

KID'S W.O.R.L.D. SUMMER RECREATION PROGRAM 2020



May 26 - July 24 (No program 5/25 or 7/3)

6:40 AM – 5:40 PM

Sierra Vista Activity Center

3030 E Tacoma Street

\$110 for the week

Open to children entering grades 1 - 5

Completed registration forms should be emailed to Registration@SierraVistaAZ.gov at or after 8:00 am, on Tuesday, May 19th. Forms sent in prior to that will not be accepted. Payment for the first week is due at the time of registration. Payment for each week thereafter will be due no later than Wednesday at 5:00 pm of the current week.

Registration forms are available online, just search "Summer Recreation Program".

Children are required to bring:

 Lunch

 Water bottle

 Sunscreen/Hat

For more information:

OSCAR YRUN COMMUNITY CENTER (OYCC)

3020 E Tacoma St

(520) 458-7922

Monday - Friday 8:00AM - 5:00PM

For questions or info:

KidsWORLD@SierraVistaAZ.gov

To register:

Registration@SierraVistaAZ.gov

KID'S W.O.R.L.D. SUMMER RECREATION PROGRAM 2020

PROGRAM INFORMATION & COVID-19 PRECAUTIONS

Our efforts to reduce risk to your child(ren) and are outlined below. Please be aware that while we will do our part to keep everyone safe, placement in any group program increases potential risk of exposure to your child(ren).

PLEASE NOTE THE FOLLOWING: YOU MUST PRESENT YOUR ID AT CHECK OUT FOR CHILD PICK UP

- All check in and out procedures will occur outside of the facilities.
- Parents and caregivers will not be allowed in the facility.
- All children will have their temperature checked at the time of drop off.
- Group size will be limited.
- Groups will move independently within the facility(ies) separated from other groups.
- Staff will wear masks.
- Groups will sanitize and disinfect their areas between transitions.
- Groups will wash their hands regularly and follow a hand washing schedule.
- Field Trips are not permitted at this time.

PERSONAL ITEMS REQUIRED:

- Water Bottle
- Lunch
- Sunblock/Hat

NO OTHER PERSONAL ITEMS ALLOWED

Due to limited availability we are asking that individuals who are able to work from home or who do not need to work during this time leave the limited spots we have available for those individuals who are working in positions of critical need.

Keep in mind that we are working with what the current situation allows us to do under our guidance and that is subject to change. If our guidance tightens again, we will be required to close the program. If a confirmed case of COVID-19 is identified in our program, we will be required to close the program for 2-5 days, under current CDC recommendations. As the guidance expands, as is expected, we will be able to accommodate an increased number of participants.

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REGISTRATION PROCESS

The information and registration packet for the summer program are only available at SierraVistaAZ.gov.

The steps for registration are as follows:

1. Thoroughly read all information in the Summer Program packet found at SierraVistaAZ.gov
2. Fill out the registration form completely
3. Beginning at 8:00 AM on Tuesday, May 19, submit completed form via email to Registration@SierraVistaAZ.gov
 - Forms will ONLY be accepted by email to Registration@SierraVistaAZ.gov, there will be NO in person registration
 - Forms will ONLY be accepted beginning at 8:00 AM on Tuesday, May 19, forms received prior to that will NOT qualify
4. Staff will review forms, and call the registrants for payment on a first come, first served basis
 - Payments will ONLY be taken over the phone by credit or debit card, payment for first week is due to register
 - Spot is not secure until registered
5. After program capacity, additional registrants will be informed that they are the waitlist
6. Participants on the waitlist will be contacted if we have space available

For questions or information, please call the Oscar Yrun Community Center (458-7922) during regular business hours, or email KidsWORLD@SierraVistaAZ.gov



KID'S W.O.R.L.D. SUMMER RECREATION PROGRAM 2020

PARENT INFORMATION SHEET

SCREENING - Drop off/Pick up will be contactless. All children will be screened at the time of drop off. **They CANNOT attend the program if they have a fever above 99.9 and/or a dry cough. Children MUST be fever free (without medication) for AT LEAST 24 hours.**

PICK UP DUE TO ILLNESS - Immediate pick up is required for children with a fever above 99.9, a dry cough, or any other illness for safety concerns. **Children MUST be fever free (without medication) for AT LEAST 24 hours to return to the program.**

FEE PAYMENT - Fees for each week are due PRIOR to the child being signed in. No exceptions. Payments are not accepted at the program site. No exceptions. **I understand weekly attendance fees can be paid on-line, via credit card or over the phone at the OYCC during business hours.**

REFUNDS/CREDITS - The \$110 weekly fee applies to any number of days attended Monday-Friday. To receive a credit or refund for participation fees paid in advance (for the current week or beyond), notification must be sent in writing to KidsWORLD@SierraVistaAZ.gov no later than 1:00 p.m. Monday of that week. No refunds or credits will be given for absences, sickness, or days otherwise missed during the current week of participation (including suspensions). A 15% administrative fee will be charged on any refunds.

LATE PICK UP FEES - The program ends at 5:40 p.m. late pick ups will be charged \$10/child for every 10 minutes (5:41 -5:50 p.m. = \$10, 5:51 - 6:00 p.m. = \$20, etc.) No drop offs allowed prior to 6:40 a.m. Multiple late pick ups may result in a suspension or removal from the program.

SIGN IN/OUT - Daily attendance is tracked for program purposes. Children will be signed in/out daily by staff member. Participants must be picked up by someone on the registration form. **An ID is required when signing out a child.** We cannot physically / otherwise restrain participants who choose to leave the program of their own volition.

BEHAVIOR MANAGEMENT - We promote a "hands off" approach, so **participants MUST be able to respond to verbal direction from staff.** Emphasis is placed on each child taking responsibility for their own actions. Participants do not have the right to endanger or interrupt the activity of other children. If your child is having trouble with another participant or needs assistance, they should notify a staff member. Behavioral problems will be approached as deemed appropriate:

Verbal Warning/Redirection ● Time Out/Loss of Privileges ● Short/Long-Term Suspension

Extreme behaviors that put a child, or those around them in danger or harms way, may accelerate this process.

These include, but are not limited to:

Leaving the Program Inappropriately ● Throwing Objects ● Physical Attacks ● Inappropriate Language ● Disrespect to Staff

EMERGENCY CARE - In the event I cannot be reached in an emergency, I hereby give my permission to employees of Sierra Vista Leisure Services to secure medical care for my child as deemed necessary. I understand 9-1-1 can be used for urgent medical care.

PHOTOS - The City of Sierra may take photos of participants enrolled in our programs or activities. These photos are for department use/promotion or may be used in future promotional materials. As a public program, participants may also be exposed to outside sources/media.

LIABILITY WAIVER - *As a participant in the above activity, I recognize that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages or loss which my child may sustain as a result of participating in any and all activities connected with or associated with such programs. I agree to waive and relinquish all claims I may have as a result of participating in the program against the U.S. Government or City of Sierra Vista, their officers, agents, servants, and employees. I do hereby release and discharge the U.S. Government, City of Sierra Vista and their officers, agents, servants, and employees from any and all claims from injuries, including death, damage or loss which I may have or which may occur to me on account of my participation in the program. I do further agree to indemnify and hold harmless the U.S. Government, City of Sierra Vista and their officers, agents, servants, and employees from any and all claims resulting from injuries, including death, and losses sustained by me and arising out of, connected with, or in any way associated with the activities of the program.*



KID'S W.O.R.L.D. SUMMER RECREATION PROGRAM 2020

PROGRAM INFORMATION & COVID-19 PRECAUTIONS

Kid's W.O.R.L.D. is a group-recreation focused program. All participants must be able to feed & toilet themselves, follow verbal directions, and interact appropriately in a group environment.

This packet must be filled out COMPLETELY and all fees paid prior to enrollment & attending the program.

1) CHILD: _____ Grade: ___ School: _____ Birth date: _____ Sex(M/F): ___
2) CHILD: _____ Grade: ___ School: _____ Birth date: _____ Sex(M/F): ___
3) CHILD: _____ Grade: ___ School: _____ Birth date: _____ Sex(M/F): ___

ADDRESS: _____ CITY: _____ ZIP CODE: _____

FATHER/GUARDIAN: _____ E-mail: _____

Employer: _____ Wk. Ph#: _____ Cell /Hm. Ph#: _____

MOTHER/GUARDIAN: _____ E-mail: _____

Employer: _____ Wk. Ph#: _____ Cell/Hm. Ph#: _____

HEALTH INFORMATION (Please initial all below):

YES: I understand my child must be able to toilet them self (includes identify need, proper use, dress self, no pull-ups, etc)

NO / YES: Are there any health issues (food allergies, etc) affecting the child/ren? If so, please identify child & details:

NO / YES: Does a child have an ADA disability requiring an accommodation? If so, attach completed *RFA packet.

NO / YES: Is child/ren on any medication? If so, please list:

MEDICATIONS - Meds are not allowed on site, except for Rescue Inhalers & EPI-pens. These must be left with staff in the prescription box.

EMERGENCY CONTACTS - List (2) or more LOCAL individuals BESIDES Parents/Guardians listed above. We attempt to contact the parent(s) first. The following may also be contacted (or) remove my child/ren from the program.

Table with 4 columns: NAME - As it appears on ID (Do not re-list parent/guardian above), RELATIONSHIP, HOME PHONE/CELL, WORK PHONE

The following person, or persons, may not remove my child from the program: (Copy of custody or court papers MUST be provided for any name given for us to enforce):

PARTICIPATION FEES

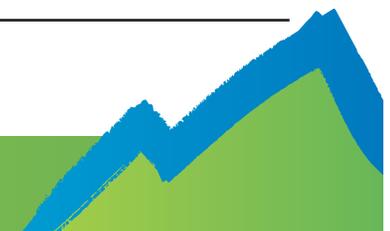
Total # of children attending: ___ x \$110 = _____

(Due at time of registration) TOTAL \$: _____

For Office Use Only Below This Line _____

CC Cash Check# _____ Receipt # _____

Staff Initials _____ Date _____ Amount \$ _____





KID'S W.O.R.L.D. SUMMER RECREATION PROGRAM 2020

PROGRAM TERMS & CONDITIONS (PAGE 1 OF 2)

Initial ALL Below:

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Verbal Warning/Redirection • Time Out/Loss of Privileges • Short/Long-Term Suspension
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Leaving the Program Inappropriately • Throwing Objects • Physical Attacks • Inappropriate Language
• Disrespect to Staff





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PROGRAM TERMS & CONDITIONS (PAGE 2 OF 2)

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I agree to the program terms and conditions. I certify the information provided is true, and accept full responsibility for payment of all registration, usage, and miscellaneous fees required for my child to attend this program.

Parent (PRINT): _____ Signature: _____ Date: _____

