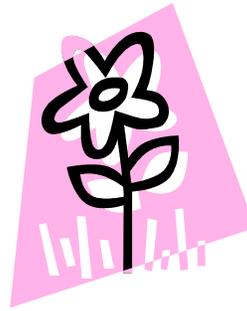


# Kids Fun Club



## Leaping into Spring Break Camp 2015

March 30 - April 3

City of San Dimas  
Parks & Recreation Department  
(909) 394-6230

# "KIDS' FUN CLUB"

Kids' Fun Club is a Day Camp for children grades 1 through 5.

For the 2015 Spring Break session, Kids' Fun Club will be conducted at :

Ladera Serra Park  
975 Calle Serra  
San Dimas  
909-305-4876

The program hours are 7:00 a.m. - 6:00 p.m. on the following dates:

March 30 -April 3

Enrollment in Kids' Fun Club is taken at the San Dimas Parks and Recreation Department. The following forms must be completed in order for enrollment to be complete:

1. Program Registration Form
2. Family Identification Form
3. Payment Agreement Form
4. Kids Fun Club Code of Conduct Form
5. Identification and Emergency Information Form
6. Consent for Medical Treatment
7. Medication Authorization Form

## *ACTIVITIES*

The camp is supervised by trained Recreation Leaders who will provide activities including crafts, games, and sports. The room, games, toys, program supplies belong to all program participants. Proper care and clean up are part of our program. Cooperation is needed for clean up; putting things away, returning toys, supplies and equipment when finished and before leaving.

## *MEALS*

A morning and afternoon snack will be provided at each site. Campers **must bring their lunch**. Please plan nutritious lunches and limit the use of candy, as some candy may be provided with the party activities.

## *DROP OFF/PICK UP POLICY*

All children must be signed in and out of Kids' Fun Club by an authorized person. Children will be released only to persons indicated on the Identification and Emergency form. All children must be picked up by closing time (6:00 p.m.). Parents will be charged \$5.00 for every five minutes past closing (\$60.00/hour). If you know you will be late, make arrangements for one of the authorized persons to pick up your child and then contact the staff to inform them.

When a child arrives, it is expected that he/she will be rested, clean and appropriately dressed for the weather and daily activities.

If your child is absent from the program, please contact the Kids' Fun Club staff or the Parks and Recreation staff at San Dimas City Hall. It is important that infectious diseases, such as strep throat, chicken pox, etc. be reported to staff so that others may be notified of their exposure.

### ***HEALTH AND ILLNESS***

- A. Do not send your child to Kids' Fun Club if there is evidence of any type of illness, or infectious or communicable disease.
- B. If a child should become ill while at Kids' Fun Club, the staff will contact the parents or others authorized on the emergency form. It is expected that the child will be picked up immediately. The child will be excluded from activities with other children until he/she is picked up. The child will rest in a "quiet area".
- C. Children with an infectious or communicable disease will be excluded from the program. They may return to the program with written proof from a doctor that they no longer pose a health hazard.
- D. It is the responsibility of parents to inform Kids' Fun Club staff in writing of special medical conditions, including allergies, relative to any child participating in the program.
- E. Suspected cases of child abuse or neglect will be reported to the appropriate authorities by staff. Reportable cases include a parent who is intoxicated when picking up a child from Kids' Fun Club.

### ***MEDICATION***

If a child is prescribed oral or surface medication which must be taken during Kids' Fun Club hours, parents must complete the Medication Authorization form. The medication must be in the original container, properly labeled with the child's name, date, amount and frequency of dosage. The Medication Authorization form must be completed even to administer such medicine as cough syrup or aspirin.

### ***PERSONAL BELONGINGS***

The San Dimas Parks and Recreation Department is not responsible for lost or stolen items. Space will be provided for your child's coat or sweater. It is advised that children do not bring valuables to the program. If they do, it is at their own risk. All items and belongings should be labeled with child's name.

### ***DISCIPLINE***

Staff will provide and maintain clear, reasonable limits for children's behavior. Positive behaviors will be reinforced and negative behaviors identified and redirected.

Children will be helped to recognize and identify their feelings as valid and acceptable. Staff members will intercede if a child's behavior is harmful to him/herself or others. Staff will plan ahead to try and prevent problems.

Your child(ren) will be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature.

The Kids' Fun Club program is a quality experience for most children. We reserve the right to ask any child to leave the program for his or her own betterment or the welfare of the group. The following are steps that will be taken as a result of abusive behavior:

Abusive behavior is defined as:

- A. Physical abuse - That which does harm to another's person or possession (i.e. hitting, biting, kicking, pushing, spitting), includes also victimless and disruptive behavior.
- B. Verbal abuse - that which is offensive and/or degrading to another individual (i.e. name calling, swearing).

The following options will be taken as a result of abusive behavior:

- 1. Time Out - Child is placed in the designated "quiet corner" for a period of no longer than five minutes. Child is not allowed to communicate with other children or staff. They must remain quiet.
- 2. Office Time Out - Child is separated from other children and must sit for ten minutes. Parents will be notified of child's time out in office via a note.
- 3. Parent is called - Staff will explain the situation and the steps taken prior to the call. Parents will be asked to speak with their child and calm them down.
- 4. The parent is called and must remove the child from the program immediately.

### ***TERMINATION POLICY***

***NOTE: No money will be refunded upon suspension or dismissal by Recreation Department.***

Participation in Kids' Fun Club may be terminated for the following reasons:

- 1. The Recreation Coordinator and/or Recreation Services Manager decides that the program is not able to effectively serve the needs of a child or cope with a child's behavior patterns.
- 2. Chronic late pick up of child by parents or other persons given such responsibility.
- 3. Failure to provide current information.

# KIDS FUN CLUB

## Spring Break Camp 2015

### PROGRAM REGISTRATION FORM

Childs Name \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Parent Work Number \_\_\_\_\_

Parents Name \_\_\_\_\_ E-mail \_\_\_\_\_

Please check the desired weeks of attendance in order to reserve your child's space in the program.

#### PROGRAM

(\$70.00 per week)

#### Camp Week

\_\_\_\_\_ March 30 - April 3

#### Excursions (optional)

\_\_\_\_\_ Wednesday, April 1  
Knott's Berry Farm  
9:30am-5:30pm  
\$30.00 (Ages 3-11)  
\$34.00 (12 and older)

CITY OF SAN DIMAS  
PARKS AND RECREATION DEPARTMENT

**KIDS' FUN CLUB**

***FAMILY IDENTIFICATION FORM***

A. Name(s) of child(ren) enrolling in Kids' Fun Club:

_____	_____	_____	_____	_____
Last	First	Middle	School Attending	Grade
_____	_____	_____	_____	_____
Last	First	Middle	School Attending	Grade
_____	_____	_____	_____	_____
Last	First	Middle	School Attending	Grade

B. Name(s) of Parent(s) or Guardian(s):

_____	_____	_____	Phone _____ / _____	_____
Last	First	Middle	Home	Work
_____	_____	_____	Phone _____ / _____	_____
Last	First	Middle	Home	Work

Address:

_____	_____	_____
Street	City	Zip Code

C. Name(s) of child(ren) in household:

_____	_____	_____	_____	_____
Last	First	Middle	Age	Birthdate
_____	_____	_____	_____	_____
Last	First	Middle	Age	Birthdate
_____	_____	_____	_____	_____
Last	First	Middle	Age	Birthdate

D. Name(s) of other household member(s):

_____	_____	_____	_____
Last	First	Middle	Relationship to child(ren)
_____	_____	_____	_____
Last	First	Middle	Relationship to child(ren)

E. Parent(s) Employment Information:

Mother

Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

Father

Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

F. Approximate hours child(ren) will attend Kids' Fun Club:

		Time In	Time Out
Weekly	Monday		
	Tuesday		
	Wednesday		
	Thursday		
	Friday		

Information Submitted By:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

City of San Dimas  
Parks and Recreation Department

**"KIDS FUN CLUB"**  
**Payment Agreement Form**

1. Fees are based on enrollment not attendance. There will be no refund for absences, vacation or illness.
2. Failure on the part of the parent to keep payments current will lead to the termination of the Kids Fun Club Services.
3. Any bank service charge for returned checks will be due and payable by the parents within one week of notification. All further payments must be made by cash or money order.
4. Parents will be charged \$5.00 for every 5 minutes past 6:00 p.m. A child will not be allowed to return to the program until the fee has been paid.
5. No money will be refunded upon suspension or dismissal from the Kids Fun Club by the Recreation Department.
6. Parents must provide a sack lunch for their child daily. Failure to do so will result in a \$10.00 penalty.

City of San Dimas  
Parks and Recreation Department

**"KIDS FUN CLUB"**

**Parent Signature Sheet**

**PAYMENT AGREEMENT FORM**

This will acknowledge that I/we, the parent(s)/guardian(s) of \_\_\_\_\_  
(Name of Child)

have received a copy of the Kids Fun Club Payment Agreement form, and the Kids Fun Club Packet. I have read and understand the Payment Agreement Form and the Kids Fun Club Packet, and will be responsible for compliance with all policies and procedures.

\_\_\_\_\_  
Signature of Parent(s)/Guardian(s)

\_\_\_\_\_  
Date

-----  
**PARENT PERMISSION FORM**

I, as parent or legal guardian of \_\_\_\_\_, age \_\_\_\_\_,  
Name of Child

permit my child(ren) to participate in walking field trips to be held as part of the Kids Fun Club Program.

I fully understand that the participation of the minor in my custody as registered, in the above-mentioned activity, presents exposure to the risk of personal injury, death or property damage. I hereby acknowledge that participation in this event/class is voluntary and agree to assume any such risks. I hereby release, discharge and agree not to sue the City of San Dimas, its officers, agents, employees or volunteers for any injury, death or damage to or loss of personal property arising out of, or in connection with, participation in the event/class from whatever cause, including the active or passive negligence of the City of San Dimas, its officers, agents, employees or volunteers or any other participants in the event/class. In consideration for being permitted to participate in the event/class, I hereby agree, for myself, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless the City of San Dimas from any and all claims, demands, actions or suits arising out of or in connection with my participation in the event/class. I also agree and acknowledge that participant may be photographed while participating, and release use of the photographs for reproduction in City sponsored publications.

I have carefully read this release, hold harmless and agreement not to sue, and fully understand its contents. I am aware that it is a full release of all liability and sign it on my own free will.

I understand that the Kids Fun Club program has certain risks and hazards inherent with the mode of travel and the places to which my child will travel. I certify that, to the best of my knowledge, my child is physically, mentally, and emotionally capable to participate in this program. I further agree to direct my child to conform to the fullest with the instructions of the recreation leaders in charge.

Signed: \_\_\_\_\_  
(Parent /Guardian)

\_\_\_\_\_  
(Date)

# "Kids Fun Club" CODE OF CONDUCT

Please review the following basic program rules with your child. Signatures required below.

1. Participants are required to return registration and code of conduct forms signed by themselves and a parent prior to participation at the Kids Fun Club. Code of conduct form will include the following program rules.
2. Participants may not possess, sell, use or furnish, nor be under the influence of any alcoholic beverage, intoxicant or controlled substance. Tobacco products are also prohibited. Consequences will include suspension or expulsion from the program and involvement of the Sheriffs Department.
3. Participants may not possess dangerous objects, including but not limited to weapons, firearms, knives, explosives or replicas thereof. Consequences will include expulsion from the program and involvement of the Sheriffs Department.
4. Participants shall demonstrate respect toward staff, other participants, program equipment and supplies, and the facility. Consequences of infraction will result in suspension from the program. Participants may not cause, or threaten to cause physical harm to another person. Intimidation, threats, harassment, and roughhousing are prohibited.
5. Participants may not yell or use profanity, offensive language or obscene gestures.
6. Dress guidelines: Participants must wear shoes at all times. Clothing that advertises or promotes alcohol, tobacco, drugs, sexual activity, or suggests obscenity or anti-social behavior is not allowed. Derogatory messages or messages that disparage any individual or group are not allowed.

I have read and agree to the terms listed in the "Kids Fun Club" Code of Conduct. Failure to comply will result in disciplinary action.

PARENT SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

CHILD'S NAME (Print) \_\_\_\_\_ DATE: \_\_\_\_\_

CHILD'S SIGNATURE \_\_\_\_\_

CITY OF SAN DIMAS  
PARKS AND RECREATION DEPARTMENT  
909-394-6230

# KNOTT'S BERRY FARM

(please bring extra money to buy lunch)

FEE INCLUDES TRANSPORTATION, AND ENTRY TO THE PARK!

WEDNESDAY, APRIL 1, 9:30am-5:30pm

-----  
Participant \_\_\_\_\_ Age \_\_\_\_\_ Activity: Knott's Berry Farm

Parent or Guardian \_\_\_\_\_ Home Phone(\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Work Phone(\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

**Minor Release Form: ( must be signed for minor)**

I give my permission for the minor in my custody to participate in the above mentioned activity, and hereby release and discharge in advance the City of San Dimas, its officers, agents, employees, or any volunteers who may assist in said direction, from and against any and all liability arising out of or connected in any way with said minor's participation in said activity. I further agree to direct my child to conform to the fullest with the instructions of the recreation officials in charge.

Participant \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Activity: Knott's Berry Farm

Parent or Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_

Patient medical history (epilepsy, diabetes, allergies, etc.) \_\_\_\_\_

Emergency numbers 1. Name \_\_\_\_\_ Phone \_\_\_\_\_

(other than parents)

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

**Liability Waiver (must be signed by participant or by parent/guardian):**

I fully understand that my participation, or that of the minor in my custody as registered, in the above-mentioned activity, presents exposure to the risk of personal injury, death or property damage. I hereby acknowledge that participation in this event/class is voluntary and agree to assume any such risks. I hereby release, discharge and agree not to sue the City of San Dimas, its officers, agents, employees or volunteers for any injury, death or damage to or loss of personal property arising out of, or in connection with, participation in the event/class from whatever cause, including the active or passive negligence of the City of San Dimas, its officers, agents, employees or volunteers or any other participants in the event/class. In consideration for being permitted to participate in the event/class, I hereby agree, for myself, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless the City of San Dimas from any and all claims, demands, actions or suits arising out of or in connection with my participation in the event/class. I also agree and acknowledge that participant may be photographed while participating, and release use of the photographs for reproduction in City sponsored publications.

I have carefully read this release, hold harmless and agreement not to sue, and fully understand its contents. I am aware that it is a full release of all liability and sign it on my own free will.

\_\_\_\_\_  
Participant Signature or Parent/Guardian if under age 18

\_\_\_\_\_  
Date

## IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ( )
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					BIRTHDATE
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ( )	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					HOME TELEPHONE ( )
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ( )	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					HOME TELEPHONE ( )
PERSON RESPONSIBLE FOR CHILD	LAST NAME	MIDDLE	FIRST	HOME TELEPHONE ( )	BUSINESS TELEPHONE ( )

### ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

### PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ( )
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ( )

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

CALL EMERGENCY HOSPITAL       OTHER      EXPLAIN: \_\_\_\_\_

### NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE
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### TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION	DATE LEFT
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# CONSENT FOR EMERGENCY MEDICAL TREATMENT- Children's Residential Facilities

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AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

City of San Dimas - Kids Fun Club

FACILITY NAME

TO PROVIDE ALL EMERGENCY MEDICAL OR DENTAL CARE

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

THIS CARE MAY BE GIVEN UNDER WHATEVER

NAME

CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD NAMED

ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

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DATE

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE

( )

WORK PHONE

( )

CITY OF SAN DIMAS PARKS & RECREATION DEPARTMENT

909-394-6230

www.cityofsandimas.com



KIDS FUN CLUB/TEEN CITY  
MEDICATION AUTHORIZATION FORM

This form must be filled out for every child attending Kids Fun Club and/or Teen City and anytime medication is added or changed. Parent or legal guardian must complete and sign this form. City of San Dimas staff are not allowed to administer medication unless: it is in its original container with all original labels attached. A doctor's prescription is required for any medication. Children in the Kids Fun Club/Teen City Day Camp program may not keep medications on them at any time. All medications must be given directly to the City of San Dimas staff to keep. City of San Dimas staff will keep a record of the administration of this medication and parents have access to these records upon request.

Name of medication(s) taken

(1) \_\_\_\_\_ (2) \_\_\_\_\_

Time medication is taken: (1) \_\_\_\_\_; (2) \_\_\_\_\_

Special instructions in regard to taking this medication (including dosage):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

I, \_\_\_\_\_, give City of San Dimas staff permission to administer the above mentioned medications to my child at the designated time. I understand that if anything changes in regard to this medication, I am responsible for informing the City of San Dimas staff at every camp of these changes.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child's Name Printed