



City of Carson

Recreation and Human Services Division



Day Camp

Application Packet



Thank you for allowing us to be your Day Camp provider!

DEFINITION

The City of Carson Day Camp is an all-day recreation and enrichment program, administered by the Recreation and Human Services Division. The program is designed for school-aged children in kindergarten through eighth grade.

PHILOSOPHY AND GOALS

The Day Camp program and staff are dedicated to providing an enjoyable experience for your child, while helping him/her increase self-esteem and confidence by enhancing his/her capabilities.

The program's goals are:

1. To provide a safe, well-supervised environment for all children.
2. To allow parents to work with a secure feeling, knowing their child is safe.
3. To maintain a standard of high quality.

HOURS OF OPERATION

Monday through Friday from 7:00 a.m. - 6:00 p.m.

REGISTRATION

At the time of registration, several participant information forms must be completed. Participation will be prohibited until all required forms have been completed. Please make sure the registration forms are promptly updated with current information.

It is a **must** that parents/guardians attend the once-a-year **Parent Orientation Meeting**.

ACTIVITIES

Activities include arts and crafts, sports, science, quiet time, outdoor and indoor play use of park equipment, free play, lunch and snack time, excursions, and the Recreation Enrichment Program.

SIGN-IN AND SIGN OUT PROCEDURES

1. Signing in: **Parents/Legal Guardian must sign in** their child on the Sign-in Log Sheet.
2. Signing out: Parents (or authorized adults) removing a child from the site must sign the Pick-Up Log Sheet before leaving the park.
3. Release Waiver: Parents wishing to allow their children to enter or leave the site on his/her own must sign an additional Release Waiver.

FEES

A. Fee Schedule:

Times	Resident	Non-Resident
7 a.m. – 9 a.m.	\$20	\$30
9 a.m. – 5 p.m.	\$60	\$70
5 p.m. – 6 p.m.	\$10	\$15

B. Additional Fees:

Late pick-up

\$ 7.50 for 15 – 30 minutes late

\$15.00 for 31 – 60 minutes late

Late payment fee

\$5.00 per day

(Fees subject to change without prior notice)

C. Payments:

1. Fees for all Day Camp programs are due on the Friday prior to the upcoming week of enrollment. **All payments must be paid by check, money order, MasterCard, or American Express. We are NO LONGER accepting “cash” payments above \$5.**
2. If payment is not received on Friday by 6 p.m., parents are responsible for contacting the individual site, prior to the child’s school release time. Parents must inform staff whether or not the child will be attending the program the following week.
3. There will be no refunds or credits.
4. All checks must be made payable to the City of Carson.
5. Payment includes supervision, snacks, and supplies.
6. An additional fee may be required for: allow their children to enter or leave
 - Excursions
 - Excursion Transportation

D. Absenteeism:

1. No credit is given when a child is absent or ill.
2. Credits or refunds in the case of prolonged illness (five or more consecutive days) may only be approved by the Recreation Program Manager.
3. Inform the Site Director in advance of any planned vacations to ensure that a space will be available upon your child’s return. A maximum of two weeks (10 program days) will be allowed. There is no guarantee that space will be available after that time.
4. Please call any time a child will be absent from the program. Also, if the child will be picked up by someone not listed on the Pick-up Authorization Form, then a written authorization is required from the parent or guardian.

RULES AND DISCIPLINE

1. Respect for others and property must be displayed at all times.
2. Dangerous items of any kind should not be brought to Day Camp.
3. Foul, abusive, or obscene language will not be tolerated at any time.
4. Good sportsmanship and fair play must be practiced at all times.
5. Fighting or intentionally causing physical harm is grounds for immediate suspension.
6. Positive reinforcement principles will be utilized when supervising the children.
7. Excessive disciplinary problems may result in the parent being contacted and/or possible suspension of the child from the program.
8. Parents are responsible for ensuring their child's behavior is not a detriment to the program.
9. The City of Carson Day Camp reserves the right to suspend or expel any child from the program.
10. Parents with disputes or opinions are to first discuss all situations in question with the Site Director. If you are not satisfied, you may then fill out the Discussion Card and make an appointment with the staff at the Corporate Yard who coordinate day care facilities.
11. The **Parent Orientation Meeting is a required meeting**. It is a component of registration. No Day Camp services will be rendered until you have attended this meeting.

GENERAL INFORMATION

1. All personal items should be labeled, as the City of Carson assumes no responsibility for lost or stolen articles.
2. Bringing toys, money, and electronic devices (i.e. cell phones, pda's, hand-held electronic games, etc.) to the program is highly discouraged.
3. If additional snacks or lunches are necessary, parents are encouraged to provide food that is nutritious and low in sugar.
4. Parents should contact site staff if they have special information regarding their child's care.
5. For children arriving ill or becoming ill during the program, parents will be contacted to arrange early pick-up of their child.
6. Staff is not responsible for dispensing of prescribed or un-prescribed medication.

DAY CAMP - REGISTRATION CONTRACT

Child's Name: _____ Age: _____

Address: _____
Number Street City Zip Code

Home Telephone: (_____) _____ Birth Date: _____ Gender: M F

Name of School: _____ Grade: _____

Hours your child will be attending from _____ to _____

T-Shirt Size: Youth Small Youth Medium Youth Large
 Adult Small Adult Medium Adult Large

Days your child will be attending the program: M T W Th F

I agree to pay the above weekly fee until a new contract is executed or canceled. I also agree to pay the weekly fee in advance, due on the Friday prior to the upcoming week in which my child will attend. I agree to pay the contracted fees whether my child attends or not. No refunds will be made for illness or absence.

Parent/Legal Guardian Signature Date Staff Signature Date

To be filled out by staff only.
Hours: _____ Start Date: _____ \$ _____ weekly rate

PARENT RESPONSIBILITIES/AGREEMENTS: Please initial each of the following to indicate that you have read, understand, and agree with each item.

Your Initials:

1. _____ My child is not allowed to come and go freely from Day Camp site.
2. _____ I (or an authorized person) must sign my child "in" and "out" each day.
3. _____ I will maintain open communication with the Program Site Director/Teacher about my child and keep him/her informed of any pertinent changes.
4. _____ I must notify the Program Site Director/Teacher in writing of any daily departure changes.
5. _____ I must contact Program Site Director/Teacher when my child will be absent or will be picked up early from the Day Camp. I realize this is for my child's protection.
6. _____ If a medical emergency arises, the Day Camp staff will first attempt to contact me. If I cannot be reached, the people on the emergency list will be notified. If the emergency is such that immediate hospital attention is necessary, the Day Camp staff will immediately contact the paramedics, and if

they determine that it is necessary, they will arrange for my child to be transported to the nearest available medical facility. I will be responsible for all costs incurred.

- 7. Day Camp will operate from 7:00 a.m. to 6 p.m., Monday through Friday. The program will not operate on legal holidays.
- 8. It is my responsibility to see that my child is picked up by the designated pick-up time.
- 9. I verify that I have given permission for the City of Carson to use my child's photograph for publicity purposes in any forthcoming brochures. I further state that I release all rights and am fully cognizant of this agreement.
- 10. I understand that I cannot send any medicine for my child to take/use while he/she attends the Day Camp without prior written approval. For further information, contact the Recreation and Human Services Superintendent at (310) 847-3570.
- 11. I understand that staff will not assume any responsibility for storing any medical equipment without the prior written approval of the City of Carson. My child must keep any medical equipment with him/her at all times. For further information, contact the Recreation and Human Services Superintendent at (310) 847-3570.

BILLING PROCEDURES:

- 1. I agree to pay the City of Carson Day Camp fee on or before the Friday prior to the week in which my child will attend.
- 2. I will pay for contracted hours of service and am responsible for payment whether my child attends Day Camp or is absent.
- 3. I understand that credits or refunds in the case of prolonged illness (five or more consecutive days) may only be approved by the Recreation and Human Services Superintendent.
- 4.* I will be notified in advance of any rate increases.
- 5. I am aware that the Day Camp closing time is 6 p.m., and to avoid any late pick-up fee, I am informing staff that I will be picking up my child at _____p.m. I will be charged a late pick-up fee of \$7.50 at 15 to 30 minutes past my child's pick-up time. This fee is due and payable when my child is picked-up. Chronic lateness or failure to pay late fees may result in the dismissal of my child from the program.
- 6. A \$5 late payment fee may be assessed for every day payment is late past the Friday registration.
- 7. I will notify the instructor of any changes of information as entered on this record.

**Fees are subject to change per the Council Comprehensive Fee Schedule.*

NOTE: All payments must be paid by check, money order, MasterCard, VISA, or American Express. We are NO LONGER accepting "cash" payments above \$5.

Parent/Legal Guardian Signature	Date	Print Name	Date
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Enrollment in Day Camp shall be granted to children without regard to race, color, or national origin.

NOTE: Help the City of Carson respond to the Americans with Disabilities Act (ADA), by making parks, recreation programs, and facilities more accessible. If you experience any problems or difficulties in using facilities or programs, please submit (in writing) your concerns or suggestions for improvements to Recreation and Human Services, Attention: Arnold Carraway, Superintendent Recreation and Human Services Division, 2400 E. Dominguez Street, Carson, CA 90810, or call (310) 847-3570.

PARENT RELEASE FORM - EXCURSIONS

Applicant Name: _____

Age: _____

Address: _____

Street

City

Zip Code

Home Telephone: (_____) _____

Date of Birth: _____

I hereby certify that I am the parent and/or legal guardian of the aforementioned child and that I am entitled to his/her custody and control, and I do hereby give my permission for said child to participate in the excursions on _____ 20____ from _____ a.m./p.m. to _____ a.m./p.m.

In consideration of the acceptance of my child's application for participation in the excursions, I for myself, my heirs, executors, administrators, and assigns, hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which I may have, or which may hereafter accrue to me, as a result of my child's participation in this program, and I further agree to indemnify and hold harmless the City of Carson and its officers, agents, and employees from any liability or claim or action for damages which in any way arises out of my child's participation in this program, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above.

I FURTHER UNDERSTAND THAT SERIOUS ACCIDENTS OCCASIONALLY OCCUR DURING EXCURSIONS, AND THAT PARTICIPANTS IN SUCH ACTIVITY OCCASIONALLY SUSTAIN SERIOUS PERSONAL INJURIES AND/OR PROPERTY DAMAGE AS A CONSEQUENCE THEREOF.

KNOWING THE RISK OF **EXCURSIONS**, I HEREBY AGREE TO ASSUME THOSE RISKS AND TO RELEASE AND HOLD HARMLESS THE CITY OF CARSON, ITS OFFICERS, AGENTS, AND EMPLOYEES FROM ANY LIABILITY TO ME OR MY HEIRS OR ASSIGNS FOR DAMAGES.

I have read and understand the above statement.

SIGNED: _____

(Parent or Legal Guardian)

Date

PARENT RELEASE FORM – OUTSIDE PLAY

Applicant Name: _____

Age: _____

Address: _____
Street City Zip Code

Home Telephone: (_____) _____

Date of Birth: _____

I hereby certify that I am the parent and/or legal guardian of the aforementioned child and that I am entitled to his/her custody and control, and I do hereby give my permission for said child to participate in outside play on _____ 20 _____ from _____ a.m./p.m. to _____ a.m./p.m.

In consideration of the acceptance of my child's application for participation in outside play, I for myself, my heirs, executors, administrators, and assigns, hereby waive, release and discharge any and all claims for damages for death, personal injury, or property damage which I may have, or which may hereafter accrue to me, as a result of my child's participation in this program, and I further agree to indemnify and hold harmless the City of Carson and its officers, agents, and employees from any liability or claim or action for damages which in any way arises out of my child's participation in this program, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above.

I FURTHER UNDERSTAND THAT SERIOUS ACCIDENTS OCCASIONALLY OCCUR DURING _____, AND THAT PARTICIPANTS IN SUCH ACTIVITY OCCASIONALLY SUSTAIN SERIOUS PERSONAL INJURIES AND/OR PROPERTY DAMAGE AS A CONSEQUENCE THEREOF.

KNOWING THE RISK OF _____, I HEREBY AGREE TO ASSUME THOSE RISKS AND TO RELEASE AND HOLD HARMLESS THE CITY OF CARSON, ITS OFFICERS, AGENTS, AND EMPLOYEES FROM ANY LIABILITY TO ME OR MY HEIRS OR ASSIGNS FOR DAMAGES.

I have read and understand the above statement.

SIGNED: _____
(Parent or Legal Guardian)

Date