



# LIL SQUIRTS SUMMER

Join the City of Buckeye for an action packed summer program. The sky is the limit! This summer, your child will participate in daily activities such as arts and crafts, games, sports, guest speakers, cooking projects, and activities that inspire child's active lifestyle.

**Online Registration begins April 1, 2016**  
**Youth ages 3-5 years**

**Dates:** May 31<sup>st</sup> - July 15<sup>th</sup>, 2016  
**Days:** Monday-Friday  
**Times:** 8:00 a.m. - 2:00 p.m.  
**Campus Location:** Dr. Saide Recreation Center - 1003 E. Eason Ave.  
**Fees:** \$25 one time registration fee \**Waived if signed up for Auto-Pay*  
\$50 per week  
**Site Phone:** 623-764-4356



**Enrollment/Dis-enrollment Procedures: Parents/guardians must complete and return the following to the City Buckeye Recreation Office located at 1003 E. Eason Ave., Buckeye, AZ 85326:**

1. Blue Immunization Card. Complete, leave no line blank. If the question/line does not apply, write "none" or "N/A". Each child must have 2 local emergency contacts besides the 2 parents authorized to pick-up your child in case of an emergency.
2. If there are current custody issues that affect the child's pick-up and/or emergency procedures a copy of legal custody documentation is required.
3. Copy of immunization
4. Signed Discipline Policy
5. \$25 Registration Fee
6. First week's payment

Children may begin attending the program 24 hours after all **completed** paperwork is turned in to Dr. Saide Recreation Center. Office hours are Monday – Friday 9:00 a.m. – 7:00 p.m.

**Payments: Payments are due every Friday prior to the week of attendance.** Payment is due regardless of attendance. If payments are not received on Friday, a \$10 late fee will be applied.

**Payment Options**

- Payments can be made online at [www.buckeyeaz.gov/rec](http://www.buckeyeaz.gov/rec). Please email [recreation@buckeyeaz.gov](mailto:recreation@buckeyeaz.gov) if you'd like your account login information.
- Auto Pay (Automatic withdraw each week).
- Phone payments 623-349-6350 / Monday-Friday 9am-7pm
- Cash, money order or credit card payment at the Dr. Saide Recreation Center located at 1003 E Eason Ave. Monday-Friday 9am-7pm (We do NOT accept personal checks)

**Auto-Pay Option:**

Registrants who choose to sign up for weekly auto pay will have their registration fee waived. If, at any time, you choose to cancel your auto-pay program you will be charged the \$25 registration fee.

**The City of Buckeye Recreation Division will not issue any refunds regardless of withdrawal, illness, absence, suspension, expulsion or field trip fees.**

**Changes in Contract:** Changes of contracts are due the Friday before the week of attendance. Change of Contract forms must be submitted online at [www.buckeyeaz.gov/rec](http://www.buckeyeaz.gov/rec).

**Enrollment/Disenrollment Procedures: Parents/guardians must complete and return the following to the City**

**Buckeye Recreation Office located at 1003 E. Eason Ave., Buckeye, AZ 85326:**

1. Blue Immunization Card. Complete, leave no line blank. If the question/line does not apply, write “none” or “N/A”. Each child must have 2 local emergency contacts besides the 2 parents authorized to pick-up your child in case of an emergency.
2. If there are current custody issues that affect the child's pick-up and/or emergency procedures a copy of legal custody documentation is required.
3. Copy of immunization.
4. Discipline Policy. Signed.
5. Fee attendance contract. Signed.
6. Registration Fee.
7. First week's payment.

Children may begin attending the program 24 hours after all **completed** paperwork is turned in to recreation office. Registration must be done at the Recreation Office Monday – Friday 9:00 a.m. – 7:00 p.m.

**Dis-enrollment:** To dis-enroll your child from the Lil Squirts Summer Program, a Change of Contract form is required. If your child has not attended for 2 weeks without prior notification, your child will be automatically withdrawn and the payment for the 2 weeks will remain due on your account. Reenrollment with payment of the \$25 registration fee and any past due amount will be required to attend again. If you decide to withdraw your child from the City of Buckeye Lil Squirts Summer Program, please contact the Recreation Division at 623-349-6350.

**DES Funding:** The City of Buckeye Lil Squirts program is a DES contracted child care program. Call 623-925-0095 to find out if you qualify for child care assistance.

**Sign In/Out:**

- **Sign In: Participants must be signed in daily by a parent or authorized person. A child may not sign themselves in.** To sign the child in, a parent or authorized person must accompany the child to the site and write their full name and time on the authorized form.
- **Sign Out:** For the safety of the children we require that parents or authorized persons sign the child out each day. **A child may not sign themselves out.** To sign a child out, a parent or authorized person must visit the site and write their full name and time on the form.

A child enrolled in the Lil Squirts Summer Program **WILL** only be released to those persons on the Emergency, Information and Immunization Card. NO exceptions will be made without the advance written permission of the parents or telephone authorization. Individuals will be required to show proof of I.D. to the staff the first time the child is picked-up. If one person has the sole custody of a child, a legal document must be on file with the site stating the name of the legal guardian.

**Late Pick-Up: \$15 per every 15 minutes/per child after 2:00p.m. per the school clock,** and is due at the time of pick-up. Children will not be able to return to program until late pick – up fee is paid in full.

- 1<sup>st</sup> Time:** Verbal 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:** City of Buckeye staff may administer medication. The parent/guardian must complete a “Medication Release Form” and bring the prescribed amount of medication in the original container to authorize giving medication to a child. Forms are available at the site.

**Illness:** It is important for parents/guardian who have children in the Lil Squirts Summer Program to understand that their child's health affects the health of other children and staff members in the program. Children with the following signs and symptoms will not be permitted to attend:

1. Fever. Participants must be fever free for 24 hours in order to return
2. Any contagious disease such as strep throat, pink eye, chicken pox, lice, etc.
3. Vomiting
4. Serious/hard coughing or difficulty breathing
5. Rash/sores

6. Diarrhea
7. Mucus or pus from red eyes
8. Thick drainage from the nose
9. Sore throat

If your child becomes ill during the program, a staff member will try to contact a parent or authorized designee to pick-up the participant.

**Emergencies:** If your child has an accident, injury or emergency while at the summer program that requires medical treatment by a health care provider, a staff member will immediately notify the child’s parents.

**Phone Number Changes:** Please notify staff if phone numbers change at any time during the program. If contact numbers are inoperable, you will be given 3 business days to provide the program with replacement numbers or contacts before being automatically withdrawn from the program. Re-enrollment with payment of the \$25 registration fee and any past due amount will be required to attend again.

**Toilet Training:** Children **MUST** be toilet trained. Occasionally, accidents will happen, however if your child has frequent urine and/or bowel accidents occur (3 or more within 5 day period) or wears pull ups, then they do not meet this requirement. Please understand that if your child does exhibit signs of not being fully toilet trained, you will be asked to remove your child from the program. **If an accident happens, a parent or guardian is expected to pick up the child or bring change of clothes/cleansing products within 1 hour from the time parent/guardian is notified. If a child has three consecutive accidents or a total of five non-consecutive accidents, he/she may be dis-enrolled from the program.** For convenience, it is recommended that you leave a spare change of clothes/cleansing products in the child’s cubby.

**Lunch:** Lunch is provided daily; participants are welcome to bring their own non-perishable sack lunch. Refrigeration and microwaves are not available for use.

**Field Trips:** Participants may choose to attend field trips throughout the summer. Field trip costs ARE NOT included in the registration fee. Registration for each field trip is required for participant to attend field trips. Transportation for field trips is provided by the City of Buckeye. Participants will be required to wear their designated t-shirts and wristbands for safety purposes. **Children not wearing their designated shirt on the day of the trip will not be permitted to attend.**

Week 1	June 2	<b>Children’s Museum</b>	2 hours unlimited access to the museum	\$13.00
Week 2	June 8	<b>Bowling</b>	2 hours of bowling (additional money for concessions is optional)	\$10.00
Week 3	June 14	<b>Playgrounds</b>	2 hours of unlimited indoor play	\$10.00
Week 3	June 16	<b>Science Guy</b>	At site – kids will learn about science	FREE
Week 4	June 21	<b>Magic Show</b>	At Rec Center – magic show for all sites	FREE
Week 4	June 23	<b>Circus</b>	Must bring sack lunch in a clear sealed bag, spending money may be brought for souvenirs and concessions.	\$20.00
Week 5	June 29	<b>Movies</b>	Snack pack (popcorn, snack and drink) is included.	\$11.00
Week 6	July 6	<b>Sky Zone</b>	2 hours of play. Parent/guardian is required to sign a waiver. Extra money for concession and games optional.	\$15.00
Week 7	July 13	<b>Amazing Jakes</b>	Unlimited attractions (Games, Go Karts, laser tag, rock wall, bumper cars and rides) and all you can eat buffet.	\$28.00
Each Week 8:30-10:30	Fridays	<b>Aquatic Center</b>	Swimsuit, towel, and sunscreen required.	\$2.00

Participants are not required to go on the field trips and can stay at the site for organized activities. 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. Children must arrive 30 minutes prior to the trip departure time to be permitted to attend the field trip.

**Transportation:** Transportation will be provided to and from all field trips (with the exception of the Buckeye Aquatic Center).

**Child’s Personal Property:** The City of Buckeye is not responsible for lost, stolen, or broken property. Personal property that has been left on premises after hours of operation will be placed in lost & found. Items not claimed will

be donated at the end of the last day of the program. It is STRONGLY recommended to leave all valuables at home.

**Licensing:** Lil Squirts Summer Program is regulated by the Arizona Department of Health Services, located at 150 N. 18<sup>th</sup> Avenue, Suite 400, Phoenix, Arizona, 85007; phone number (602) 364-2536. Inspection reports are completed by DHS and are available upon request.

**Special Needs Youth:** Parents of special needs youth should contact Christa Lancaster at 623-349-6318 regarding enrollment. The individual needs of special youth may exceed the facilities physical limitations for accommodations.

**Insurance:** The City of Buckeye carries liability insurance for all its operations, including city sponsored recreation programs.

**Pesticides:** If pesticides are sprayed on the premises, notification will be posted at least 48 hours before the pesticide is applied.



City of Buckeye Community Services – Recreation Division

# LIL SQUIRTS SUMMER

## Contract Agreement

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

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

T-shirt size (check one): YXS     YS     YM

\_\_\_\_\_  
Initial    I understand that the entire contracted fee is due each week, regardless of holidays or absences. Refunds or credits will not be given for days missed.

\_\_\_\_\_  
Initial    I understand that my child's fee is based on days/week enrolled, and that payment is due the **FRIDAY** prior to the week of participation or a penalty of \$10 will be assessed.

\_\_\_\_\_  
Initial    I also understand that a late pick-up fee will be assessed at the rate of \$15 for every fifteen minutes past 2:00 p.m. (i.e. 1-15 minutes, \$15, 15-30 minutes, \$30, etc.)

### WITHDRAWAL/CHANGE POLICY (Change of contracts)

\_\_\_\_\_  
Initial    It is the City of Buckeye's policy that prior notice is required to terminate enrollment in the program. If for any reason you decide to change or drop your child's enrollment from the program, notification must be made by **Friday in writing to the Recreation Office** for the following week to release from the current contract. Changes can also be made online at [www.buckeyeaz.gov/rec](http://www.buckeyeaz.gov/rec) or by emailing [recreation@buckeyeaz.gov](mailto:recreation@buckeyeaz.gov).

\_\_\_\_\_  
Initial    I understand that there are **NO REFUNDS OR CREDITS FOR ABSENCE, ILLNESS, OR SUSPENSIONS** during the Super Squirts Summer Program.

\_\_\_\_\_  
Initial    I understand these are my payment options: Auto pay from a debit or credit card – must fill out authorization form. Recreation Center (call or in person) 1003 E Eason Ave -623-349-6350, available Monday-Friday 9:00am-7:00pm. Online payments at [www.buckeyeaz.gov/rec](http://www.buckeyeaz.gov/rec) - need account login and password.

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



# LIL SQUIRTS SUMMER

## Discipline Policy

To ensure the safety of all participants and staff, the City of Buckeye staff will implement an assertive discipline program. Children involved in our program are expected to follow the rules and direction of the Summer staff. The following are guidelines used when disciplinary action becomes necessary due to unacceptable behavior.

1. Warning for specific unacceptable behavior.
2. Separation from group with a warning of future consequences for repeated behavior.
3. Separation from group with a warning and write-up for repeated behavior.
4. Separation from group with a call to parent or guardian and a write-up.
5. Parent/Guardian conference to discuss corrective action and consequences for future incidents.
6. Suspension. 1 to 2 scheduled days from the program and /or the remainder of the day.  
**(NO REFUND FOR SUSPENSION OR EARLY PICK-UPS ON SCHEDULED DAYS).**
7. Repeated aggressive / inappropriate behavior with 3-5 suspensions will result in removal from program with approval from Recreation Supervisor.

Some actions will result in an automatic suspension or dismissal from the program. Parents/ Guardians 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 may result in automatic suspension or dismissal.

1. Showing extreme disrespect or disruption (abusive language).
2. Damaging the 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 Buckeye Community 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 may put participants and staff in danger (i.e. verbal or physical actions including fighting, threats).

I have read the Lil Squirts Summer Program Discipline Policy and fully understand the process to be used for discipline issues.

Liability Waiver: I/we hereby release and forever discharge the City of Buckeye, its elected and appointed officials, directors, officers, boards, commissions, agents, representatives, servants and employees from any and all claims of any kind or character which I/we have or may have against them due to my participation, or my child's participation, in a City of Buckeye recreation program. The waiver includes all damages, losses, costs, expenses, and injuries that allegedly occur during the course of the recreation program. In that regard, I/we consent to indemnify, defend and hold harmless to the fullest extent permitted by law the foregoing persons and entities from any loss or damages, including reasonable attorney's fees and litigation expenses, which may be incurred by them in the event any such claims are asserted against them or any of them. I/we understand that medical claims are my/our responsibility. I/we give permission for my child to be videotaped or photographed by the City of Buckeye employees to be used at the site for activities and for any program advertisements for the City of Buckeye.

Participant Name

Parent/Guardian Signature

Date



*Lil Squirts Summer*  
*City of Buckeye Auto Pay*  
*Authorization Form*

The City of Buckeye offers an auto-pay option for your weekly program fees. This option allows you to pay your account every Monday with your debit or credit card. This service is free of charge. Please complete the below form to authorize the Auto Pay program for your account.

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Card Number: If you would like to use the same card that you are paying your first week's attendance, initial here: \_\_\_\_\_. If not, someone will contact you to get your card information.

You are hereby authorized and requested, until otherwise instructed, to charge to the above referenced account, the weekly attendance fee. I understand that if a transaction is DECLINED, a courtesy phone call will be attempted at the numbers listed on the account. I further understand that I am responsible for payment and I am aware that if the transaction is declined that penalties will be applied and will not be waived.

I understand that a request to discontinue or change this service must be made in writing one week prior to the anticipated charge date.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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

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

Form with fields: Child's Name, Date Enrolled, Updated, Home Address (#, Street, City, State, Zip Code), Date Disenrolled, Home Phone, Date of Birth, Sex (male/female)

Form with fields: Mother or Guardian Name, Home Address (#, Street, City, State, Zip Code), Cell Phone (optional), Contact Telephone Number

Form with fields: Father or Guardian Name, Home Address (#, Street, City, State, Zip Code), Cell Phone (optional), Contact Telephone Number

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.)

Table with 2 columns: Name, Contact Telephone Number. Multiple rows for contact persons.

If Medical care is necessary, call:

Form with fields: Health Care Provider\*, Name, Contact Telephone Number

\*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

Form with text: In case of injury or sudden illness, I request that this individual be called first:

The following individual(s) may NOT remove my child from the facility:

Form with field: Name(s):

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:
-------------------------------	--------------	-------