Peoria Spring Break Camp

Sponsored by:

Peoria Community Services & Peoria Unified School District

Completed registration forms with full payment will be taken at ***AM/PM sites*** *during program hours* until end of AM program on Friday 3/13***, Spring Break camp sites, Community Services building & Peoria Community Center.*** Contact your AM/PM Site or Community Services at 623-773-7137 **for more information or registration forms** or go to **http://recreation.peoriaaz.gov.**

Dates: **March 16-20**

Hours: **6:30am - 6:00pm**

Cost: **$23 Per Day (includes field trip)**

Reg. Fee: A **$5.00** Spring Break registration fee for children not currently enrolled in the 2008-2009 AM/PM Program.

Lunch: Parents need to provide a non-perishable sack lunch & drink each day. Morning & afternoon snacks are provided. Optional special lunches offered on various days for $3.00

4 Camp Locations - Program in Multipurpose Room

1. **Coyote Hills 21180 N 87th Ave (87th Ave./Lake Pleasant Dr.) 623-764-1065**
   (Blue) Apache Frontier Coyote Hills

2. **Parkridge-9970 W Beardsley (99th Ave./Beardsley) 623-764-7172**
   (Yellow) Parkridge Vistancia Zuni Hills

3. **Cheyenne-11806 N. 87th Ave (S. of Cactus/87thAve) 623-764-0437**
   (Green) Cheyenne Desert Harbor Oasis Oakwood Peoria SkyView Sundance Paseo Verde

4. **Sun Valley–8361 N. 95th Ave (S. of Olive/95th Ave) 623-764-1057**
   (Cherry) Alta Loma Country Meadows Cotton Boll Sun Valley Ira Murphy Santa Fe

FEE ATTENDANCE CONTRACT

Please mark below the Spring Break Camp you will attend:

○ **Coyote Hills** ○ **Cheyenne** ○ **Sun Valley** ○ **Parkridge**

Child's Name: _____ **Grade:** _____ **Email Address:**_____

Attends AM/PM Program @: _____ **Parent's Home Phone:** _____ - _____

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

Please Mark each day your child will be attending and total below. **Daily Fee - $23.00 includes scheduled trips.**

SPRING BREAK SCHEDULE OF FEES

☒	DATE	TRIPS	FEE	TOTAL
☐	Mon, March 16	Movie - TBA	$23	
☐	Tues, March 17	Inflatable Party - **Optional Lunch:** Sub, chips & drink	$23 $3	
☐	Wed, March 18	Challenger Center	$23	
☐	Thurs, March 19	Centennial Pool Party (HEATED) *Bring your swimsuit, towel & shoes* **WEAR SUNSCREEN** & bring to re-apply as needed. **Optional Lunch:** 2 slices Pizza and a drink	$23 $3	
☐	Friday, March 20	Bowling **Optional Lunch:** Sonic: Burger, tater tots & drink	$23 $3	
			Sub Total:	
		Required Fees: **$5.00 Break Camp Registration Fee** = If child is **NOT** registered in 08/09 AM/PM program	$5	
		TOTAL number of days attending: _____ **X $23 =**		
			TOTAL FEES	

☐ **I am currently enrolled in Quick Pay/ EFT. Please charge my account for the above amount-*Initial*_____.**

METHODS of PAYMENTS

1. Make checks payable to "City of Peoria"
2. Credit Card or Cash ACCEPTED AT CITY HALL ONLY

I have read and understand the Program Attendance Guidelines 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 Break Camps. I know camp hours are 6:30am-6:00pm and late fees apply after 6:01pm.

_____ _____

Signature of Parent or Guardian Date

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 Break Camp registration fee (if applicable) and is NON-REFUNDABLE. **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 status must be made by Friday, March 13 before 5:00pm. Notification must be received in writing or verbal verification can be made by calling *LeAnne at 623-773-7505, Jennifer at 623-773-7192 or Cree at 623-773-7139, 24 hr. voice mail available.*
- **Refunds:** No refunds will be issued after March 16 @ 8:00am. REFUNDS OR CREDITS WILL NOT BE GIVEN FOR MISSED DAYS.
- **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 & program guidelines outlined in the AM/PM Parent Handbook available at the site, as well as the staffs directions at all times. This is for the safety of all program participants. Should discipline become necessary the following steps are followed depending on the severity of the behavior:

  1. *Verbal warning for specific unacceptable behavior*
  2. *Time-out: 1 to 5 minutes*
  3. *Time-out: 5 to 10 minutes*
  4. *Written warning signed by parent and child*
  5. *Temporary suspension or removal from the program*

  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 will accelerate this process.

SPRING BREAK FIELD TRIP SCHEDULE

Please arrive 20 minutes before each field trip departure time.

Schedule is subject to change.
Check with your site for accurate dates and times.

Lunch

3/17, Tuesday $3.00
Sub, Chips & drink

3/19, Thursday $3.00
Pizza: 2 slices and a drink

3/20, Friday $3.00
Sonic: Burger, tater tots and drink

Your child is RESPONSIBLE for all personal items, including money, brought to site and on the field trips

Monday	Tuesday	Wednesday	Thursday	Friday
16 **Movie Day** **Snack Pack Included** Movie Title TBA 8:45 -12:00pm	17 Rock Band & Inflatable's **Cheyenne & Parkridge** **Rock Band - AM** **Inflatable's - PM** **Sun Valley & Coyote Hills** **Inflatable's - AM** **Rock Band - PM** **Lunch- $3.00** Sub, chips & drink	18 **Challenger Center** COYOTE HILLS 7:15-10:15 PARKRIDGE 9:15-12:15 CHEYENNE & SUN VALLEY 1:30-4:20 	19 Centennial Pool Party **Heated Pool** **Cheyenne, Coyote Hills** 9:15 - 12:30pm **Sun Valley, Parkridge** 11:15 - 2:30pm ***Bring*** **Swimsuit, Towel, Shoes, Shirt & Shorts** **WEAR SUNSCREEN** **Lunch- $3.00** Pizza: 2 slices & a drink	20 **Bowling Day** **Cheyenne & Sun Valley** **8:15-10:45** **Parkridge** **11:15-1:45** **Coyote Hills** **1:15-3:50** **Lunch- $3.00** Sonic: Burger, tater tots and drink

SPRING BREAK FIELD TRIP PERMISSION

MUST BE SIGNED BELOW

I (Parent/Guardian) give permission for my child, _____ to attend the following fild trips. I am aware of the following trips that are being offered and I have received a schedule with the registration packet with the field trips listed below. I understand that in order for my child to receive their required wristband for field trip, they need to be signed up on the field trip roster that day.

Cannot be accepted if school attending is not intialed below.

DATE	LOCATION	PHONE	Sign Initials by School Attending	ACTUAL TIMES OF FIELD TRIP
March 16	Harkins Parkwest 9804 W. Northern Ave., Peoria AZ 85345	623-222-4275		Coyote Hills 9:45-11:30pm
				Cheyenne 9:45-11:30pm
				SunValley 9:45-11:30pm
				Parkridge 9:45-11:30pm
March 18	Challenger Center 21170 N 83rd Ave., Peoria, AZ 85382	623-322-2001		Coyote Hills 8:00-10:00am
				Cheyenne 2:00-4:00pm
				SunValley 2:00-4:00pm
				Parkridge 10:00-12:00pm
March 19	Centennial Pool 14388 N. 79th Ave. Peoria, AZ 85381	623-776-9555		Coyote Hills 10:00-12:00pm
				Cheyenne 10:00-12:00pm
				SunValley 12:00-2:00pm
				Parkridge 12:00-2:00pm
March 20	AMF Bowling 8475 W. Olive, Peoria, AZ 85345	623-486-1496		Coyote Hills 2:00-3:30pm
				Cheyenne 9:00-10:30am
				SunValley 9:00-10:30am
				Parkridge 12:00-1:30pm

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

_____

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

****Cannot be accepted without Parent signature.***
****Cannot be accepted without <u>intials</u> by school attending.***

Emergency Information and Immunization Record Card

Child's Name: _____ Date Enrolled: _____ Updated: _____

Home Address: _____ Date Disenrolled: _____
Street City State Zip

Home Phone: _____ Date of Birth: _____ Sex: male female

Mother or Guardian
Name:_____

Home Address:_____
Street City State Zip

Home Phone:_____ Cell Phone:_____

Business Name:_____ Work Phone:_____

Business Address:_____
Street City State Zip

Signature:_____

Father or Guardian
Name:_____

Home Address:_____
Street City State Zip

Home Phone:_____ Cell Phone:_____

Business Name:_____ Work Phone:_____

Business Address:_____
Street City State Zip

Signature:_____

If Medical Care is Necessary, Call:

DOCTOR: _____
Name Address City State Zip Phone

HOSPITAL: _____
Name Address City State Zip Phone

Does your child have insurance coverage? ☐ **No** ☐ **Yes** 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:_____

Address:_____
Street City State Zip

Telephone:_____Cell phone:_____

Name:_____

Address:_____
Street City State Zip

Telephone:_____Cell phone: _____

Name:_____

Address:_____
Street City State Zip

Telephone:_____Cell phone:_____

Name:_____

Address:_____
Street City State Zip

Telephone:_____Cell phone: _____

The following person(s) may **<u>not</u>** 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:

_____ **Date:**_____
Parent or Guardian printed name Signature

Immunization Information

Age	Required Vaccine Doses By 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

	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? ☐ **No** ☐ **Yes** (If yes, 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? ☐ **No** ☐ **Yes** _____

_____

Is child subject to convulsions and what should be our procedure if one occurs? ☐ **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.)? ☐ **No** ☐ **Yes** _____

_____

Additional comments:_____

_____

Other special instructions:_____

_____

Telephone Authorization Code :_____(optional)

G:\Forms\Emergency Information and Immunization Record Card.doc(11/06)