



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 4901 Lakewood Drive, Waco, Texas 76710. Hours of operation are 7:30 a.m. to 5:30 p.m. – Monday -Friday.
2. I understand that this Program will be for eight (8) weeks from **June 12 thru August 4, 2023** (**office is closed on June 19th & 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 \$250.00 for full days (7:30 a.m.-5:30 p.m.) 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 **254-756-7491**. Voicemail 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

Your 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 19, 2023.



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

Enrollment Form

Child's Identification

Child's Name _____ Date of Birth _____ Sex _____

Address _____ City _____ Zip _____ Phone # _____

Name of School Child Attends: _____

Parent/ Guardian Identification:

1. _____
Name _____ Relationship to Child _____

Address _____ City/Zip _____ Phone # _____

Employer _____ Department _____

Work Phone _____ Email _____

2. _____
Name _____ Relationship to Child _____

Address _____ City/Zip _____ Phone # _____

Employer _____ Department _____

Work Phone _____ Email _____

Child resides with Parent/Guardian above? (Circle) #1 or #2 or Both

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

Parent's Status: (Circle One) Single Married Divorced Separated

Is there a separation or divorce custody issue 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 #
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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.

1. _____
Name Relationship w/Child

Address Phone #

2. _____
Name Relationship w/Child

Address Phone #

3. _____
Name Relationship w/Child

Address Phone #

Release of Child:

My child may **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? _____

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?
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Medical Information:

Diagnoses: _____

Allergies (food, medication, bees, etc.) _____

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 contact name & 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
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)

Baylor Scott & White Hillcrest

Providence

Parent Name & Contact #: _____

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 _____ Phone # _____
 Employer _____ Work Phone _____
- 2. Name _____ Relationship to Child _____
 Address _____

 City _____ Zip Code _____ 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 _____ 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 Staff to administer medication to my child,
_____ (Child's Name).

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

Yes No

List Medications:

MEDICATION	AMOUNT	TIME	METHOD
<small>(FEEDING TUBE, BY MOUTH)</small>			

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

Parent's Signature



Video Camera Policy

POLICY:

To ensure the safety and security of our clients, staff and facility, The Arc of McLennan County has been equipped with video cameras in all classrooms and parking lots. To ensure compliance with The Arc Policy, cameras will be monitored by the Executive Director, Program Director and Office Manager.

PROCEDURE:

1. Video cameras will not be used in areas of The Arc where clients and staff have a “reasonable expectation of privacy”, i.e. Private Offices and Restrooms.
2. Notice of video cameras will be posted at The Arc facility.
3. The cameras will be constantly on and recording 24/7.
4. In the case of a reported incident, video will be reviewed to better determine the nature of the specific incident.

ACKNOWLEDGEMENT:

I acknowledge The Arc’s video camera policy and am aware there are video cameras in operation in all classrooms.

Signature

Date

Client Name

Relationship to Client



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 – children must be signed out by **5:30 P.M.**
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 V. FEES AND PAYMENT POLICY

\$25.00 REGISTRATION FEE
(Non-Refundable)

\$20.00 per year MEMBERSHIP FEE
If new member, this fee is payable by May 12th.
If you are already a member, please be sure
your membership dues are current.

WEEKLY FEES

7:30 a.m. - 5:30 p.m. (Full Days)
\$250.00 per week per child for members of The Arc
or
\$125.00 per week per child for members of The Arc
for part-time campers (5 hours or less per day)
Most camp field trips are in the morning.

NO PER DIEM.

1. Enrollment fees are **non-refundable** and first week must be paid in advance.
2. Spaces available are limited and will be determined on a first-come, first-serve basis.
3. Parents will be notified regarding acceptance/non-acceptance.
4. First week tuition **must be paid by Friday, May 12th**, to The Arc office, 4901 Lakewood Drive, Waco, Texas. Thereafter, weekly payments are due in advance each Friday prior to attendance at camp site.
5. If a child withdraws or is discharged from the Program after start date, tuition **will not** be refunded.
6. If all of the child's required enrollment forms **are not** completed and returned to The Arc office with full payment by the day the child is scheduled to start the Program, the child **will not** be allowed to attend until said completed forms and payment are submitted to The Arc.

SECTION VI. TAX STATEMENTS

The Program does not provide an itemized statement for tax purposes. We suggest that you keep a record of your monthly payments as an accurate account of your child care expenses.

SECTION VII. REGISTRATION AND ENROLLMENT

The Program encourages children of all backgrounds to attend. The Program does not discriminate on the basis of sex, race, color, creed, national origin or ethnic background.

Registration: The parent must complete an Enrollment Agreement and submit it with a **\$25.00 non-refundable** registration fee to The Arc office. Registered children who cannot be immediately enrolled will be placed on a waiting list.

Eligibility: Special needs children aged 5 to 22 enrolled in Special Education classes in the McLennan County area may be registered for enrollment. The program might consider a special section of camp for adults (age 23+) with intellectual disabilities on a case by case basis.

Enrollment:

1. Parents will be provided with a set of enrollment forms for each child. **All forms must be completed and returned to The Arc office at 4901 Lakewood Drive, Waco, Texas (Friday, May 12, 2023).**
2. The first tuition payment will be due by **Friday, May 12th**. Thereafter, payment is due the **Friday** prior to attendance week. **(\$250.00 for Arc Member - Full Week and \$125.00 for Arc Member - Part-time (5 hours or less per day));**
3. Children will be allowed to attend the program only after all forms have been completed and returned with first full payment submitted, providing all is done prior to child's first attendance day.

SECTION VIII. ENROLLMENT FORMS

Parents will be asked to complete the following:

Enrollment Agreement (return with \$25.00 registration fee, \$20.00 required membership fee, if new member. Arc members check to see if fees are current.	
Enrollment Form (5 pages)	Parental Emergency Medical Consent
Emergency Information Form	Physical Assessment & Health Form
Medication Authorization	Release of Liability Form
TDFPS Admission Information	Immunization Record

The Program expects the forms to be kept current. The parent must provide **new** information to the Staff regarding information on forms such as:
emergency contact person(s) - employer's phone numbers - arrival/departure changes.

SECTION IX. WITHDRAWAL FROM THE PROGRAM

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

SECTION X. HOURS OF OPERATION

Eight Weeks - **June 12 - August 4**
(Early Release on Aug. 4th at 1:00 p.m.)

Closed June 19th & July 4th

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

Full time: More than 5 hours per day (\$250.00)

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 Staff in advance. If your child is ill, please call **254-756-7491** 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 12th**

Non-Scheduled Day/Date - **June 19th & July 4th Holiday**

Last Date - **Friday, August 4th - 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**.

SECTION XXII. FIELD TRIPS

When summer campers go on a field trip that includes water activities, i.e., swimming pool at the 'Y', water park, Hawaiian Falls, names tags and lists will be utilized. Parents will sign off on The Arc's Swim Release form. Transportation is provided by The Arc. The Arc vehicles are fully insured and drivers are cleared thru a background check. Parents and/or caregivers also sign off on the Liability form.

SECTION XXIII. EMERGENCY EVACUATION PLAN

In the event of fire or an evacuation, the children will be escorted across the street from the Arc to the Friends for Life parking area, 5000 Lakewood Drive. In the event of Severe Weather or a Shelter in Place event, children will be moved to the inside room designated just for that.

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)

YOU KEEP Policy and Procedures (Page 1 – 8)

Please sign this page and return with your enrollment packet
By Friday, May 12, 2023.