

"BEFORE AND AFTER SCHOOL CARE"

AM/PM Recreation Program

Who: Children entering grades K - 6
Location: City of Peoria Elementary Schools
Dates: August 13, 2007 – May 22, 2008, Monday-Friday
Time: 6:30 a.m. until school opens - 2:00 or 2:40-6:00pm
Cost: Call for Fees

The Peoria A.M./P.M. Recreation Program provides an opportunity for children to participate in a variety of activities before and after school. The goal of the program is the total well-being of each and every child. The Program provides a daily core schedule with an instructor series that visits various sites throughout the year. This provides the participants with the opportunity to explore new experiences and expand their learning in areas such as structured sports, drumming, sign language, and tutoring in a supervised, safe and secure environment. This is a DHS Licensed program. DES subsidies accepted.

PRE-SCHOOL - FULL AND PART-TIME

Lil' Learners All Day Child Care

Location: Sunrise Mountain Family Center, 21303 N. 86th Dr.
Dates: Year Round
Time: 6:00am – 6:00pm, Monday-Friday
Cost: Full Time-\$115/week,
Part-Time-½ day rate(6 hours) - \$80/week

Lil' Learners strives to aid the preschoolers, ages 4 and 5, in developing basic social, developmental, and educational skills. This is a state licensed program and provides an ideal environment for children to learn and grow as they are exposed to a variety of activities that promote opportunities for choice, experimentation, and to enhance self-esteem. We have all day care or ½ day care Schedules are set and have minimal flexibility.

Lil' Learners Too Part Time Child Care

Location: Women's Center, 10510 N. 83rd Ave
Dates: August 13, 2007 – May 22, 2008
Time: 8:30am – 11:30am, Monday-Friday
Cost: \$9 per day or \$45 per week

Peoria Lil' Learners Too is a sister program to Lil' Learners all day. This is also a state licensed program and reflects all the ideas and goals of the full-time program with part-time hours. Peoria Lil' Learners Too offers flexible scheduling.

For more information on these or other programs, please call **623-773-7137** or visit us online at <http://recreation.peoriaaz.gov>

2007

PEORIA SUMMER CAMP PROGRAM

Sponsored by:

City of Peoria, Peoria Unified School District

AM/PM CONTINUING PARTICIPANTS

Complete the Registration Form and pay first week & last weeks deposit by May 18, 2007 & pay only a **\$10.00 REGISTRATION FEE.**

May 25 – August 3

Monday – Friday, 6:30 a.m. - 6:00 p.m.

WHO: Children who are entering grades K-6. Must be must **5 yrs** old at time of attendance.

Peoria Unified School District

Apache: 8633 W. John Cabot Rd.- 87th Ave/S. of Bell
Apache, Coyote Hills

Alta Loma: 9750 N. 87th Ave - 87th Ave/N. of Olive
Alta Loma, Cotton Ball, Country Meadows

Cheyenne: 11806 N. 87th Ave. - 87th Ave/Cactus
Cheyenne, Sky View

Desert Harbor: 15585 N. 91st Ave
Desert Harbor, Coyote Hills

Frontier: 1268 N. 81st Ave – 81st Ave /E. of Beardsley
Frontier, Coyote Hills, Vistancia

Santa Fe: 9880 N. 77th Ave.- 79th Ave/ S. of Peoria
Santa Fe, Peoria, Ira Murphy

Sundance: 7051 W. Cholla - 71st Ave/N. of Peoria
Sundance, Oasis, Oakwood

Paseo Verde: 7880 W Greenway Rd -79th Ave/Greenway
Paseo Verde, Oasis

Parkridge: 9970 W. Beardsley Rd.– 99th Ave/ Beardsley
Parkridge, Vistancia, Zuni Hills

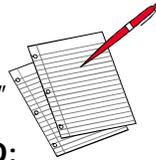


The **Summer Camp Program** provides an opportunity for children to explore new experiences, expand learning while participating in a variety of activities in a fun and safe environment. The goal of the program is to focus of the total well-being of every child by offering a daily field trip, core activity schedule, including centers such as creative art, group games, and cooking.

REGISTRATION PROCEDURES

1. Complete, in detail, the following forms:

- A. Registration Form with a copy of child's IMMUNIZATION RECORDS attached.
- B. Fee Attendance Contract with registration fee and first weeks fee and deposits.
- C. Withdrawal/Change Policy -
Read and Sign "Policy" and "Waiver of Liability"



2. Where can you go to REGISTER YOUR CHILD:

Downloadable registration forms available online at:

<http://recreation.peoriaaz.gov>

A. AM/PM RECREATION PROGRAM SITES:

March 26, 2007 - May 23, 2007

Go to the AM/PM site *Monday – Friday*
6:30a.m. - School Opens or *Dismissal - 6:00p.m.*

B. WALK-IN REGISTRATION

March 19, 2007 - August 3, 2007

Community Services Department

8401 W. Monroe #180, Peoria, AZ 85345

Monday – Friday,

8:00 a.m. - 5:00 p.m.

Peoria Community Center

8335 W. Jefferson, Peoria, AZ 85345

Monday – Thursday,

8:00 a.m. - 8:00 p.m.

Friday - 8:00 a.m. - 5:00 p.m.

C. 2007 SUMMER CAMP LOCATIONS:

May 25 – August 3

Monday – Friday, 6:30 a.m. to 6:00 p.m.

Apache	8633 W. John Cabot Rd.
Alta Loma	9750 N. 87 th Ave
Cheyenne	11806 N. 87 th Ave.
Desert Harbor	15585 N.91 st Ave
Frontier	21268 N. 81 st Ave.
Santa Fe	9880 N. 77 th Ave.
Sundance	7051 W. Cholla
Paseo Verde	7880 W Greenway Rd.
Parkridge	9970 W. Beardsley Rd.

DAILY SCHEDULE & ACTIVITIES

Program Closed on May 28 and July 4, 2007

6:30 - 8:00 AM	Greeting, & Indoor Play
8:00 – 8:30 AM	Outside Play
8:30 – 9:00 AM	AM Snack
9:00 – 9:30 AM	Daily Announcements
9:00 – 11:30 AM	3 - 45 minute centers or Field Trip
11:30 – 11:50 AM	Lunch time
11:50 – 1:15 PM	Outside/ Inside play
1:15 – 3:30 PM	3 - 45 minute centers or Field Trip
3:30 – 3:50 PM	PM Snack
3:50 – 4:15 PM	Outside/Inside Play
4:15 – 6:00 PM	Indoor Free Play & group game

Times, activities and field trips may change along with other planned activities on site. Always check with your site prior to attending.

See site schedule for accurate dates, times, activities and trips.

SOME OF THE DAILY TRIPS EACH WEEK

Bowling, Swimming, Library, Movies, Roller Skating

Apply sunscreen to your child prior to attending field trips.

HOT LUNCH PROGRAM

City of Peoria offers a hot lunch program in conjunction with the Peoria Unified School District Food Services. Hot Lunch is offered Monday– Thursday, and Friday is "Take Out Day" i.e. Pizza, Sonic, Burger King, ect. When you purchase lunch Monday through Friday, "Take Out" and field trip lunches will be included. Friday's "Take Out" lunch is \$3 or more for those who purchase less than 4 hot lunches per week. See staff for field trip lunch fees. If non-participants of the hot lunch program choose to attend field trips that require a lunch fee, they will need to pay those fees prior to attending the trip.

DAYCARE SUBSIDIES

The Department of Economic Security(DES) has funding available for low-income families who would like to utilize the program.



Contact DES at (623) 846-1046 to find out more information on how to apply. Processing can take up to 30 days.

AZ DEPT of HEALTH SERVICES (DHS) LICENSING

Summer Camp is regulated by DHS, located at 150 N. 18th Ave. Phoenix, AZ, 85007, (602) 364-2539. Inspection reports are available upon request and are located in the Black Book at each site.

SCHEDULE, FEE & PAYMENT POLICIES

SCHEDULE CHANGES

Any deviation from your submitted schedule on the enrollment form must be given to the site the Thursday prior to the week the changes are to take effect. If your child needs to attend on short notice, parents must call the summer camp site to make arrangements. There is 24 hour voicemail to leave a message. Payment is due the day of participation. **NO CREDIT OR REFUNDS GIVEN FOR MISSED DAYS.**

DELINQUENT ACCOUNTS/LATE PAYMENT FEE

Payment is due by 6:00p.m. the **Thursday** before the week of participation. Payment for participants attending on short notice must be made the day of participation or prior to attending.

A LATE FEE OF \$5 PER DAY/PER CHILD will be assessed for each day the payment is late. If payment, including late fee, is not paid in full by Wednesday of the following week, the participant will not be allowed to attend until the account is cleared.

RETURNED CHECK FEE (RCF)

RCF is \$30 PER CHECK

A returned check will result in service/program interruption. The \$30 RCF and the amount of the returned check must be paid in cash, cashiers check, or money order at Community Services office or over the phone with a credit card by calling 623-773-7137. All future payments will be required in cash, cashiers check, or money order for a period of six (6) months from the date of the returned check.

LATE PICK UP- PER THE SCHOOLS DESIGNATED CLOCK

A fee of \$15per child, per every 15 minutes after 6:00pm will be assessed. i.e. - 6:01p.m.-6:15p.m.--\$15; 6:16p.m.-6:30p.m.-\$30, etc.

Late fees will be assessed as follows:

- 1ST** - incident will result in FEE plus verbal warning
- 2ND** - incident will result in FEE plus written warning
- 3RD** - incident will result in FEE plus a three-day suspension
- 4TH** - incident will result in FEE plus a one-week suspension
- 5TH** - incident will result in FEE plus removal from the program

PERSONAL ITEMS

Please do not permit your child to bring personal items such as game boys, Play Station games, etc. to the program. The City of Peoria is not responsible for any lost, stolen or broken items. The site has several toys and lots of activities to keep your child busy and entertained. Children are not allowed to bring cell phones to camp. If you or your child needs to be in contact for an emergency or for urgent matters, we will allow occasional use of site cell phone for short calls.

POLICIES and PROCEDURES

PARENT/STAFF COMMUNICATIONS

The Summer Camp Program staff would like to work as a team with school and family to provide the best environment for the child's growth and development. Exchanges of information between parents and staff will be formal or informal formats. Information that is shared regarding issues in school or any changes occurring within the family will give all of us insight to a child's behaviors or attitudes.

HEALTH and EMERGENCY PROCEDURES



If your child becomes ill during the program, we will place your child in an isolated area. According to the time of day, and the degree of illness, the Site Director will decide to call the parents and make arrangements to have the child taken home by an authorized person (not a staff member) or keep them at the Summer Camp Site. Please keep your child home if they display any of the following symptoms; nausea, vomiting, diarrhea, temperature above 99° without medication, red/inflamed eyes, cold symptoms, headache, rashes or other pains within the previous 24 hours.

Minor scratches and cuts will be treated at the Site. If a serious accident should occur, the City of Peoria Fire Department will be summoned for treatment and they will decide whether your child should be taken to the nearest hospital or doctor's office by ambulance. You will be notified immediately. Treatment may only be rendered if we have your written authorization on file.

MEDICATION

The Peoria Summer Camp staff may administer medication. The parent/guardian must complete a "Medication Release Form" to authorize giving medication to a child. Bring the prescribed amount of medication in the original container. Forms are available at the site.

SPECIAL NEEDS

Parents of a child with a disability may request a reasonable accommodation by contacting Community Services at 623-773-7137 and completing the "REQUEST FOR ACCOMMODATION" form with supporting documentation turned in least 2-3 weeks prior to the first date of attendance. Life Skills such as, but not limited too, feeding, dressing and toileting are not provided by staff.

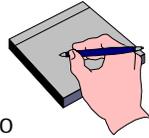
FIELD TRIPS

Children are encouraged to attend trips, but are not required, except upon parent's request. Written permission from the parent is required prior to departure. Proper identification will be provided to all children for safety purposes. A written field trip plan is completed. Peoria school district buses are used and water is placed on each bus.

POLICIES and PROCEDURES

SIGNING IN & OUT

Participants must be signed in and out daily by a parent or authorized person. This is done by signing your full name and time on the form. A child enrolled in the Peoria Summer Camp Program will only be released to persons specifically authorized with their signature on the registration form or advance authorization from the parents by telephone or in writing. NO exceptions will be made. For the safety of your children, individuals will be required to show a valid picture I.D. at the time of pick-up. If only one person has the sole legal custody of a child, then legal custody papers must be on file.



Children may not sign themselves in or out.

DISCIPLINE

The staff will implement an assertive discipline program. Children involved in our program are expected to follow the rules and directions of the Summer Camp staff. The following are guidelines used when disciplinary action becomes necessary due to unacceptable behavior. Parents will be notified daily if their child needed guidance or discipline. The course of action below will be followed in normal circumstance.

However, extreme behaviors that put a child, or those around them in danger, several or repeated offenses in one day, may accelerate this process and will be dealt with on a case by case basis. Extreme behaviors are but not limited to: Physical attacks such as, hitting, biting, spitting, kicking ect..., abusive language, disrespect to staff (verbally or physically by parent or child), and leaving the program area without permission.

1. **Warning** - for specific unacceptable behavior
2. **Time-out** - with a warning of future consequences for repeated behavior.
3. **Time-out** - with a warning and/or write up for repeated behavior in file and parent notified upon pick-up.
4. **Time-out** - with a call to parent or guardian and a write-up. Discuss corrective action & consequences for future incidents with parent upon pick-up.
5. **Suspension** - 1 - 2 scheduled days from the program and/or the remainder of the day.

*Repeated aggressive/inappropriate behavior with 3-5 suspensions will result in removal from program with approval from Coordinator and Supervisor.

(No Refunds for early pick-ups on scheduled days)

FEE INFORMATION

PROGRAM FEES

A **\$30 NON-REFUNDABLE** registration fee **PLUS: First week** of participation fees AND **Deposits.**

PROGRAM	1 DAY	2 DAY	3 DAY	4 DAY	5 DAY
Daily & Weekly Fees	\$20	\$40	\$60	\$80	\$85
**Elementary Summer School Rate available only for children registered and attending Peoria Unified School District Summer School.					
Summer School Rate	\$13	\$26	\$39	\$52	\$65

Includes a morning and afternoon snacks and field trips.

If child attends Summer Camp and does **NOT attend elementary summer school the full \$20 fee will be required for that day.

PAYMENT OPTIONS

Payments are due the Thursday prior to the week of participation

1. **Electronic Fund Transfer (EFT)** - Automatic payment from checking. See "FEE ATTENDANCE CONTRACT" for more information. **EFT only- Payments will be deducted on Fridays.**
2. **Quick Pay** - Automatic payment from credit card or debit card on Fridays. See "FEE ATTENDANCE CONTRACT" for more information.
3. **TeleReg** - Call **623-773-7725**. You will need your client ID number and password. For more information call the Community Service Department at **623-773-7137**
4. **RecConnect** - <http://recreation.peoriaaz.gov>. You will need your client ID number and password. For more information call the Community Service Department at **623-773-7137**.
(Balance may not include assessed late fees for option 3 and 4)
5. **Program sites** - *No cash or credit cards*. Checks or money orders ONLY.
6. **City Hall/Community Services**- Cash, check, or credit card
8401 W. Monroe, Room 180, M - F, 8AM - 5PM
7. **Phone Payment** - Call 623-773-7137, 773-7192 or 773-7139 with a credit card or debit card, M - F, 8AM - 5PM.
8. **Peoria Community Center** - Cash, check, or credit card, at
8335 W. Jefferson, M - TH, 8 AM - 8 PM and Friday, 8AM - 5PM.

INSURANCE

The City of Peoria carries liability insurance for all its operations, including city-sponsored recreation programs. However, the City does not carry medical insurance for any participant's injuries or illnesses associated with any specific recreational activity. Medical claims are your responsibility.

Emergency Information and Immunization Record Card

Child's Name: _____

Date of Enrollment: _____ Updated: _____

Street Address: _____

Date of Disenrollment: _____

City, State & Zip Code: _____

Date of Birth: _____ Sex: male female

Mother or Guardian: Name: _____ Home Address: _____ Home Phone: _____ Cell Phone: _____ Business Name: _____ Work Phone: _____ Business Address: _____ Signature: _____

Father or Guardian: Name: _____ Home Address: _____ Home Phone: _____ Cell Phone: _____ Business Name: _____ Work Phone: _____ Business Address: _____ Signature: _____

If Medical Care is Necessary, Call:

DOCTOR: _____
Name Address Phone

HOSPITAL: _____
Name Address Phone

Does your child have insurance coverage? yes no Name of Insurance Company _____
(Optional)

In case of injury or sudden illness, _____ will be called first. I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety. It is understood by me that the expense of this service will be accepted by me.

In case of an emergency, or if I cannot be contacted to pick up my child, I hereby authorize the following person(s) to pick up my child.

Name: _____ Name: _____

Address: _____ Address: _____

Telephone: _____ Cell phone: _____ Telephone: _____ Cell phone: _____

Name: _____ Name: _____

Address: _____ Address: _____

Telephone: _____ Cell phone: _____ Telephone: _____ Cell phone: _____

The following person(s) may **not** remove my child from the center:

Name: _____ Name: _____

Custody papers have been provided and are on file at the facility. yes no

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

Parent or Guardian printed name: _____

Signature: _____ **Date:** _____

Immunization Information

Required Vaccine Doses By Age							
Age	DTaP	Polio	Hib	Hepatitis B	Hepatitis A	MMR	Varicella
<2 months				#1			
2 – 3 months	#1	#1	#1				
4 – 5 months	#2	#2	#2	#2			
6 – 11 months	#3		#2 - #3 ¹				
12 – 14 months		#3	#1 - #4 ²	#3		#1	#1
15 – 59 months	#4						
24 – 71 months					#1 ³ & #2 ³		
School Age (K-12)	#4 ⁴ or #5	#3 ⁵ or #4		#3		#2 ⁶	#1 ⁷

¹ Pedvax or Comvax vaccine given

² Must have at least 1 Hib after 12 months of age

³ Hep A required in Maricopa County only

⁴ 4 doses meet requirement if 4th dose is after 4th birthday

⁵ 3 doses meet requirement if 3rd dose is after 4th birthday

⁶ Must have 2 doses of MMR for K-12 entry

⁷ A 2nd dose is needed if dose #1 is given at 13+ years of age

Check one

<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

Is child allergic to food or other substances? (If so, name foods or substances to be avoided and procedure to follow if reaction occurs.)

Is child usually susceptible to infections and if so, what precautions need to be taken? _____

Is child subject to convulsions and what should be our procedure if one occurs? _____

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.)? _____

Additional comments: _____

Other special instructions: _____

Telephone Authorization Code: _____ (optional)

FEE ATTENDANCE CONTRACT

I understand that my child's contracted fee (full time, part time or day by day and varying schedule) is based on days/week enrolled, and that payment is due every week the **Thursday** before the week of participation. **A penalty of \$5 will be assessed for each day payment is late.** Failure to pay the weekly and late fee, by the following Wednesday, participants cannot attend until the account is cleared of all charges. _____ (Initial)

WITHDRAWAL/CHANGE POLICY

1. It is the Peoria Summer Camp Program 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 Peoria Summer Camp Program, notification must be made by **Thursday** in writing for the following week to the Site leaders or the Peoria Recreation Division to release you from your current contract. _____ (Initial)
 2. I have received a Parent Handbook and I understand that I am responsible for all the information, understand the policies and procedures of the program. _____ (Initial)
 3. I hereby agree to accept full responsibility for payment of all registration and miscellaneous fees required for my child to attend the Peoria Summer Camp Program. I understand that there are NO REFUNDS OR CREDITS, FOR MISSED DAYS OR SUSPENSIONS. _____ (Initial)
- By signing below, my family and I will comply with the policies and procedures in the Parent Handbook.

Signature of Parent or Guardian

Date

*I understand that sunscreen must be applied each day prior to attending the program. _____ (Initial)

Photos

I give permission for my child to be video taped or photographed for free use by the City of Peoria employees or accredited media for use at program site, City of Peoria program advertisements or news stories.

Signature of Parent or Guardian

Waiver of Liability

I/we hereby release and forever discharge the City of Peoria, an Arizona municipal corporation, its elected and appointed officials, directors, officers, boards, commissions, agents, representatives, servants, and employees, and any and all other persons, firms, or corporations who are or might be liable, from any and all claims of any kind or character which I/we have or may have against them due to my child's participation, in a City of Peoria Recreation Program. This waiver includes all damages, losses, costs, expenses, and injuries that allegedly occur during the course of this recreation program. In that regard, I/we covenant 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. This waiver does not extend to any such claim or liability that is caused by the sole and exclusive intentional acts or gross negligence of the City of Peoria or its officers, employees, or agents.

Please Print Name: _____

Signature: _____ **Date:** _____

**Call (623) 773-7137 for general information.
For billing information and/or questions, call (623) 773-7139 or 623-773-7192**



Quick Pay



Pay your weekly childcare fees automatically every **FRIDAY** with your Debit or Credit Card without having to call each week. This is a Free service. Complete the following information to become enrolled in our Quick Pay program today.

Child's Name: _____

Parent's Name: _____

School Name: _____

Home Phone Number: _____

Alternate Phone Number: _____

Amount to be Charged Weekly: \$_____

Date of First Charge: _____

Card Number: _____

Expiration Date of Card: _____

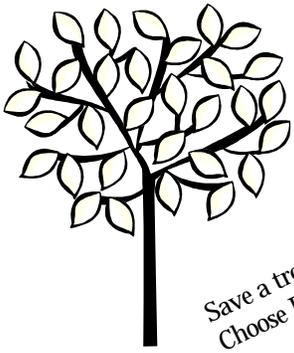
Billing Zip Code: _____

You are hereby authorized and requested, until otherwise instructed, to charge to the above referenced account, the weekly attendance fee and any occurring extra fees, such as late pick-up fees. I understand that if a transaction is DECLINED, a courtesy phone call will be attempted at the numbers listed above. I further understand that I am responsible for payment and I am aware that if the transaction is declined and payment is not made by the due date, penalties will be applied and will not be waived. I further understand that the staff reserves the right to cancel my "Quick Pay" program.

I understand that a request to discontinue or change this service must be made in writing one week prior to the stop date, and given to the Site leader or the Community Services office at 8401 W. Monroe Rm 180, Peoria, AZ 85345.

Signature

Date



Electronic Funds Transfer



In effort to make payments more convenient, we are now offering an Electronic Transfer option. Provide us with a voided check, complete the following information and each FRIDAY we will automatically deduct your childcare payment from your checking account.

Child's Name: _____ School Name: _____

Parent's Name: _____

Home Phone #: _____ Alternate Phone #: _____

Amount to be Deducted Weekly:\$ _____ Date of First Deduction: _____

You are hereby authorized and requested, until otherwise instructed, to deduct from the above referenced account, the weekly attendance fee and any occurring extra fees, such as late pick-up fees. I understand that if the transfer is unsuccessful, a courtesy phone call will be attempted at the numbers listed above. I further understand that I am responsible for payment and I am aware that if the transfer is unsuccessful, "Return Check Fees" will apply. I further understand that the staff reserves the right to cancel my "Electronic Funds Transfer" program.

I understand that a request to discontinue or change this service must be made in writing one week prior to the stop date, and given to the Site leader or the Community Services office at 8401 W. Monroe Rm 180, Peoria, AZ 85345.

Signature

Date

