



DESERT HOT SPRINGS RECREATION

School Session- Enrollment Packet

Program Begins: **August 4, 2021** Program resumes: **Month to Month**

The City of Desert Hot Springs is committed to providing a challenging and fun learning experience for the children of Desert Hot Springs. We draw upon the most effective academic enrichment, physical fitness, nutritional and life skill programs to challenge children and make learning fun. The program includes homework assistance, age appropriate academic subjects through fun and educational activities, positive youth development strategies, recreation, prevention and nutrition activities. Every child should have the opportunity to succeed as this is the principal goal of the program.

Thank you for your interest in the Desert Hot Springs Recreation After School Program. Our program provides children with the opportunity to learn new skills and gain new friends, all within a safe and secure after school environment.

After School Program:

The Desert Hot Springs Recreation Center accepts children ages 7 years up to 18th birthday. The program will maintain quality leadership and an acceptable ratio of adults to children to provide appropriate supervision and safety.

THIS PROGRAM IS NOT A CHILD/DAY CARE PROVIDER. _____initials

SCHEDULE

The program operates five sessions a year. During the school session the program is open from school dismissal until 6:00pm. It is available on early dismissal days as well as regular dismissal days. The facility is **closed** during standard holidays and the schedule is distributed on an annual basis.

The after-school program is subject to changes in the schedule. Parents will be notified in advance should such changes occur via bulletin, flyer, and posting on the door. The program will be closed on the following days:

- Monday, September 6, 2021: Labor Day
- Thursday, November 11, 2021: Veteran's Day
- Thursday, November 25, 2021: Thanksgiving Day
- Friday, November 26, 2021: Day after Thanksgiving
- Thursday, December 23, 2021: Christmas Break (observed)
- Friday, December 24, 2021: Christmas Eve
- Monday, December 27, 2021: Christmas Day (observed)

| | | | | |
|---|--|--|---|---|
| <input type="checkbox"/> \$25 August | <input type="checkbox"/> \$25 September | <input type="checkbox"/> \$25 October | <input type="checkbox"/> \$25 November | <input type="checkbox"/> \$25 December |
|---|--|--|---|---|

Child Name: _____ Child Name: _____

Child Name: _____ Child Name: _____

Parent/Legal Guardian Signature: _____

Parent/Legal Guardian Signature: _____

The program closes promptly at 6:00PM. If your child(ren) is/are picked up after 6:00PM, a late fee of \$1.00 per minute per child will be charged and due in full upon pick up. If your child(ren) is/are not picked up by 6:15PM, the emergency contact will be called. If no one can be reached by 6:30pm, the local police department will be contacted for assistance. Staff are not allowed to transport children in their personal vehicles.

----- I, as the parent/legal guardian understand that it is my responsibility to show identification when I pick up my child, it is my responsibility to inform the listed authorized adults that identification is required when picking up my child(ren). I further understand that I am not to leave my child at the Desert Hot Springs Recreation unless a staff member is present to receive my child(ren). It is also understood that it is my responsibility to escort my child(ren) in and out of the program. In compliance with Title 22 licensing regulations 101226.1 and 101229.1 (a.1), I will adhere to the programs sign in and out policy. Any person dropping off or picking up my child(ren) will be listed as authorized. Moreover, are regulations with state laws, if an authorized person appears to be under the influence of an illegal substance i.e. illegal drugs, alcohol, the staff are mandated to report suspected cases of child endangerment.

----- **Refund Policy** (page 11 in handbook)
Program fees are non-refundable/non-transferrable.

----- **Electronic Policy** (page 23 in handbook)
The program discourages the use of personal electronic devices with the exception of school issued tablets used for schoolwork purposes. Electronic devices are identified as but not limited to, cell phones, ipad, tablets, portable music devices, headphones, personal laptops, and cameras. If electronic usage interferes with an activity or being used in an inappropriate manner, staff will ask your child(ren) to put the device away for the remainder of the day.

----- **Nutrition** (page 22 in handbook)
For the Special Session, the children are provided lunch only. Meals are provided by Palm Springs Unified School District. Please inform the staff of any food allergies or intolerance. If your child requires a special diet, please provide meals for your child.

----- **Illness** (page 32 in handbook)
If a child shows any signs of illness throughout the day, the child will be immediately removed and placed in an isolation room and parents, or emergency contacts will be required to pick up the child immediately. Non-compliance to this policy may result in termination of the program.

Reasonable Accommodations (page 9-10 in handbook)
Children with special needs or challenges will be accepted provided that “reasonable accommodations” can be made for their participation in the program and/or child’s participation does not require an inordinate amount of staff time that would take away from the safety and welfare of the other children in the program.

Medications (page 33 in handbook)
If medication must be administered while your child is attending the program, a “medical authorization” form must be completed. No medication can be dispensed without a medical authorization form on file.

----- **Absences** (page 11-12 in the handbook)
I agree to contact the Desert Hot Springs Recreation if my child will be absent from the program. Excessive absences may result in termination of the current session. See the handbook for details of excused and unexcused absences.

Movie Consent Authorization

By giving permission, you are approving your child to view PG rated movies while participating at the Desert Hot Springs Recreation. Movies that are age appropriate will be shown. If parent does not authorize, an alternate activity will be provided.

- YES**, my child has permission to view PG rated movies
- NO**, my child is not allowed to view PG rated movies

Photo Policy (page 19 in handbook)

All participants of the program or special events that are hosted by Desert Hot Springs Recreation are subject to being photographed/video graphed. Such photographs/video-graphs may be used by the City of Desert Hot Springs without an obligation to provide compensation to those photographed/video-graphed.

Discipline Policy (page 26 in handbook)

There is zero tolerance for any type of intentional fighting/harm to another student or staff. This behavior will result in expulsion from the Program in its' entirety. Refer to the Discipline Policy in the handbook and quick outline attached in this packet.

Lost/Broken/Stolen Items (page 23 in handbook)

The City of Desert Hot Springs or its' employees are not responsible for any lost/broken/stolen personal items. It is the parent responsibility to properly mark all of their child's belongings. We encourage you not to send your child with valuable items.

Mandated Reporting (page 18 in the handbook)

All City of Desert Hot Springs employees/volunteers are mandated by state law to report any suspected child abuse or neglect to the appropriate authorities.

Law Enforcement/State or County Personnel (page 18 in handbook)

Under the guidelines of Title 22. Division 12 Chapter 1 Article 6 (d) "all children's records shall be available to the authorized departments to inspect, audit, and copy upon demand during normal business hours. Records may be removed if necessary, for copying.

Staff Background Check

In ordinance with Title 22 Division 12 Chapter 1 Article 3 Prior to employment both paid staff and volunteers must have no information meeting dissemination criteria pursuant to Section 1596.877 and Penal Code Section 11170 (b)(3). Each person must submit a criminal record review directly to the California Department of Justice at the same time that the individual's fingerprints are submitted for a criminal background check.

Custodial Disputes (page 13 in handbook)

Desert Hot Springs Recreation employees' will not become involved in custodial disputes between parents/legal guardians. All documents of custody arrangements must be an official court document signed by the presiding judge.

Termination (Involuntary and Voluntary) Policy (page 30 in handbook)

The Desert Hot Springs Recreation may terminate a child's enrollment for any violation of any of its' policies listed in this agreement and/or outline in the handbook. It is the parent/legal guardian responsibility to carefully review this policy in the handbook.

PARENT/GUARDIAN CONSENT OF WAIVER FOR PARTICIPATION

Permission to participate in the Desert Hot Springs Recreation Center 2021 is given by me (parent/legal guardian) for my child (ren). I hereby agree to indemnify, hold harmless and release

the City of Desert Hot Springs, its agents, employees, volunteers, and officers from any and all liability for any injury suffered by my child(ren), arising from or connected with this program and will assume all risk for any injuries. Further, I understand that a physician's clearance is recommended prior to participation of any physical activities.

I have read and understand the conditions of my child's participation Desert Hot Springs Recreation program(s) and am signing below as an indication of my intent to have my child participate in all activities. I verify by means of my signature (below) that I am the legal parent/guardian for named child(ren).

DISCIPLINARY PROCESS

The level of disciplinary action is based on the distraction of the Program Manager and/or Director. If warranted, disciplinary action may result in automatic suspension or expulsion, regardless if the child has had a warning and/or a written Disciplinary Action Form (DAF). All DAF's will result in the child being sent home for the remainder of the day and will be kept on file for the remainder of the calendar year.

1. If a child displays inappropriate behavior, Program Teacher and/or Manager will give the child a verbal warning. The verbal warning will consist of reviewing the violated rule(s) including counseling child on consequences if future violation occurs and document a behavior improvement log form.
2. A second occurrence of inappropriate behavior will result in documenting a behavior improvement form and a consequence that may include one of following but not limited to a. reflective lap(s), area clean up, apology letter and/or removal from activity. Parents will be notified upon pick up.
3. If the behavior problem continues after step 1&2, or a more serious act has been committed, a **First** Disciplinary Action Form (DAF) will be completed and the program supervisory staff will be notified. The child's parent/legal guardian will be contacted to discuss corrective options. Suspension and/or expulsion may result due to the severity of behavior.
4. If the behavior problem continues after step 3, a **Second** DAF will be completed and given to supervisory staff. The child's parent/legal guardian will be contacted to discuss a more serious consequence.
5. If steps 1-4 have not resolved the inappropriate behavior, a **Third** DAF will be documented. Program supervisory staff will contact parent/legal guardian to ask that the child be picked up immediately and will be suspended from the program for a reasonable time frame. The suspension will be documented, and a copy given to the parent/legal guardian.
6. If steps 1-5 have been followed and the inappropriate behavior continues, a **Fourth** and final DAF will be documented. Program supervisory staff will contact parent/legal guardian for immediate pick up of the child(ren) and notification of expulsion.

Child Name: _____ Child Name: _____

Child Name: _____ Child Name: _____

Parent/Legal Guardian Signature: _____

DESERT HOT SPRINGS RECREATION ADMISSION AND ARRANGEMENTS

| | |
|--|--|
| 1. Name of 1 st child in the same household Birthdate: / / | 2. Name of 2 nd child in the same household Birthdate: / / |
| 3. Name of 3 rd child in the same household Birthdate: / / | 3. Name of 4 th child in the same household Birthdate: / / |
| Complete Home Address: | Home Phone: |

| 4. Parent Information | Parent/Legal Guardian | Parent/Legal Guardian |
|-----------------------|-----------------------|-----------------------|
| Name | | |
| Place of Employment | | |
| Address of Employment | | |
| Work Telephone | | |
| Cell Phone | | |
| Email Address | | |

| 5. AUTHORIZED PERSON(S) - Adult persons other than parents who are authorized to drop off/pick up the child | | | | |
|---|-----------------------|--------|----------------------------------|------------------------------------|
| Name | Relationship to child | Phone: | When should we contact | |
| | | | <input type="checkbox"/> Pick-Up | <input type="checkbox"/> Emergency |
| Name | Relationship to child | Phone: | <input type="checkbox"/> Pick-Up | <input type="checkbox"/> Emergency |
| Name | Relationship to child | Phone: | <input type="checkbox"/> Pick-Up | <input type="checkbox"/> Emergency |
| Name | Relationship to child | Phone: | <input type="checkbox"/> Pick-Up | <input type="checkbox"/> Emergency |

Restricted Persons: Persons are restricted to access to my child(ren) due to court issued order. A certified copy of the official order must be submitted for child's file.

Name(s): _____

6. Authorizations - If "No" is selected it will result in rejection of enrollment

| | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | I hereby give my consent for emergency medical care or treatment to be used only if I can't be reached immediately |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | I have reviewed the summary of policies in this packet and agree to adhere |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | I give permission for my child to participate in <input type="checkbox"/> transportation in Van <input type="checkbox"/> walking to activities during program hours |

7. Medical Physician, Dentist and Medical Insurance Information

| | |
|-----------------------------------|-------------------|
| Child(ren) physician name: | physician phone: |
| Child(ren) dentist name: | dentist phone: |
| Insurance Name and policy number: | Allergies: |

In the event of an emergency or life-threatening situation, the local emergency response team will be contacted, and your child may be transported to the local hospital.

Parent/Legal Guardian Signature: _____

If applicable 2nd Parent/Legal Guardian: _____