Print Form

WEEK 1
Payment due,
Thursday Dec. 22

Winter Break Camp

sponsored by: City of Peoria & Peoria Unified School District

DATES: December 23, 27-30, Jan 3-6
NO PROGRAM MONDAY -December 26 and December 2

COST: $24 per day, includes Breakfast **(until 7:15),** AM & PM snack and scheduled field trip. All fees due at time of registration

HOURS: **6:00 a.m. – 6:00 p.m.**

Open at 6:00am

CHILDREN: ***Ages 5-14***

ACCEPTING CHILDREN UP TO AGE 14

REG. FEE: A $5 registration fee for children not currently enrolled in the AM/PM Program

LUNCH: Parents need to provide a non-perishable sack lunch & drink each day, unless you are choosing to purchase the optional lunches for $4.00 each day.

REG. FORM: Those **not currently enrolled** in AM/PM program will need to complete the Emergency Information form along with the Winter Break Registration form and submit a copy of child's immunization records, per AZ DHS requirements. *Child may not attend without the completed registration forms.* Those currently enrolled in AM/PM Program will need to complete a Winter Break registration form completely; signing in all required areas.

For more information contact your AM/PM site or Peoria Recreation at 623-773-7137

Completed Registration forms with *PAYMENT* will be taken at these 3 locations:

1) ***AM/PM Sites*** *until the end of* AM program on 12/22

2) Winter Break Camp Sites
During program hours

3) Community Services Bldg *- 9875 N. 85th Ave*
M-Th ; 7:00am - 6:oopm, closed Dec 26 & Jan 2

WINTER BREAK CAMP LOCATIONS

Cheyenne Elem. (green) - 11806 N. 87th Ave; Multi ***623-764-0437***
Alta Loma, Cheyenne, Country Meadows, Cotton Boll, Ira Murphy, Oakwood, Oasis, Paseo Verde, Peoria, Santa Fe, Sun Valley, Sky View, Sundance

Frontier Elem. (red) - 21268 N 81st Ave; Multi ***623-764-1113***
Apache, Coyote Hills, Desert Harbor, Frontier, Lake Pleasant, Parkridge, Vistancia, Zuni Hills

Information available on line at - www.peoriaaz.gov/ampm

FEE ATTENDANCE CONTRACT

Please mark below the Winter Break Camp you will attend:

○ **Cheyenne** ○ **Frontier**

Child's Name: _____ **Home School Name:** _____

Parent's Name: _____ **Parent's Home Phone:** _____ - _____

Parent's Day Phone: _____ - _____ **Emergency Phone:** _____ - _____

EMAIL Address: _____ **Alternative Cell:** _____ - _____

Please mark each day your child will be attending and total below. Daily Fee - $24.00 includes trips.

WINTER BREAK TRIP SCHEDULE & FEES

☒	DATE	TRIPS	FEE	TOTAL
☐	Fri, Dec 23	**Peter Piper** - 2 slices pizza and a drink w/ ***2 tokens***	$24	0
	Mon Dec 26	**CLOSED**		
☐	Tues, Dec 27	**AZ Broadway Theatre -**"The Lion, the Witch & the Wardrobe"	$24	0
		Optional Lunch - 2 Soft Tacos, Cinnamon Twists & Drink	**$4**	☐ 0
☐	Wed, Dec 28	**Bowling @ Peoria AMF- 1 1/2 hrs + Shoes** WEAR SOCKS	$24	0
		Optional Lunch - Chicken Strips, Tots & a Drink	**$4**	☐ 0
☐	Thurs, Dec 29	**Movie -** The Muppet movie (PG) Snack pack included	$24	0
		***Optional Lunch* -** Sub, chips, drink	**$4**	☐ 0
☐	Fri, Dec 30	**Inflatable Party** (on site)	$24	0
		Optional Lunch - Grilled Cheese, Tater Tots & a Drink	**$4**	☐ 0
	Mon, Jan 2	**CLOSED**		
☐	Tues, Jan 3	**Wazee's World** – Laser Tag & Cosmic Golf WEAR SOCKS	$24	0
		***Optional Lunch* -** Pizza; 2 slices and a drink	**$4**	☐ 0
☐	Wed, Jan 4	**Jump Street** - Trampolines WEAR SOCKS	$24	0
		Optional Lunch - Burger, Fries & Drink	$4	☐ 0
☐	Thur, Jan 5	**Great Skate - Roller Skating-** Includes *snack - Pizza & drink*	$24	0
		Optional Lunch - Sub, chips, drink WEAR SOCKS	**$4**	☐ 0
☐	Fri, Jan 6	**Movie-** Alvin and the Chipmunks (Not rated) Snack pack included	$24	0
		***Optional Lunch* -** Corndog, Tater Tots & a Drink	**$4**	☐ 0
		Sub Total (including optional lunches)		$0.00
Registration Fee:	☐	**$5.00 Winter Break Camp Registration Fee** If child is **NOT** registered in 2011/2012 AM/PM program		$0.00
		TOTAL FEES DUE		$0.00
		TOTAL FEES PAID		

Week 1 payment - Due by Thursday, Dec. 22 at 6:00pm
Week 2 payment - Due by Thursday, Dec. 29 at 6:00pm

METHODS of PAYMENT and WHERE TO REGISTER

1. **AM/PM Sites** during program hours ***until Dec. 22 AM program*** - ***Checks ONLY***
2. **Community Services** at 9875 N. 85th Ave, ***623-773-7137***- Credit Card, Check or Cash
3. **Community Center** at 8335 W Jefferson - Credit Card, Check or Cash

☐ **I am currently enrolled in Quick Pay / EFT, charge my account for "Total Fees".** ***Initial*_____.**

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.

Print Name of Parent/Guardian	Signature of Parent/Guardian	Date

PROGRAM ATTENDANCE GUIDELINES

- **Payment:** Full payment must accompany the Fee Attendance Contract at the time of enrollment, including the Winter Break Camp registration fee (if applicable) which is a NON-REFUNDABLE fee.
  Any additional attendance fees, late payment fees, etc., are due at the time of pick-up on that day.
  *** Failure to pay any balance due may result in the child being dropped from the program.
- **Schedule Change:** Notification of schedule changes or enrollment for Dec. 27-30, must be submitted before Friday Dec 23 at 5:00pm, and for Jan. 3– 6 submitted by Thursday, December 29 at 5:00pm. No Program December 26 and January 2.
  A Schedule Change Form must accompany any changes made after payment and registration has been received. Schedule change forms will be available at the camp sites or can be completed online at www.peoriaaz.gov/ampm ***Verbal changes at camp sites or over phone will not be honored.***
- **Refunds:** NO REFUNDS OR CREDITS WILL BE GIVEN FOR SUSPENSIONS OR SICK / MISSED DAYS.

Questions regarding schedule, billing or payments please call: LeAnne 773-7505 or Cree 773-7139

- **Late Pick-up Fee:** A late fee will be charged at a cost of $15 per 15 minute intervals, per child. (6:01-6:15=$15, 6:16–6:30=$30, and so on….)
- A $30 **Returned Check** fee applies to all returned checks.
- **Discipline:** Children enrolled in the program are expected to follow all school rules and program guidelines outlined in the AM/PM Parent Handbook, as well as the staffs directions at all times. This is for the safety of all program participants. Should discipline become necessary, the steps in the Parent Handbook will be implemented.
  Extreme behaviors will accelerate the process and be dealt with on a case by case basis. Extreme behaviors are, but not limited to: physical attacks such as, hitting, biting, spitting, kicking, etc , abusive language, disrespect to staff (verbally or physically by child or parent), leaving the program area without permission, etc., or those that put a child or others in danger.

I have read and understand the Program Attendance Guidelines for Winter Break Camp.
My family and I will comply with all the attendance guidelines and the policies and procedures outlined in the AM/PM Parent Handbook available at the AM/PM sites and Winter Break Camps.

Signature of Parent or Guardian	Date

FIELD TRIP PERMISSION SLIP

Child's Name: _____ **Camp :** _____

Parent's Name: _____ **Parent's Day Phone:** _____ - _____

I (Parent/Guardian) give permission for my child, _____ to attend the following field trips with **Cheyenne Break Camp**. I am aware of the following trips that are being offered and I have received a schedule with the field trip dates and times below in the registration packet. I understand that for my child to receive their required wristband for the field trip, they need to be signed up on the field roster for that day by a parent/guardian. Arrive at least 30 minutes prior to below time.

☒	DATE	CHEYENNE TRIPS	PHONE	TIMES	INITIAL
☐	Friday Dec 23	**Peter Piper** 10006 N 91st Avenue, Peoria, AZ 85345	623-878-0608	12:30-2:30	
☐	Tues Dec 27	**AZ Broadway Theatre** 7701 W. Paradise lane Peoria, AZ 85382	623-776-8400	10:00-11:00	
☐	Wed Dec 28	**Peoria AMF Bowling** 8475 W. Olive Peoria AZ 85345	623-486-1496	11-12:30	
☐	Thurs Dec 29	**Harkins Parkwest** 9804 W. Northern Ave Peoria, AZ 85345	623-222-4275	9:45-11:30	
☐	Tues Jan 3	**Wazee's World** 9750 W. Peoria Ave Peoria, AZ 85345	602-920-7616	9:00-11:30	
☐	Wed Jan 4	**Jump Street** 5665 W. Bell Rd. Glendale, AZ 85306	602-889-0081	1:00-3:00	
☐	Thur Jan 5	**Great Skate** **10054 N 43rd Ave Glendale, AZ 85302**	623-842-1181	9:00-11:00	
☐	Thurs Jan 6	**Harkins Parkwest** 9804 W. Northern Ave Peoria, AZ 85345	623-222-4275	9:45-11:30	

By signing below, I give my child permission to attend the field trips listed above.

_____ _____

Signature - ***Must be a Parent/Guardian ONLY*** ***Date***

I (Parent/Guardian) give permission for my child, _____ to attend the following field trips with **Frontier Break Camp**. I am aware of the following trips that are being offered and I have received a schedule with the field trip dates and times below in the registration packet. I understand that for my child to receive their required wristband for the field trip, they need to be signed up on the field roster for that day by a parent/guardian. Arrive at least 30 minutes prior to below time.

☒	DATE	FRONTIER TRIPS	PHONE	EXACT TIMES	INITIAL
☐	Friday Dec 23	**Peter Piper** 7525 W Bell Rd Peoria, AZ 85382	623-487-9003	12:30-2:30	
☐	Tues Dec 27	**AZ Broadway Theatre** 7701 W. Paradise lane Peoria, AZ 85382	623-776-8400	10:00-11:00	
☐	Wed Dec 28	**Peoria AMF Bowling** 8475 W. Olive Peoria AZ 85345	623-486-1496	9-10:30	
☐	Thurs Dec 29	**Harkins Parkwest** 9804 W. Northern Ave Peoria, AZ 85345	623-222-4275	9:45-11:30	
☐	Tues Jan 3	**Wazee's World** 9750 W. Peoria Ave Peoria, AZ 85345	623-222-4275	12:30-3:00	
☐	Wed Jan 4	**Jump Street** 5665 W. Bell Rd. Glendale, AZ 85306	602-889-0081	9:00-11:00	
☐	Thur Jan 5	**Great Skate** **10054 N 43rd Ave Glendale, AZ 85302**	623-842-1181	9:00-11:00	
☐	Thurs Jan 6	**Harkins Parkwest** 9804 W. Northern Ave Peoria, AZ 85345	623-222-4275	9:45-11:30	

By signing below, I give my child permission to attend the field trips listed above.

_____ _____

Signature - ***Must be a Parent/Guardian ONLY*** ***Date***

WINTER BREAK FIELD TRIP SCHEDULE

Schedule is subject to change.
Check with your site for accurate dates and times for all trips and optional lunches.
Below are the arrival times for trips. These times do not reflect the actual time of the trip. Please do not be late, the bus can not wait.
Not responsible for personal items brought to site

Lunches - $4.00

12/23 – Peter Piper - FREE
Pizza slices & a drink

12/27 - Taco Bell
Soft taco, cinnamon twists & a drink

12/28– KFC
Chicken strips, tots & drink

12/29 - Sub Sandwich
Sub Sandwich, chips & a drink

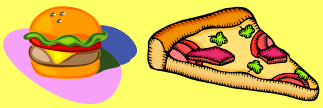
12/30– Sonic
Grilled Cheese, Tots & a drink

1/3 -Pizza
2 Pizza slices & a drink

1/4 –Carl's Jr.
Hamburger, fries & a drink

1/5 –Sub Sandwich
Sub Sandwich, chips & a drink

1/6-Sonic
Corndog and tots & a drink



Frontier - 75th/ Bell
Cheyenne- 91st/Peoria

11:30-3:00
BOTH SITES
(*Lunch Included!*)
Optional
Bring money for games, videos, etc..

	Tuesday	Wednesday	Thursday	Friday
26 CLOSED	27 ***8:45– 11:15*** ***ALL SITES*** **AZ Broadway Theatre** **Presents...** 	28 AMF Bowling Peoria Lanes **1 1/2 hrs of bowling + shoes** **Frontier-8:15-10:45** **Cheyenne-10:00-12:45** **WEAR SOCKS**	29 **Harkins** **Snack Pack Included** **8:30-12:15** **Muppet Movie** **PG** 	30 CAMP SUPER PARTY CHEYENNE: 9:00 - 12:00 FRONTIER: 1:00 - 4:00 *** Inflatable obstacle course & Jumper** *** Xbox Kinect games** *** Face Painting** *** Games & Crafts**
2 CLOSED	 **3 Laser games & 1 Round Cosmic Golf** **Optional:** Bring $ for video games & snacks ***Cheyenne*** **8:00- 12:00** **Frontier** **11:30 - 3:30** **WEAR SOCKS**	4 JUMP STREET **2-hrs of Jumping, Playing & Fun** ***Frontier*** **8:00-11:30** ***Cheyenne*** **12:00-3:30** **WEAR SOCKS**	5 **GREAT SKATE** **Includes:** **Slice of Pizza & Drink** **ALL SITES** **8:00-11:30** **WEAR SOCKS**	6 **Harkins** **Snack Pack Included** **8:30-12:15** Alvin and the Chipmunks *"Chip Wrecked"* (Not yet Rated)

CDC/SGH # or name:_____

Emergency Information and Immunization Record Card

Child's Name:	**Date Enrolled:**	Updated:
Home Address (#, Street, City):		**Date Disenrolled:**
Home Phone:	**Date of Birth**:	**Sex:** ☐ **male** ☐ **female**

Mother or Guardian Name:	**Home Address** (#, Street, City):	**Home Phone**:
Cell Phone (optional):	**Business Address** (#, Street, City):	**Business Phone**:

Father or Guardian Name:	**Home Address** (#, Street, City):	**Home Phone**:
Cell Phone (optional):	**Business Address** (#, Street, City):	**Business Phone**:

I authorize the following individuals to collect my child from the facility if I cannot be located:

Name:	**Address** (#, Street, City):	**Phone**:
Name:	**Address** (#, Street, City):	**Phone**:
Name:	Address (#, Street, City):	Phone:
Name:	Address (#, Street, City):	Phone:

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

If Medical care is necessary, CALL:

DOCTOR	**Name**:	**Address** (#, Street, City):	**Phone**:
HOSPITAL	**Name**:	**Address** (#, Street, City):	**Phone**:

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:

Telephone Authorization Code :_____(optional)

Immunization Information

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:

☐	Copy of current official documented immunization record attached
☐	Religious Beliefs exemption form signed by parent/guardian attached
☐	Medical Exemption form signed by physician and parent/guardian attached
☐	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 yes**, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:	☐ **No** ☐ **Yes**
Is child usually susceptible to infections and if so, what precautions need to be taken? **If yes**, list precautions:	☐ **No** ☐ **Yes**
Is child subject to convulsions and what should be our procedure if one occurs? **If yes**, specify procedure:	☐ **No** ☐ **Yes**
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.)? **If yes**, list precautions:	☐ **No** ☐ **Yes**
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:**