



Summer Camp

The City of Buckeye's Summer Camp tops the charts in Buckeye as the coolest summer program in the City. At Buckeye Summer Camp, your child will have fun developing new skills, building friendships and creating memories. This summer your child will engage in a wide variety of classes/opportunities such as arts, athletics, special guests, fitness, science, mathematics, literature, cooking and field trips.

Registration begins April 1, 2016 Summer Camp - Youth Entering 1st-8th grade / 6 a.m. - 6:30 p.m.

Dates:	May 23 rd – July 29 th , 2016 (No program Monday, May 30 th and July 4 th)
Days:	Monday – Friday
Times:	6:00 a.m.-6:30 p.m.
Ages:	Youth entering 1 st -8 th grade
Where:	Sundance Elementary- 23800 W. Hadley Rd.
Fees:	\$25 registration fee* Waived if signed up for Auto-Pay \$100/week or \$25/day (1 st Child) \$90/week or \$20/day (2 nd Child) 1 st week's attendance is also due at time of registration

Field trip costs are included in weekly fee with the exception of Stratum Laser Tag, Wet N' Wild, and Amazing Jakes which will be offered at a discounted rate.

- Summer camp program is a licensed, contracted all day program. Attendance contracts are required for attendance and will be billed weekly according to attendance contract.
- **Breakfast, AM snack, lunch and PM snack will be included every day of the summer program. Feel free to send your child with snacks but they must be consumed at meal times.**

Payments: Payments are due every Friday prior to the week of attendance. If payments are not received on Friday, a \$10 late fee will be applied. A \$5 additional fee will be applied for participants who attend on non-contracted days.

Payment Options

- Payments can be made online at www.buckeyeaz.gov/rec. Please email 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.

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 Summer Camp 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 Summer Camp Program, please submit a change of contract and contact the Recreation Division at 623-349-6350.

DES Funding The City of Buckeye Summer Camp 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 Summer Camp Program will only be released to those persons authorized 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. 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 6:30 p.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.

- 1st Time: Verbal warning
- 2nd Time: Fee plus written warning
- 3rd Time: Fee plus 3 days suspension
- 4th Time: Removal from the program



Medication Summer Camp 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 who have children in the Summer Camp Program to understand that their child's health affects the health of other children and staff members in the program.

Please do not take a child who has the following signs and symptoms of being ill to Summer Camp Program:

1. Fever. Participants must be fever free for 24 hours in order to return
2. Any contagious disease such as strep throat, pink eye, lice, chicken pox, 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 either pick up the child or bring change of clothes/cleansing products within 1 hour from the time parent/guardian is notified.

Meals Breakfast, lunch and snack provided daily; participants are welcome to bring their own non-perishable sack lunch. Refrigeration and microwaves are not available for use.

Field Trips Participants have the option to attend field trips throughout the summer. A “Field Trip Permission Slip” will need to be signed by a parent or guardian for each trip. Participants will be required to wear Summer Camp 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	May 25	Wildlife World Zoo	
Week 1	May 27	Pool	
Week 2	June 1	Stratum Laser Tag	TBD
Week 2	June 3	Pool	
Week 3	June 8	Bowling	
Week 3	June 10	Pool	
Week 4	June 13	Reptile presentation @ BES	
Week 4	June 14	Science guy @ BES	
Week 4	June 15	Wet N Wild	TBD
Week 4	June 17	Pool	
Week 5	June 21	Magic Show @ Rec Center	
Week 5	June 23	Circus	
Week 5	June 24	Pool	
Week 6	June 29	Movies	
Week 6	July 1	Pool	
Week 7	July 6	Sky Zone	
Week 7	July 8	Pool	
Week 8	July 13	Amazing Jakes	TBD
Week 8	July 15	Pool	
Week 9	July 20	Diamondbacks game	
Week 9	July 22	Pool	
Week 10	July 27	Roller Skating	
Week 10	July 29	Pool	

Each Friday the program will visit the Buckeye Aquatics Center. Trip requires swimsuit, sunscreen & towel. 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 to Summer Camp 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.

Child’s Personal Property The City of Buckeye cannot be 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.

Electronic devices The City of Buckeye understands that many parents have chosen to provide their children with personal electronic devices including, but not limited to cell phones, camera phones, text messaging devices, tablets, ipads, etc. However, with this privilege comes responsibility. Please adhere to the following:

- Participant electronic devices may only be used during designated times and in designated areas
- Cell phone calls may be made but with staff permission.
- Sharing of personal electronic devices is strictly prohibited. This includes viewing of another participant's electronic device.
- Participant misuse of personal electronic devices may result in loss of this privilege and/or disciplinary action.
- Participants discovered watching or searching inappropriate material on electronic devices will receive disciplinary action that could lead to suspension or expulsion from the program.

Licensing City of Buckeye Summer Camp Program is regulated by the Arizona Department of Health Services, located at 150 N. 18th 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.



SUMMER CAMP Fee Attendance Contract

This form must be completed and submitted with the registration form.

I hereby agree to accept full responsibility for payment of all registration and miscellaneous fees required for my child/children to attend the City of Buckeye Summer Camp Program.

Participant's Name: _____ **Start Date:** _____
School attending: _____ **Grade entering in the fall:** _____
Legal Guardian 1: _____ **Legal Guardian 2:** _____
T-shirt size (circle one): YS YM YL YXL AS AM AL AXL

Weekly Attendance contracts can be changed by filling out a "Change of Contract" online at www.buckeyeaz.gov/rec. In order for the changes to reflect in your child's billing statement, "Change of Contract" forms must be turned in the Friday prior to the week of requested change.

Parent Signature: _____ Date: _____

	MON	TUES	WED	THURS	FRI	Cost times # days	Weekly Fee
Please "X" ALL DAYS ATTENDING						\$25 per day or \$100 per week	
Please "X" ALL DAYS ATTENDING (second child discount)						\$20 per day or \$90 per week	

Initial I understand that the entire contracted fee is due every 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 6:30 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 or change 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** for the following week online or the Recreation Office to release you from your current contract. Changes in contract must be made electronically by emailing recreation@buckeyeaz.gov or at www.buckeyeaz.gov/rec.

Initial I understand that if my child attends days that I have not contracted to attend, an additional \$5 per day/child fee will be added to my bill.

Initial I understand that there are **NO REFUNDS OR CREDITS FOR ABSENCE, ILLNESS, OR SUSPENSIONS** during the Summer Camp 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 - need account login and password

Parent /Guardian Signature: _____ Date: _____



City of Buckeye
SUMMER CAMP
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 Camp site 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 Coordinator and 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 will 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).

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I have read the Summer Camp 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 indemnity, 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 video taped 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



CDC/SGH# or name: _____

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

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

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

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:

Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:

If Medical care is necessary, call:

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

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

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 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):			
Updated immunizations received and attached:			

Medical Information

Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:
Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list precautions:
Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify procedure:
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 If yes, list precautions:
Additional comments:
Other special instructions:

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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Summer Camp 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: _____

Weekly Schedule: (Please Check)

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For varying schedules, a change of contract needs to be submitted every week (submitted the Friday prior to change occurring) in order for your auto pay to be linked to attendance.

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 and email 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