

RECREATION PROGRAMS

NEW! Extended Day Camp

Available at the Rio Vista Recreation Center. This camp gives kids access to the various amenities offered at the Rio Vista Recreation Center. July 31, Aug 1,4 & 5; 7am – 5:30pm for Kindergarten – 14yrs old.

www.peoriaaz.gov/ampm

AM/PM Program

Located at City of Peoria Elementary Schools.

Before and after school care for ages 5-12, 6:00am-school starts and school dismissal-6:00pm (registration requests for ages 13 and 14 must contact a Coordinator. August 6th – May 21st. See staff or website for weekly fee rates.

www.peoriaaz.gov/ampm

Lil' Learners All Day Child Care

This is a state licensed program for children 3½ - 5 years old. Monday-Friday from 6:00am – 6:00pm. Call 623-773-8498 for Fees. Program located at Sunrise Mountain Family Center. www.peoriaaz.gov/preschoolprograms

Summer Recreation

Dates: May 27-July 17

Drop in care for Grades 1-5 Tiny Tots (4 & 5 year olds)

Mon-Fri, 8:00am-2:30pm Mon-Fri, 8:00am-2:00pm

Fee: \$60 for residents /\$100 for non-residents.

Sports

Peoria's sports offers leagues for youths and adults.

Sports include: coach pitch baseball, t-ball, kickball, softball, soccer, flag football, basketball, volleyball and tennis. More information at www.peoriaaz.gov/sports

SIC Classes

Peoria's **Special Interest Class Program** offers over 100 classes each quarter for toddlers, youth, teens, and adults. From Fencing to Zumba, Painting to Guitar, something for everyone! For more information, call 623.773.8600 or view classes online @ www.peoriaaz.gov/classes.

For more information call **623-773-7137** or go online at

www.peoriaaz.gov/recreation

2014

PEORIA SUMMER CAMP PROGRAM

Co-Sponsored by:

City of Peoria and Peoria Unified School District



The **Summer Camp Program** provides an opportunity for children to explore new and old activities in a fun and safe environment. The goal of the program is the total well-being of every child, offering field trips, a core activity schedule; including centers schedule that strive to cultivate learning and creativity.

2013-2014 AM/PM & 2013 RETURNING SUMMER CAMP PARTICIPANTS

Complete the Registration Form and pay first week & deposit before **6:00pm; May 15 at Community Services** or **May 16 at AM/PM Sites** & only pay a **\$10.00 REGISTRATION FEE**



WHO: Children who are 5-14yrs old.

Must be **5 yrs** old at time of attendance.

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

DATES: May 23 – July 30

Alta Loma:	9750 N. 87 th Ave – 87 th Ave/Mountainview <i>Alta Loma, Cotton Boll, Country Meadows, Sun Valley</i>
Cheyenne:	11806 N. 87 th Ave. - 87 th Ave/Cactus <i>Cheyenne, Sky View</i>
Frontier:	21268 N. 81 st Ave - 81 st Ave /E. of Beardsley <i>Frontier, Desert Harbor</i>
Parkridge:	9970 W Beardsley Rd- 99thAve/ Beardsley <i>Apache, Coyote Hills, Parkridge</i>
Paseo Verde:	7880 W Greenway Rd-79 th Ave/Greenway <i>Paseo Verde, Oasis</i>
Sundance	7051 W. Cholla - N of Peoria/ 71 st Ave <i>Ira Murphy, Oakwood, Peoria, Santa Fe, Sundance</i>
Zuni Hills	10851 W. Williams Rd 107 th Ave/ Williams <i>Lake Pleasant, Vistancia, Zuni Hills</i>

TAX ID # 86-6003634

REGISTRATION PROCEDURES

1. Complete, in detail, the following forms:

- A. **Emergency Information form** : complete, in detail with NO BLANKS, provide a copy of child's immunization record. *Child may not attend without immunization records or an incomplete Emer. Info form.*
- B. Fee Attendance Contract with registration fee and first week's fee and deposit.
- C. Withdrawal/Change Policy - Read and Sign "Policy" and "Waiver of Liability"
- D. Field Trip Permission Slip, Ape Index Waiver, SkyZone Waiver



2. Where can you go to REGISTER YOUR CHILD:

Forms can be picked up at the following and can be downloaded online at: www.peoriaaz.gov/ampm

A. AM/PM RECREATION PROGRAM SITES:

April 11 - May 21 until the end of AM program
Monday – Friday 6:00a.m.- School Opens and Dismissal - 6:00p.m.

B. WALK-IN REGISTRATION

April 11 – July 30th

Community Services Department

9875 N. 85th Ave, Peoria, AZ 85345
 Monday – Thursday,
 7:00 a.m. - 6:00 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. SUMMER CAMP LOCATIONS:

Dates: See front page

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

Alta Loma	9750 N. 85 th Ave.
Cheyenne	11806 N. 87 th Ave.
Frontier	21268 N. 81 st Ave.
Parkridge	9970 W. Beardsley Rd.
Paseo Verde	7880 W Greenway Rd.
Sundance	7051 W. Cholla
Zuni Hills	10851 W. Williams

DAILY SCHEDULE & ACTIVITIES

Program Closed on May 26 and July 4

6:00 - 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.

Apply sunscreen to your child prior to attending field trips.

LUNCH PROGRAM

City of Peoria offers a lunch program in conjunction with the Peoria Unified School District Food Services. Lunch is offered Mon–Thurs, May 27-July 24 for \$2.75/day or M-F \$15.50, and Friday is \$5 for "Take Out Day" i.e. Pizza, Sonic, Burger King, etc. July 29-31 a non perishable lunch needs to be provided or optional lunch is offered for \$4 per day.

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 **602-771-0014** to find out more information on how to apply. Processing can take up to 30 days.

Military Subsidies are available. Please contact 623-773-7139.

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.

CELL PHONES:

Children are not recommended to bring CELL PHONES to camp and MAY NOT use them during program. If you or your child needs to be in contact for an emergency or for urgent matters, we will allow occasional use of site phone for short calls. Children with cell phones will be asked to put it away and not retrieve it until they are picked up.

SCHEDULE, FEE & PAYMENT POLICIES

SCHEDULE CHANGES

Any deviation from your submitted schedule on the enrollment form must be **given to the site in writing, 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 (ex. Sick, early pick-up, etc.).** Sign in/sign out sheets will be audited weekly. Any extra days not originally scheduled per your Fee Contract will be the responsibility of the parent and may incur late fees if not paid in full. **Schedule Change form** is available online and can be submitted by going to our website at www.peoriaaz.gov/ampm or at the summer camp site.

DELINQUENT ACCOUNTS/LATE PAYMENT FEE

Payment is due by 6:00p.m. the **Monday** of 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 \$20 PER CHILD will be assessed each Wednesday for payments not yet received. 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 written 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

FIELD TRIPS

Children are encouraged to attend trips, but are not required. Written permission from the parent is required prior to departure. Identification will be provided to all children for safety purposes. A written field trip plan is completed. Peoria school district buses (not air conditioned) are used and water is available on each bus.

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 by staff may only be rendered if we have your written authorization on file or life threatening.

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 2-3 weeks prior to the first day of attendance. Life Skills such as, but not limited too, feeding, dressing and toileting are not provided by staff.

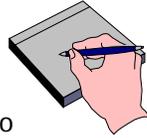
PERSONAL ITEMS

Please do not permit your child to bring personal items to the program. The City of Peoria is not responsible for any lost, stolen or broken items. The site has several activities to keep your child busy and entertained.

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. A copy of the most current custody paperwork is required for those with a designated pick up schedule. The police may be consulted if questions concerning custody paperwork arise. 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.

Extreme behaviors may accelerate the process and be dealt with on a case by case basis: Physical attacks such as, hitting, biting, spitting, kicking etc., abusive language, disrespect to staff (verbally or physically by parent or child), and attempts to leave or leaving the program area without permission; repeated offenses within the same day or those behaviors that put a child or others in danger.

The Community Services Director reserves the right to remove a participant from the program at any time; if this occurs, the City will provide a full refund of the program fees that were paid the week the participant was removed.

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 \$72 Deposit.**

PROGRAM	1 DAY	2 DAY	3 DAY	4 DAY	5 DAY
Daily & Weekly Fees	\$24	\$48	\$72	\$96	\$100
**Elementary Summer School Rate available only for children registered and attending PUSD Summer School full session. <i>If summer school day is missed the \$24 fee for Summer Camp will be required.</i>					
Summer School Rate	\$15	\$30	\$45	\$60	

PAYMENT OPTIONS

Payments are due the Monday of the week of participation

1. **Electronic Fund Transfer (EFT)** - Automatic payment from checking. Authorization form required. **Payments will be deducted on Mondays.**
2. **Quick Pay** – Automatic payment from credit card or debit card on Mondays. Authorization form required **Payments will be deducted on Mondays.**
3. **RecConnect** – www.peoriaaz.gov/ampm. You will need your login ID number and password. For more information call the Community Service Department at **623-773-7137**. **(Balance may not include assessed late fees)**
4. **Community Services Dept**– Cash, check, credit card or debit card. 9875 N 85th Ave, M – Th, 7AM - 6PM (Except Holidays)
5. **Phone Payment** - Call 623-773-7505 or 773-7139 with credit or debit card, M - Th, 7AM – 6PM; except holidays.
6. **Peoria Community Center** – Cash, check, or credit card, at 8335 W. Jefferson, M – TH, 8 AM – 8 PM and Friday, 8AM –5PM. Program sites will accept new registrations with check or money order only. **No weekly payments accepted on site.**

Includes morning and afternoon snacks and scheduled field trip.

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.

FEE ATTENDANCE CONTRACT - PEORIA SUMMER CAMP 2014

Summer Camp: Alta Loma Cheyenne Frontier Parkridge Paseo Verde Sundance Zuni Hills

My child attended 2013/14 AM/PM Program at _____ My child did not attend the AM/PM Program.
(SCHOOL NAME)

Child's Name: _____ Family email: _____

Legal Guardian 1: _____ Legal Guardian 2: _____

Address: _____ Address: _____

Home: _____ Work: _____ Home: _____ Work: _____

	MON	TUES	WED	THURS	FRI	Cost times # days	Weekly Fee
Please "X" ALL DAYS ATTENDING						\$24 per day or \$100 per week	
Weekly Lunch						\$15.50 per week	
Daily Lunch					(\$5)	\$2.75 M-Th, \$5 F	
* * Some special lunches may require an additional fee. See your program schedule.							
July 28-30; optional lunch \$5 per/day						TOTAL WEEKLY COST	

FEE PAYMENT

My Child will will NOT be attending camp on Friday, May 23 (\$24)

Start Date: _____

My Child will will NOT have the Hot Lunch on Friday, May 23 (\$5)

Withdrawal Date: _____

Friday May 23 - 1st day of camp (plus lunch if needed) \$ _____

First Week (4 days; May 27-30) \$ _____

Last Week Deposit (3 days of attendance/Lunch not incl Jul 28-30) \$ **72.00**

Last Week Lunch Deposit (\$5 per day, July 28, 29 & 30) \$ _____

Additional Week(s) \$ _____

Optional Swim Lessons (see swim lesson form) \$ _____

Registration Fee - \$30 (Non-Refundable)
New Participants & ALL registrations received after May 16 \$ _____

OR BEFORE May 16

\$10 registration fee for current 2013-14 AM/PM participants & 2013 Returning Summer Camp participants ONLY. MUST provide ALL completed paperwork, payment & received on or before early registration deadline.

Early Registration Deadline Date:
 6pm Thursday, May 15 at Community Services Dept.
 6pm Friday, May 16 at all AMPM sites.

Early Registration Fee \$10 (Non-Refundable) \$ _____

TOTAL ENCLOSED \$ _____

Make Checks payable to "City of Peoria"

YES NO

I give permission for my child to be video taped or photographed by the City of Peoria employees or established area media for the free use of my child's name and picture for site activities or should they appear in broadcast, newspapers or any brochure, etc.

I understand staff is not able to apply sunscreen and it is my responsibility to apply it before my child attends: _____ (initials)

****How did you hear about Summer Camp?****

WAIVER OF LIABILITY

*I/we hereby release and forever discharge Peoria Unified School District and 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 participation, or my child's participation, in a City of Peoria recreation program at a Peoria Unified School District facility. 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 attorneys' 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 Peoria Unified School District and/or the City of Peoria or its officers, employees, or agents. **By signing below, I attest that I have read and agree to abide by the payment policies listed in this registration packet and that I have received a copy of and will abide by the policies and guidelines outlined in the Summer Camp Parent Handbook.***

Please Print Responsible Party Name: _____

Responsible Party Signature: _____ Date: _____

*****STAFF USE ONLY*****

(Staff please complete upon accepting registration at site)

Date: _____ Cash or Check # _____ Money Order #: _____

Print Staff Name: _____ Amt. Pd: \$ _____

- **REGISTRATION**

A \$30 non-refundable registration fee is required for all participants. All participants must make full payment of registration fees to attend the program. **Full payment of participation fees is the first Friday of attendance plus the following full week, the \$30 registration fee and the last week's deposit.**

- The 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 on **Monday** for the week of participation. **A penalty of \$20 per child will be assessed on Wednesday for payments not received.** Penalty fees will accrue weekly for any outstanding balances. If weekly/daily payment and late fees are not paid by the following Wednesday, the participant cannot attend until the account is paid in full.

- **DROP IN PARTICIPANTS**

For those parents/guardians who have inconsistent schedules or schedules not known by the Thursday prior to attendance, you may choose the drop in program. Regular schedules are not eligible for drop in status. A regular schedule is defined as consistent attendance or a pattern of attendance over the course of one month.

- **ALL PAYMENTS MUST BE RECEIVED ON OR PRIOR TO THE DAY OF ATTENDANCE.** You may also choose to keep a credit balance for future use at all times.
- **If payment is not received by day of attendance you will be charged a penalty fee of \$20 per child.** Penalty fees will accrue weekly for any outstanding balances. If payment and late fees are not paid by Wednesday, the participant cannot attend until the account is paid in full.

- **PAYMENT OPTIONS**

1. ***Quick Pay** – Automatic payment from a credit or debit card - AUTHORIZATION FORM REQUIRED
2. ***Electronic Funds Transfer (EFT)** – Automatic withdrawal from a checking account – AUTHORIZATION FORM REQUIRED WITH COPY OF VOIDED CHECK ATTACHED.
3. **RecConnect** – www.peoriaaz.gov/ampm Available 24/7. You will need your client ID and Family Password.
4. **Community Services Offices** – Located at 9875 N. 85th Ave. Customer Service Staff are available Mon – Thurs 7am – 6pm except Holidays
5. **Phone with Customer Service Staff** – 623-773-7139 or 623-773-7505, with a credit or debit card Mon-Thurs 7am – 6pm except Holidays
6. **Bill Pay** – set up weekly payments through your on-line banking account. Please check with your bank for this option.

***Not available for Drop In Status.**

****Weekly/Daily payments will not be accepted at school sites. Only payment for *New Registration*.**

- **SCHEDULE CHANGES/ABSENCES**

If for any reason you decide to change or drop your child's enrollment, it is the Peoria Summer Camp Recreation Program policy that **schedule changes or terminations must be made in writing by Thursday for the following week** and must be submitted through email, online, at Summer Camp locations or the Community Services Department to make changes to your current contract. **NO REFUNDS OR CREDITS FOR MISSED DAYS, SUSPENSIONS, OR EARLY PICKUPS**

- **RETURNED CHECKS**

A returned check or declined EFT payment will result in service/program interruption. An RCF of \$30 per check/EFT and the amount of the returned check/EFT must be paid in cash, cashier's check, credit card or money order at the Community Services Offices or over the phone with a credit card by calling 623-773-7139. All future payments will be required in cash, credit card, cashier's check or money order for a period of six (6) months from the date of the returned check.

- **AUDITS**

Weekly audits of daily sign-in/sign-out sheets will be performed for each site. Any extra days of attendance not originally scheduled per this attendance contract will be the responsibility of the parent/guardian and subject to late/penalty fees as described above.

For Billing Information and/or Questions

Call (623) 773-7505 or 623-773-7139

e-mail: AMPMBillingStaff@peoriaaz.gov



Auto Payment Form- Quick Pay/EFT

Pay your weekly childcare fees automatically every Monday with your debit/credit card OR voided check. **This payment method is for Set Schedules Only (Not for Drop In schedules).** This is a *FREE* service. Please complete the information below & return to your Am/Pm location or main office at 9875 N. 85th Ave. Peoria AZ 85345 Monday-Thursday 7am to 6pm.

Child's Name: _____

Parent's Name: _____

School Name: _____

Parent(s) Home / Cell #: _____

Amount to be charged weekly based on Fee Contract: \$_____

Yes ___ No ___ (Please check one) I authorize to charge my Card / EFT for any additional fees, ex: extra days attended, special lunches, early release fees, late pick up charges, etc. _____ (initials)

****Date of First Charge / Bank Draft:** _____

DEBIT / CREDIT CARD INFORMATION

Name as it appears on Card: _____

Cardholder's Home/Cell #: _____

Card Number: _____

Expiration Date on Card: _____

EFT / BANK DRAFT INFORMATION

If you would like to sign up for EFT, please write the account & routing number below OR attach a voided check.

_____ (Name as it appears on check)

_____ (Account Number)

_____ (Routing Number)

You are hereby authorized and requested, until otherwise instructed to charge the above referenced account, the weekly attendance fees. I understand that if a card transaction is DECLINED, a courtesy phone call will be attempted at the numbers listed above. I further understand that I am responsible for the payment and I am aware that if the card transaction is declined and payment is not made by the due date, a \$20.00 late payment fee will be applied and will not be waived. I am aware if the EFT transfer is unsuccessful, a "\$30.00 Return Check Fee" will apply. If the payment is not made by the due date, a \$20.00 late payment fee will also apply. I further understand that the staff reserves the right to cancel my Auto Payment.

I understand that a request to discontinue or change this service must be made in writing Thursday PRIOR to the week of the change or stop date. It can be turned in to the site leader or the Community Services office at 9875 N. 85th Ave. Peoria AZ. Office Hours: Mon-Thurs from 7:00am to 6:00pm. **Fax: 623-773-7180**

Account Holder Signature

Date



2014 Summer Camp Quick Pay/EFT Auto Payment Change Form

School Name: _____

Child's Name: _____ Home/Cell Phone # _____

Parent's Name: _____ Day Time Phone #: _____

All schedule changes must be submitted NO later than Thursday prior to the week of the change.

I would like to stop using Quick Pay/EFT. Make _____ the last deduction.

I am Withdrawing: Yes or No (please circle one) Date

Last Day Attending Program: _____

Change the Checking account that I am using. **Please attach a voided check or write account &**

routing number: _____

Account Number

Routing Number

Change the debit / credit card I am using. Please start using card number:

_____ EXP _____

Name as it appears on card: _____

My child will be out starting _____ and return on _____

Date

Date

My child's new schedule will be the following, starting on _____

Date

New Schedule

Attendance M T W TH F **\$24 p/day or \$100 a week (Mon-Fri)**

Lunch M T W TH F **\$2.75 p/day, Mon-Thurs or \$15.50 a week.**

On Fridays, July 28, 29 & 30 is \$5.00 p/day.

Please change my weekly payment amount to \$ _____

****Yes ___ No ___ (Please check one) I authorize to charge my card for any additional fees,
ie: additional days attended, special lunches, early release fees, late pick up charge, etc. _____ (initials)**

You are hereby authorized and requested, until otherwise instructed to charge the above referenced account, the weekly attendance fees. I understand that if a card transaction is DECLINED, a courtesy phone call will be attempted at the numbers listed above. I further understand that I am responsible for the payment and I am aware that if the card transaction declined and payment is not made by the due date, a \$20.00 late payment fee will be applied and will not be waived. I am aware if the EFT transfer is unsuccessful, a "\$30.00 Return Check Fee" will apply. If the payment is not made by the due date, a \$20.00 late payment fee will apply. I further understand that the staff reserves the right to cancel my Auto Payment. **Please complete this form & return it to you Am/Pm Site leader or the Community Services office at 9875 N. 85th Ave, Peoria, AZ 85345. Office Hours: Monday-Thursday from 7:00am to 6:00pm. Fax is 623-773-7180**

Account Holder 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:

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.

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 injury or sudden illness, I request that this individual be called first:

Does your child have insurance coverage? No Yes Name of Insurance Company:

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):	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? <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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SWIM LESSON REGISTRATION- SUMMER CAMP

Please Read Below Information

City of Peoria Aquatics Department is offering exclusive swim lessons to participants who are registered at the City of Peoria Summer Camp Programs. The participants must attend the lessons on the dates and times provided for the specific camp site where they are registered and will be transported by bus to the Peoria pool. Children may not be dropped off at the pool. **Registration is limited. Sign up today!**

Fee: \$20 per child

Level: In the first session children will have a swim test by the swim instructors and placed in the level which best fits their abilities. Please answer the following questions to better assist us:

1. Will this be your child's first swim lesson?	Y / N
2. Is your child comfortable in deep water?	Y / N
3. Can your child swim across the pool without assistance?	Y / N

Session Info: 30 minutes of swim instruction, four days a week for 2 weeks;

Arrival Time: **7:00am** *regardless of the assigned session*

Location: Peoria Pool -11200 N. 83rd Ave. Peoria, AZ 85345 - 623-878-4903

Child's Name: _____

Camp Attending: _____ **Parent Initials:** _____

Session	Dates	Times
Frontier - Session 2 1st Class: Code – 79010	<u>June 9-19</u> Monday-Thursday	7:15-7:45
Sundance - Session 2 2nd Class: Code – 79011	<u>June 9-19</u> Monday-Thursday	7:45-8:15
Parkridge/Zuni Hills - Session 3 1st Class: Code – 79012	<u>June 23-July 3</u> Monday-Thursday	7:15-7:45
Alta Loma - Session 3 2nd Class: Code – 79013	<u>June 23-July 3</u> Monday-Thursday	7:45-8:15
Cheyenne - Session 4 1st Class: Code – 79014	<u>July 7-July 17</u> Monday-Thursday	7:15-7:45
Paseo Verde - Session 4 2nd Class: Code – 79015	<u>July 7-July 17</u> Monday-Thursday	7:45-8:15

I (Parent/Guardian) give permission for my child, _____ to attend the above scheduled swim lessons. I am aware the lessons are Monday's through Thursday's during the above dates with the corresponding school. I understand that my child will receive their required wristband for the swim lessons when I sign them up on the field trip roster that day.

Signature - Must be a Parent/Guardian ONLY

Date