



SUMMER DAY CAMP
ENROLLMENT AGREEMENT

- 1. I understand that I am enrolling my child, _____, in The Arc's **Summer Day Camp** Program being held at 1300 Austin Avenue (inside **Austin Avenue United Methodist Church**) Waco, Texas 76701. Hours of operation are 7:30 a.m. to 5:30 p.m.
- 2. I understand that this Program will be for eight (8) weeks from **June 13 thru August 5, 2015 (off Monday, July 4th)**. I will update my child's file information as changes occur.
- 3. During full camp days (7:30 am to 5:30 pm), my child will attend Monday through Friday and arrive at about _____ a.m. She/he will be picked up each day at about _____ p.m. For part-time camp (5 hours or less), my child will arrive at _____ a.m. and she/he will depart at _____ p.m. Most camp field trips are in the mornings.
- 4. I understand that there is a **\$25.00 non-refundable registration fee**. I also understand there is an annual Arc **membership fee of \$20.00** that must be current or paid at time of enrollment for attendance in Summer Day Camp.
- 5. I understand that I am responsible for payment of **weekly camp fees** in the amount of **\$200.00** for full days (7:30 a.m.-5:30 p.m., or over 5 hours) or **\$125.00** for half days (up to 5 hours; i.e. 7:30 a.m.-12:30 p.m.). These weekly fees are due the Friday prior to attendance week for all campers.
- 6. I understand that in the event of any absences during Program hours activities, I will be responsible for fees for time reserved, not actual time spent at the Program (**no per diem for care**). Should my child be absent during a day, or several days, the fee is still the same for the entire week.
- 7. I further understand that I am responsible for notifying The Arc ahead of time when my child **WILL NOT** be attending the program by calling **756-7491**. Voice mail is available to leave a message. I will give seven (7) days notice in writing prior to withdrawal from the program during which time I will be responsible for payment of fees.
- 8. The Program staff will assume full responsibility, as deemed reasonable, for my child from the time she/he arrives at the Program until my child leaves the Program.
- 9. If a medical emergency arises, the Program staff will first attempt to contact me. If I cannot be reached, the staff will contact my child's doctor. If the emergency is such that immediate hospital attention is necessary, an ambulance or emergency vehicle may take my child to the hospital.

I agree to adhere to the Policies and Procedures of The Arc's Summer Day Camp as stated here and therefore give my child permission to participate fully in this Program.

Signature _____ Date _____

Relationship to Child _____

Submit this completed statement accompanied by the non-refundable enrollment fee of \$25.00, membership fee of \$20.00, first week's fees, and completed enrollment forms to The Arc by Friday, May 27, 2016.



Program Use: Date of receipt _____ First date of attendance _____

Summer Day Camp 2016 Enrollment Form

1. Child's Identification

Child's Name _____ Date of Birth _____ Sex _____

Address _____ City _____ Zip _____ Phone Number _____

If child does not go by his/her first name, what does he/she prefer to be called?

School Child Attends: _____

2. Parent(s)/ Guardian(s)/ Custodian(s) Identification:

1. _____

Name _____ Relationship to Child _____

Address _____ City/Zip _____ Home Phone _____

Employer _____ Department _____

Work Phone _____ Work Hours _____

Child resides with above? (Circle) Yes No

Please explain arrangement if applicable: _____

2. _____

Name _____ Relationship to Child _____

Address _____ City/Zip _____ Home Phone _____

Employer _____ Department _____

Work Phone _____ Work Hours _____

Child resides with above? (Circle) Yes No

Please explain arrangement if applicable: _____

Prefer to be contacted first: (circle) #1 or #2

Parent's Status:

Single_____ Married_____ Divorced_____ Separated_____

Is there a separation or divorce custody problem of which the Program staff should be aware?

If yes, please explain: Yes _____ No _____

If your child has a childcare provider who will be picking him/her up, please list information:

Name

Contact #

Emergency Persons:

These should be local persons who may be notified in case of emergency or illness when the parents or other caregivers are not available.

Name

Relationship with Child

Work #

Address

Home #

Name

Relationship with Child

Work #

Address

Home #

Name

Relationship with Child

Work #

Address

Home #

Release of Child:

May child leave the Program with the persons listed above? (Please check below)

_____ Yes, he/she may depart with any of the persons listed

_____ No, he/she may not leave with the following person(s) (include any person not listed):

Child's Information:

Does your child have any eating problems or food allergies? _____

What type of foods does your child like to eat for a snack? _____

How does your child get along with other children? _____

When you discipline your child, how do you do this? _____

What makes your child upset? _____

How do you suggest we calm your child down? _____

Does your child tire easily? _____

Does your child bite, hit, pinch, etc? Explain: _____

Is your child sensitive to any stimulus we should know about? _____

Please give any further information that you believe will be helpful to staff in understanding and caring for your child: _____

Diapered? Yes_____ No_____ **Work on Toilet training:** Yes_____ No_____

Note: **Parents must supply diapers and/or feminine hygiene products.*

Other siblings in the home:

Name	Date of Birth	Enrolled in program?
_____	_____	_____
_____	_____	_____
_____	_____	_____

Medical Information:

Diagnoses: _____

Allergies (food, medication, bees) _____

Chronic or recurrent illnesses or disorders: _____

Does your child take medication for these illnesses listed above? If so, please state the name of the drug and the dosage. _____

Will the medication need to be given during program hours? _____ Yes _____ No
If yes, when will it need to be given? _____
Describe how. _____

What should we (you) do if your child has a problem related to his/her medical condition during program hours? _____

What are the signs of problems that may occur? _____

Please list an **emergency phone number:** _____

Doctor's Name:

Phone #

What hospital do you prefer? _____

Insurance Company _____

Policy Holder's I.D. _____

Medical Consent:

In the event that my child, _____, (Birthdate) _____,
may require medical and/or surgical care while I am out of the city or unable to be reached, I hereby
give my consent to medical and/or surgical treatment to _____
Hospital and Doctor _____ or his/her designee to provide
this care.

I agree to pay all the costs and fees contingent on any emergency medical care and/or treatment for my
child as secured or authorized under this consent.

Signature of Parent/ Guardian

Date



**THE ARC OF Mc LENNAN COUNTY SUMMER DAY CAMP PROGRAM
RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT**

1. This is a release. Read it carefully before signing. By signing this release, you are giving up your and your child's rights to sue The Arc of McLennan County, a Texas nonprofit corporation, its agents, officers, volunteers, employees and any parties that operate, administer, co-organize or provide transportation to or from the activities described below (collectively, the "Released Parties") or expect the Released Parties to be legally responsible or pay for any damages or medical expenses if your child is injured or killed, becomes ill or your child's belongings are damaged as a result of your child's participation in the activities described below.
2. Voluntary Participation. I acknowledge that my child(ren) _____ (my "Child"), and I have voluntarily chosen for my Child to (a) participate in THE ARC OF MC LENNAN COUNTY SUMMER DAY CAMP, a day program administered by the Released Parties, for summer day childcare, which may include numerous activities, including, but not limited to, sports, hikes, arts and crafts, science experiments, cooking projects, and possibly, field trips to various locations by private car and bus including bowling alleys, sporting events, movies and fairs, any activities incidental thereto and (b) be present at or use, as applicable, facilities, other locations, equipment and/or transportation provided by the Released Parties or others in connection with my participation in such activities (the activities in clauses (a) and (b) are referred to collectively as the "Activity").
3. Acknowledgement and Acceptance of Risks. My Child and I understand that certain risks are inherent in the Activity, and that these risks cannot be eliminated, altered or controlled. My Child and I understand that the risks that contribute to the unique character of the Activity can also be the cause of my Child's injury, illness or death or damage to my Child's belongings. My Child and I voluntarily elect, with knowledge of the risks involved, for my Child to participate in the Activity. My Child and I acknowledge and willingly assume all risks and hazards in the Activity and in the use of the Released Parties' facilities and/or equipment.
4. Release. I am the parent or legal guardian of my Child. In consideration for my Child being permitted to participate in the Activity, my Child and I voluntarily agree and promise not to make a claim against, sue or attach the property of the Released Parties, and my Child and I release, waive, discharge and hold harmless the Released Parties for all demands, actions or claims of liability arising out of their negligence, fault, recklessness or any other act or omission that causes my Child's illness, injury, death and/or damage to me or my Child's property as a result of my Child's participation in the Activity and in the use of the Released Parties' facilities and/or equipment.
5. Knowing and Voluntary Execution. I have read this document in its entirety. I understand that by signing this document, my Child and I are assuming all the risks of the Activity. I understand that this is a release of any and all claims. I understand that this is the entire agreement between us and the Released Parties and that it cannot be modified or changed in any way by oral statements by any Released Parties or by us. I voluntarily sign my name as evidence of the acceptance by me and my Child of all the provisions in this document and our agreement to be bound by them.
6. Media Release. I give permission for The Arc of McLennan County to have my child appear in any media coverage and use for publicity and fundraising purposes photographs of my child.

Signature of Parent or Legal Guardian: _____

Name: (Print Clearly): _____ **Date:** _____



EMERGENCY INFORMATION

Child's Name: _____

Doctor's Name: _____

Doctor's Phone Number: _____

Insurance Information:

Name of Company: _____

Policy/Group Number: _____

Other: _____

Which hospital do you prefer for your child: (Circle One)

Hillcrest

Providence

Parent Name & Contact Number: _____

Date

Signature - Parent/Guardian



PARENTAL EMERGENCY MEDICAL CONSENT
This form must be presented upon admission for treatment.

Child's Full Name: _____ Birth Date: _____

In the event that my child (listed above) may require medical and/or surgical care while I am out of the city or unable to be reached, I hereby give my consent to medical and/or surgical treatment to _____ Hospital and Doctor _____ or his/her designee to provide this care. I agree to pay all the costs and fees contingent on any emergency medical care and/or treatment for my child as secured or authorized under this consent.

1. Parents/Guardians/Custodians With Whom The Child Resides:

1. Name _____ Relationship to Child _____
Address _____
City _____ Zip Code _____ Home Phone _____
Employer _____ Work Phone _____

2. Name _____ Relationship to Child _____ Address _____
City _____ Zip Code _____ Home Phone _____
Employer _____ Work Phone _____

2. Persons Who Are Authorized To Pick Up Child If Parents Are Unavailable:

1. Name _____ Relationship to Child _____
Address _____
City _____ Zip Code _____ Home Phone _____
Employer _____ Work Phone _____

2. Name _____ Relationship to Child _____
Address _____
City _____ Zip Code _____ Home Phone _____
Employer _____ Work Phone _____

3. Custody Restraints/Person(s) Who May NOT Pick Up Child:

1. Name _____ Relationship to Child _____
2. Name _____ Relationship to Child _____
3. Name _____ Relationship to Child _____

4. Information:

Doctor _____ Phone _____
Address _____ City _____ Zip _____
Last Tetanus _____ Allergies _____
Medication _____
Religious Preference (Optional) _____
Insurance Company _____ Policy Holder's I.D. _____

This consent will be in effect beginning (date) _____ and continuing while the child is enrolled in this facility.

Signature Parent/Guardian

Date

Signature Parent/Guardian

Date



PHYSICAL ASSESSMENT AND HEALTH FORM

1. HEALTH STATEMENT - TO BE COMPLETED BY PARENT.

Child's Full Name _____ Birth Date _____

1. What is this child's diagnosis: _____
2. Significant illnesses and surgeries child has had (give age at time): _____

3. Any special health-related needs of child (allergies, medications, injuries, etc.):

2. PHYSICAL ASSESSMENT - To be completed by a physician or his/her designee.

1. Is there any condition of vision, hearing or speech of which the child care program should be aware, or could compensate for by appropriate action? _____

2. Is this child subject to any conditions which limit classroom activities or physical education? _____

3. Is this child subject to any condition which may result in an emergency situation?

4. Is this child subject to any mental or physical condition for which he/she should remain under periodic medical observation? _____

5. Are immunizations up to date? _____ Yes _____ No
If no, what is needed? _____

6. Other significant findings: _____

7. He/She **IS IS NOT** (Circle One) physically and emotionally able to participate in the Program. Recommendations: _____

Doctor's Name _____ Phone _____

Doctor's Signature _____ Date of Examination _____



MEDICATION AUTHORIZATION

I DO I DO NOT (CIRCLE ONE)
allow The Arc of McLennan County's Summer Day
Camp Staff to administer medication to my child,
_____ **(Child's Name).**

Will The Arc Camp Staff be administering medication
to your child on a daily basis? (Circle One)

NO

YES

List Medications:

MEDICATION	AMOUNT	TIME	METHOD
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(FEEDING TUBE, BY MOUTH)

List any other medications and amounts that The Arc
Staff may administer to your child during summer
camp hours. (i.e., Tylenol, Advil, Aspirin, Benadryl etc.)

Parent's Signature

AUTHORIZATION FOR DISPENSING MEDICATION

PARENT'S AUTHORIZATION

Name of Child to Receive Medicine		Name of Medication	
Prescribing Physician	Prescription No.	Expiration Date	
Dosage	When to Give	Continue Medication Until (date)	

NOTE: Medication must be in its original container and labeled with your child's name and the date medication is left at the facility. Medication can only be administered in amounts according to the label directions.

Signature-Parent or Guardian

Date

CAREGIVER'S RECORD OF ADMINISTERING MEDICATION

CHILD'S NAME	NAME OF MEDICATION	DATE GIVEN	TIME GIVEN	AMOUNT GIVEN	FULL NAME OF CAREGIVER OR EMPLOYEE

Disposition of Left-over Medication

Returned to Child's Parent/Guardian Thrown Away Date: _____

ADMISSION INFORMATION

Operation Name The Arc of McLennan County Summer Day Camp		Director's Name	
Child's Full Name		Child's Date of Birth	Child's Home Telephone No.
Child's Home Address			
Date of Admission	Date of Withdrawal		
Parent's or Guardian's Name		Address (if different from child's address)	
List telephone numbers below where parents/guardian may be reached while child will be in care:			
Mother's Telephone No.	Father's Telephone No.	Guardian's Telephone No.	Cell Phone No
Give the name, address and phone number of person to call in case of an emergency if parents / guardian cannot be reached:			Relationship
I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.			

CHECK ALL THAT APPLY: I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – consent for my child to be transported and supervised by the operation's employees:			
1. <input type="checkbox"/> TRANSPORTATION:			
Walk home <input type="checkbox"/> for emergency care <input type="checkbox"/> on field trips <input type="checkbox"/> to and from home <input type="checkbox"/> to and from school			
2. <input type="checkbox"/> FIELD TRIPS: I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in Field Trips:			
Parent's Comments:			
3. <input type="checkbox"/> WATER ACTIVITIES: I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in Water Activities:			
<input type="checkbox"/> sprinkler play <input type="checkbox"/> splashing/wading pools <input type="checkbox"/> swimming pools <input type="checkbox"/> water table play			
4. <input type="checkbox"/> RECEIPT OF WRITTEN OPERATIONAL POLICIES:			
I acknowledge receipt of the facility's operational policies including those for discipline and guidance.			
5. I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE:			
<input type="checkbox"/> None <input type="checkbox"/> Breakfast <input checked="" type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input checked="" type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack			
6. MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES:			
<input type="checkbox"/> Mondays	from:	to:	
<input type="checkbox"/> Tuesdays	from:	to:	
<input type="checkbox"/> Wednesdays	from:	to:	
<input type="checkbox"/> Thursdays	from:	to:	
<input type="checkbox"/> Fridays	from:	to:	
<input type="checkbox"/> Saturdays	from:	to:	
<input type="checkbox"/> Sundays	from:	to:	

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:		
In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:		
Name of Physician:	Address:	Ph.#:
Name of Emergency Medical Care Facility:	Address:	Ph.#:
I give consent for the facility to secure any and all necessary emergency medical care for my child.		
_____ Signature - Parent or Legal Guardian		

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregiver's should be aware of:

Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800)-514-0383 (TTY).

Signature – Parent or Legal Guardian

Date

SCHOOL AGE CHILDREN:

My child attends the following school:

Name of School and Address
School Ph.#

CHECK ALL THAT APPLY:

His / her immunization record is on file at the school and all required immunizations and/or tuberculosis test are current. Vision and Hearing screening records are also on file.

My child has permission to: walk to or from school or home,
 ride a bus, and/or be released to the care of his/her sibling(s) under 18 years old.

Name of sibling(s): _____

IMMUNIZATION RECORD:

I have provided the childcare operation with a copy of my child's most current immunization record.

ADMISSION REQUIREMENT: If your child does not attend pre-kindergarten or school away from the child-care operation, one of the following must be presented when your child is admitted to the child-care operation or within one week of admission.

Please check only one option:

1. **HEALTH-CARE PROFESSIONAL'S STATEMENT:** I have examined the above named child within the past year and find that he / she is able to take part in the day care program.
3. ~~Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.~~
4. My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the child-care operation.

Name and address of health care professional:

Signature - Parent or Legal Guardian

Date

VISION	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	
HEARING	1000 Hz	2000 Hz	4000 Hz
R			
L			
			<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	

Signature – Parent or Legal Guardian

Date



PARENT'S KEEP

POLICIES AND PROCEDURES

ENROLLMENT IN THE ARC'S SUMMER DAY CAMP PROGRAM CONSTITUTES AN UNDERSTANDING THAT YOU WILL ABIDE BY THE POLICIES LISTED AS FOLLOWS:

SECTION I. PARENT'S EXPECTATIONS OF THE PROGRAM

PARENTS MAY EXPECT THAT:

1. Their children are cared for in a safe, supportive environment.
2. They may visit with the Camp Staff about concerns related to their child or the program.
3. They will be told about challenging behavioral issues on the part of their child, and to visit with the Camp Staff in order to bring about improvement in the situation.
4. They will be regularly informed by the Camp Staff about Program activities.

SECTION II. PROGRAM'S EXPECTATIONS OF THE PARENTS

THE PROGRAM EXPECTS THAT PARENTS WILL:

1. Pay fees on time as explained in Payment Policy.
2. Keep the child's records up-to-date, such as Enrollment Forms and Release Forms.
3. Pick up children on time by **5:30 P.M.**- Afternoon Closing Time.
4. Contact the Camp Staff if their child will not be attending on a scheduled day.
5. Pay attention to any communications from the Camp Staff regarding their child's behavior and cooperate in efforts to bring about improvement in the situation.

SECTION III. CHILDREN'S EXPECTATIONS OF THE PROGRAM

CHILDREN MAY EXPECT:

1. To have a safe, supportive and consistent environment.
2. To use all the program equipment, materials and facilities on an equal basis.
3. To receive respectful treatment.
4. To have discipline that is fair and non-punitive.
5. To receive nurturing care from staff members who are actively involved with them.

SECTION IV. PROGRAM'S EXPECTATIONS OF THE CHILDREN

THE PROGRAM EXPECTS THAT THE CHILDREN WILL:

1. Be responsible for their actions.
2. Respect the Program rules that guide them while at the Program.
3. Remain with the group and child care staff at all times.
4. Take care of materials and equipment properly and return them to their place when done, or before taking out new ones.

SECTION IX. WITHDRAWAL FROM THE PROGRAM

Parents wishing to withdraw their child from the Program (June 13 - August 5) must alert Camp Staff at least **one (1) week prior** to the discontinuation of this service.

SECTION X. HOURS OF OPERATION

Eight Weeks - **June 13- August 5**
(Early Release on Aug. 5th at 1:00 p.m.)

Closed Monday July 4th

7:30 A.M. - 5:30 P.M. - MONDAY THRU FRIDAY

Full time: More than 5 hours per day (\$200.00)

Part-time: 5 Hours per day or less (\$125.00)

(Most field trips are scheduled in the mornings.)

SECTION XI. MORNING OPENING AND AFTERNOON CLOSING TIMES

Camp opens at **7:30 a.m.** Parents are asked to bring their children after that time -- **not before**. Staff **is not** responsible for care prior to opening time of 7:30 a.m.

The Program closes at **5:30 P.M.**

Parents whose child remains past 5:30 P.M.

must pay overtime fees as follows:

5 - 15 minutes overtime - \$5.00 per child

Each additional: 1 - 15 minutes - \$5.00 per child

Late fees are paid directly to the caregiver who must stay late.

Services may be withdrawn if **three (3)** overtime charges occur.

SECTION XII. ABSENCES

If your child will not be attending the Program because of a scheduled appointment, vacation, or other planned absences, please notify the Camp Staff in advance. If your child is ill, call the camp cell phone at **405-5500** or The Arc office (**756-7491**) to report the absence; leave voice message if necessary. Absentees without prior notification may be mistaken for a missing child and unnecessary concern and time spent in searching for the child may occur.

SECTION XIII. RELEASE OF CHILDREN

Children will be allowed to leave camp with persons other than the parent only if permission has been given to the Camp Staff on the enrollment form or in writing by the parent. If a one-time exception is made to this schedule, the parents should provide the Camp Staff with this information in advance.

SECTION XIV. CAMP SCHEDULED AND NON-SCHEDULED DAYS

Scheduled Days - Monday through Friday

Start Date - **Monday, June 13th**

Non-Scheduled Day/Date - **Monday, July 4th Holiday**

Last Date - **Friday, August 5th - 1:00 p.m. Close**

SECTION XV. DISTRIBUTION OF MEDICATIONS

Whenever a child is to be given prescription or over-the-counter medicine, the parent must provide a completed, signed medication authorization form to the Staff. The medication must be provided in the original or duplicate container, or a container accompanied by the doctor's directions.

If medication is to be kept at the Program for treatment of a chronic condition, no more than a one-week supply should remain at the Program at any time.

SECTION XVI. HEALTH AND SAFETY POLICY

If your child has a known medical condition (asthma, seizure disorder, etc.), please be sure the staff knows what to do if a problem should occur during Program hours. Please make sure that any medication is available and that the appropriate forms for its use have been completed. There is no licensed nurse on site nor any licensed health care professional on call for camp.

If a child has any one of the following conditions, the parent will be notified to pick up the child immediately: **Contagious Disease, Fever over 100 F, Vomiting or Diarrhea, Accident Requiring Medical Attention.**

In case of accident or illness, parents of the child will be called immediately. In serious cases, the child will be taken to one of the local hospitals by emergency vehicle for treatment and the parents will be called as soon as possible.

In the case of someone appearing on the premises with a firearm, the emergency number (911) should be called and children should be taken out of danger and given aid.

Caregivers are to make every effort to keep a child from getting into a car with a parent under the influence of drugs or alcohol. They should call the police to give the child and parent a ride home. Caregivers should not under any circumstances give transportation to a parent who appears to be impaired by drugs or alcohol because the Program insurance does not cover this type of transportation.

The program is required to report suspected cases of child abuse. This includes the reporting of parents who appear to be impaired by drugs or alcohol.

SECTION XVII. INSURANCE

The Program carries minimal liability insurance, but has no financial resources of its own. Families are encouraged to provide their own insurance coverage. Many families are covered by the parent's policy at work and/or their own private policies.

SECTION XVIII. MEALS

Parents are responsible for their child's lunch meal and drink. Cutlery is not provided and should be sent in the child's bag or box. Each lunch bag or box should be clearly marked with the child's name.

The Arc will provide mid-morning and mid-afternoon snacks. These will consist of items such as fruit juices, water, crackers, cheese, nuts, dried cereals, popcorn, fruit, pretzels, cookies, etc.

SECTION XIX. CHILD'S PERSONAL PROPERTY

Parents are responsible for diapers and feminine hygiene products when such are needed by their child. These can be sent daily or weekly in the child's back pack.

Labeling is essential. Swimsuits, towels, and life jackets are needed each week for the swimming activity and are to be provided by parents. All swimmers are required to wear a life vest in order to participate in the swimming activity (provided by family).

Children's personal property, swimsuits, towels, clothing, school bags, etc. must be cleared from the child care room after each session of the Program. Although the Program attempts to help children stay organized, the Program cannot be responsible for lost or broken personal property.

It is recommended that your child not bring electronic games or devices to the Program. Should your child elect to do so, you and your child assume full responsibility if the device is lost or broken.

NOTE: A child has the privilege of playing with an electronic device/tablet which is the property of The Arc, for a limited amount of time, as long as the device is handled properly. If a child destroys or damages the device, he/she loses ALL privileges to play with such devices, unless a parent is willing to replace the damaged device.

SECTION XX. VISITORS, VOLUNTEERS, AND OBSERVATIONS

Parents and community members who are screened by the Camp Staff are welcome to observe at the Program. For liability and supervision reasons, it is not possible for children who visit the Program to take part in activities. All volunteers must successfully complete background checks.

SECTION XXI. DISCIPLINE AND DISCHARGE

Children are entitled to a pleasant and harmonious environment at the Program. The Arc's Camp Program cannot serve children who display chronically disruptive behavior.

Chronically disruptive behavior is defined as verbal or physical activity which may include, but is not limited to, such behavior that: requires constant attention from the staff, inflicts physical or emotional harm on other children, abuses the staff, ignores or disobeys the rules which guide behavior during the Program time. If a child cannot adjust to the Program setting and behave appropriately, then the child may be discharged.

Reasonable efforts will be made to assist children to adjust to the Program. If the child cannot adjust on a given day, parents may be called to immediately pick up the child from camp. Incident reports will be written and given to parents. If the severity of a problem is great enough that it could endanger the safety of the child or other children in the Program, permanent discharge from the Program will be effective immediately upon the decision of The Arc Executive Director.

A child may be discharged if he/she is picked up late **three (3)** times and/or for **non-payment of fees**.



PARENTAL STATEMENT

I have been given and have read the Policies and Procedures of The Arc of McLennan County's Summer Day Camp Program.

DATE:

PARENTS SIGNATURE(S)

Keep Policy and Procedures (Page 1 – 7)

Please sign this page and return with your enrollment packet By Friday, May 20, 2016.