City of Surprise.

Parent/Guardian Signature: \_\_\_\_\_

I grant permission for my child \_\_\_\_\_, to attend the City of Surprise Spring Break Program. I hereby release the City of Surprise from all liability, losses, damages to or destruction of property arising out of or in any way connected with my child's participation in the City of Surprise Spring Break Program, except when such injury or damages shall have been occasioned by negligent or wrongful acts of omissions by the employees or officers of the City of Surprise.

I understand that there are NO REFUNDS OR CREDITS FOR ABSENCE, ILLNESS, OR SUSPENSIONS during the Spring Break Program.

Participant's Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Attendance: Full Week 3 Day M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ TH \_\_\_\_\_ F \_\_\_\_\_





CDC/SGH# or name: \_\_\_\_\_

**Arizona Department of Health Services  
Bureau of Child Care Licensing  
Emergency, Information and Immunization Record Card**

<b>Child's Name:</b>	<b>Date Enrolled:</b>	<b>Updated:</b>
<b>Home Address (#, Street, City, State, Zip Code):</b>		<b>Date Disenrolled:</b>
<b>Home Phone:</b>	<b>Date of Birth:</b>	<b>Sex:</b> <input type="checkbox"/> male <input type="checkbox"/> female

<b>Mother or Guardian Name:</b>	<b>Home Address (#, Street, City, State, Zip Code):</b>
<b>Cell Phone (optional):</b>	<b>Contact Telephone Number:</b>

<b>Father or Guardian Name:</b>	<b>Home Address (#, Street, City, State, Zip Code):</b>
<b>Cell Phone (optional):</b>	<b>Contact Telephone Number:</b>

**I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:  
(Pursuant to R9-5-304.B, at least two contact persons are required.)**

<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>

If Medical care is necessary, call:

<b>Health Care Provider*</b>	<b>Name:</b>	<b>Contact Telephone Number:</b>
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\*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

<b>In case of injury or sudden illness, I request that this individual be called first:</b>	
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The following individual(s) may NOT remove my child from the facility:

<b>Name(s):</b>
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Custody papers have been provided and are on file at the facility.  yes  no

Telephone Authorization Code (optional): \_\_\_\_\_

**Immunization Information**

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:

[www.azdhs.gov/phs/immun/index.htm](http://www.azdhs.gov/phs/immun/index.htm) or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

**Medical Information**

<p>Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:</p>
<p>Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, specify procedure:</p>
<p>Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Additional comments:</p>
<p>Other special instructions:</p>

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:
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