



PARENT HANDBOOK

Registration- *Children must be registered to attend the Recreation Station program.*

- Registration available at the Derby Recreation Center, 801 E. Market, Monday-Friday 5:00am-10:00pm, Saturday and Sunday 8:00am-5:00pm.
- Recreation Station hours: 7:00am-6:00pm, Monday-Friday, June 7-August 6.
- Ages: K-5th grade of the 2020-2021 school year. Due to KDHE regulations we cannot offer care to children who have completed or are currently in Pre-K.
- Parent Orientation Date: **June 1, 4:30-5:30pm** at The Hubbard Arts Center in The Gallery. This will be a come and go orientation to answer any parent questions.
- Fees: **\$21-Daily (Pre-Camp) \$105.00- Weekly \$945.00- All 9 Weeks**
- A newsletter listing activities and field trips is sent home with each child at the end of each week announcing the next week's schedule. Please pay close attention to varying schedules.
- Children with special physical or emotional needs will be accepted if the camp program is determined to be in the child's best interest and meets the child's Individual Program Plan.
- A registration packet must be completed prior to registration. Children's records are kept confidential. Those authorized to view records are as follows: Recreation staff, KDHE secretary, KDHE secretary designee, secretary of DCF, law enforcement personnel and the child's parent or guardian.
- **NO REFUNDS WILL BE GRANTED.**

Child Drop-Off

- Camp drop off will be a drive through drop off.
- Children will be signed in and out at the front doors of the Hubbard Arts Center.
- Camp starts at 7am. Early drop offs are not allowed.

Picking Up Your Child

- You are expected to pick up your child by 6:00pm.
- **Any child that is not picked up by 6:06pm the Derby Recreation Commission Late Fee Policy will begin. Information sheet is located in the registration packet.**
- If a child is not picked up by 7:00pm, Child Protective Services will be called IF no attempt has been made by the parent to contact camp staff.
- Chronic late pick-up is grounds for dismissal from Recreation Station.
- **Children walking or riding their bike will sign themselves in and out.**
- **IN AN EFFORT TO KEEP YOUR CHILD SAFE, A PHOTO ID WILL BE REQUIRED AT THE TIME OF PICK-UP IF THE INDIVIDUAL IS NOT RECOGNIZED BY STAFF THAT IS WORKING THAT AREA. WE MAKE NO APOLOGIES FOR SAFEGUARDING YOUR CHILD. THANK YOU FOR YOUR COOPERATION.**



DERBY RECREATION

COMMISSION



PARENT HANDBOOK

Camp Rules

- No bad language or inappropriate behavior.
- No bullying.
- No fighting.
- Shoes must be worn at all times.
- No personal items unless specified.
- Children must stay in the designated activity area at The Hubbard Arts Center. A staff member must always know where children are at all times.

Disciplinary Guidelines

The following guidelines will be followed and documented daily by the staff and incidents reported to the supervisor. Following inappropriate behavior a discipline sheet will be completed by staff, if warranted.

- Verbal warning and redirection.
- Removal from activity.
 - * Children are only removed from the activity long enough to gain self-control. Staff will visually supervise any child removed from an activity.
- Think sheet issued and group leader will discuss the behavior and how to fix the behavior.
- Child-Director discussion.
- Sent home for the remainder of the day. (Program Director will contact parent.)
- One week dismissal. (Program Director will contact parent.)
- Expulsion from the program. (Program Director will contact parent.)

Transportation

- Transportation will be provided by qualified DRC bus/van drivers to and from all Recreation Station activities (staff vehicles will be used only in extreme situations).
- Occasionally, field trips or unforeseen circumstances may cause us to change our time schedule. Updates will be noted on the Recreation Station field trip board at the Hubbard Arts Center.
- A notice will be posted on The Hubbard Arts Center exterior doors or the check in area when going off location and no camp staff is in the building.

Clothing Attire

- Daily-Please have your child wear sturdy shoes, socks, and comfortable clothing.
NO OPEN-TOED SHOES.
- Please apply sunscreen to your child daily. Staff will remind children to reapply sunscreen before swimming outdoors and before a long outdoor trip.
- Weather appropriate clothing.
- Label your child's clothing, swimsuits, hats, water bottle, etc. Please place all items in a labeled bag.
- Swimming: Please have your child outfitted in a swimsuit, towel, sunscreen and shoes.
- Short shorts and bare midriffs are not allowed.
- Other clothing items may be deemed inappropriate at recreation staff's discretion.



DERBY RECREATION

COMMISSION



PARENT HANDBOOK

Food

- Recreation Station will be receiving most meals through the USD 260 Summer Food Program. The menu will be a traditional school menu with seasonal fresh fruit. **We will update parents on the dates for the program and when sack lunches will be required.** Reminders will be included in the weekly newsletters sent home on Fridays. If you do not wish to have your child participate in the food program then a nutritious sack lunch including a drink will be needed daily. **Soda is not allowed at camp.** Please label your child's drink and lunch container. If your child does not bring a lunch staff will contact a parent/guardian and a lunch must be brought before the designated lunch time or within one hour. If a parent/guardian cannot be contacted the DRC will provide a lunch through the summer food program for the child.
- Food that needs to be heated/cooked is not allowed.
- The DRC provides a mid-morning and afternoon snack daily.

Medication

- Recreation Station staff will administer medication only if the correct form is completed.
- A child can be authorized to self-administer medication only if the correct form has been completed and signed by the child's physician. A designated staff member must be present while a child self-administers any type of medication. A record will be kept.
- All medications must be in their original container and clearly marked with the child's first and last name, and **MUST** be given directly to a STAFF MEMBER.
- Aspirin will not be given without the express, written permission of the child's physician.

Health and Illness

- If a child arrives at camp ill, or becomes ill at camp, the parent or other authorized individual will be notified immediately to pick up the child (parent is expected to pick up child within one hour).
- Sick children will be monitored and isolated, with supervision, if necessary until the parent arrives.
- Please notify the Program Director should your child contract a communicable disease.
- Head lice: Child will be excluded until treated with an antiphrastic shampoo and until all nits have been removed. Camp staff will determine if child is nit-free.

Swimming

- If you do not wish to have your child swim on a given day, you **MUST GIVE WRITTEN NOTICE** to the child's camp leader.
- Children are not permitted to dive off the diving boards or enter the water head first at any time at any swimming facility.
- Children are encouraged to lock their personal items in a locker during swim time. Lockers cost a quarter.





PARENT HANDBOOK

Off Campus Activities

- A signed permission slip is required. You signed permission when registering.
- Field trip fees are included in the registration fee. If extra money is needed you will be notified in the weekly newsletter. Please limit the amount of money sent to a few dollars. Staff is not responsible for lost or stolen money.
- Activities may be adjusted for rainy or extremely hot days.
- The same rules and guidelines are enforced on field trips as at camp.
- Please bring your child at least 15 minutes before the designated departure time. If your child arrives after the bus/group has departed you will need to make other arrangements for the care of your child. Children cannot be placed in another group and the bus will not return to pick up your child.

Emergency Procedures

- Responsible measures are taken to safeguard the health and safety of all camp participants.
- All accidents will be reported to the Program Director. Incident reports are completed and kept on file at the Derby Recreation Center.
- If an injury is not life threatening, First Aid will be applied.
- If an injury is serious, the following procedures will be followed:
 1. The proper authorities will be called.
 2. A staff member will notify parent/guardian.
 3. If the child must be taken to an emergency care unit, a staff member will accompany the child and stay until the parent/guardian arrives.
- Fire/Tornado drills are conducted monthly throughout the summer. Procedures for these emergencies are posted in each activity area.

Staff

- All staff are trained in CPR and First Aid.
- All staff have Medication Aide certification.
- A staff to child ratio of at least 1 staff member to 15 children is maintained.
- All staff are required by law to report suspected child abuse and/or neglect.

COVID-19 Precautions

- Covid protocols will be determined as the summer approaches and based on the current health order at that time.





DRC RECREATION STATION REGISTRATION 2021
***NO CHILD WILL BE ENROLLED WITH INCOMPLETE RECORDS**
All necessary forms are included. FORMS MUST BE COMPLETED
WITH PROPER SIGNATURES before enrollment will be accepted.

CAMPER INFORMATION

Shirt Size _____

Name _____ Birthdate _____ Grade Completed _____ Sex _____

Address _____ City _____ Zip _____

Does child take medication during camp hours? Yes No

If yes, the enclosed medication administration form must be completed.

Does child know how to swim? Yes No

Do you give permission for your child to watch a PG rated movie? Yes No

Please list any **health conditions** or **allergies** your child might have:

PARENT/GUARDIAN INFORMATION

First Parent/Guardian Name _____

Address (if different from camper's) _____ City _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Second Parent/Guardian Name _____

Address (if different from camper's) _____ City _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

EMERGENCY CONTACT INFORMATION (other than parents)

Name _____ Relationship _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

TRANSPORTATION OPTIONS (Mark only one)

_____ Parent/Guardian will pick up and drop off at The Hubbard Arts Center

_____ Camper will walk/ride bicycle.

What time do you give permission for your child to check him/herself out? (Camp ends at 6:00pm.) _____



DERBY RECREATION

COMMISSION



PLEASE CIRCLE THE WEEK(S) YOUR CHILD WILL ATTEND

June 2-4	Pre Camp	July 5-9	Sports Extravaganza
June 7-11	Adventure Land	July 12-16	Emergency Services
June 14-18	Disney Please	July 19-23	We Are Family
June 21-25	Ooey Gooley	July 26-30	Nickelodeon Days
June 28-July 2	Game Show Mania	August 2-6	Mystery Week

Days Attending _____
(Example: M-F or M/W/F)

Hours Attending _____
(Example: 7:30am-5:30pm)

Registration forms will only be accepted at the following locations:

- Derby Recreation Center, 801 E. Market, Monday-Friday, 5:00am-10:00pm, Saturday and Sunday 8:00am-5:00pm
MUST REGISTER BY 7:00PM THE FRIDAY PRIOR TO ATTENDING. SPACE IS LIMITED.
NO REFUND REQUEST WILL BE APPROVED FOR PAID CAMP DAYS.

WAIVER FOR PARTICIPATION

I/We the below signed person/parent(s) having legal custody/legal guardianship of said minor, give permission for said minor to attend any Derby Recreation Commission (DRC) activities supervised by authorized DRC staff. Said minor is physically able and mentally prepared to participate in all activities.

I/We do hereby authorize the DRC and DRC staff to transport said minor in DRC bus, van, car or other vehicle to/from the site for daily transportation and/or field trips, emergency care, etc.

I/We have read the Parent Handbook and understand all policies and procedures set forth by the DRC. I/We shall abide by said policies/procedures and will review these with my/our child. I/We support the DRC in its enforcement of these policies/procedures.

I/We have read and understand the DRC's policies concerning discipline and will pass this information along to my/our child. I/We understand that the DRC reserves the right to dismiss any child who fails to adhere to DRC Recreation Station rules and regulations.

I/We understand fully and will abide by the DRC's policy concerning drop-off and pick-up of children. I/We shall be prepared DAILY to present photo ID to on-site staff to determine my/our identity as authorized persons to pick up my/our child. Further, I/We shall inform others who are authorized to call for our child to present photo ID when picking up my/our child.

In consideration of the DRC accepting this entry, I/We hereby for myself, my/our child, my heirs, executors and administrators, waiver and release any and all rights and claims for damages my/our child may have against the Derby Recreation Commission, City of Derby, or USD No. 260, and its representatives, successors and assigns for any and all injuries suffered by my child at any activities sponsored by these groups. Parent or Legal Guardian must sign for any child under 18 entering the program.

Parent/Guardian Signature

Date



DERBY RECREATION

COMMISSION



HEALTH HISTORY FOR CHILDREN AND YOUTH ATTENDING SCHOOL AGE PROGRAMS

As required by K.A.R. 28-4-590(d) (1), each operator shall obtain a health history for each child or youth, on a form supplied by the department or approved by the secretary. Each health history is to be maintained in the child's or youth's file on the premises. As required by K.A.R. 28-4-590(d)(2), each operator shall require that each child or youth attending the program has current immunizations as specified in K.A.R. 28-1-20 or has an exemption for religious or medical reasons.

Complete one form for each child or youth attending the School Age Program.

First and Last Name of the Child or Youth	Gender (M or F)	Date of Birth (MM/DD/YYYY)	First day at this program: (MM/DD/YYYY)
--	------------------------	-----------------------------------	--

First and Last Name of the Child's or Youth's Mother or Guardian

Mother/Guardian's Home Street Address	City	Zip Code	Home Phone # ()
--	-------------	-----------------	-------------------------

Mother/Guardian's Work Place Name & Street Address	City	Zip Code	Work Phone # ()
---	-------------	-----------------	-------------------------

First and Last Name of the Child's or Youth's Father or Guardian

Father/Guardian's Home Street Address	City	Zip Code	Home Phone # ()
--	-------------	-----------------	-------------------------

Father/Guardian's Work Place Name & Street Address	City	Zip Code	Work Phone # ()
---	-------------	-----------------	-------------------------

Names and ages of other children in the Child or Youth's Family (Attach additional page if needed.)
--

Person(s) authorized to pick up the Child or Youth in case of emergency. Include first and last name and Street Address. Attach additional page if needed.	City	Zip Code	Phone Number (during program hours):
1.			
2.			
3.			

First and Last Name of Physician & Street Address	City	Zip Code	Phone Number ()
--	-------------	-----------------	-------------------------

Name of Hospital Preference in case of emergency. This must be specific. Can not write "any" or "closest"
--

Yes	No	N/A	Complete the following information about medications for this child or youth.
			Will this child or youth need to take any nonprescription or prescription medication during their time at the program?
			If yes above, is there signed permission on file?

Circle any of the following conditions or difficulties that affect this child or youth.			
Allergies	Frequent sore throats/ colds	Ear Infections or Aches	Heart or Lung Conditions
Skin Problems	Asthma	Headaches	Diabetes
Vision	Speech/Communication	Hearing	Emotion/Behavior
Other: Please describe.			

If you circled any of the above conditions, please provide additional information that will help the staff members meet the child's or youth's needs while attending the program. (Attach additional page, if needed.)

Provide additional information about your child or youth that might affect him/her while at the School Age Program including any special needs, restrictions to activities, major changes at home or special instructions. (Attach additional page, if needed.)

Complete the following information about this child's or youth's immunization status.

Yes	No	
		Did this child or youth attend a public or accredited non-public school in Kansas, Missouri or Oklahoma the previous year?
		If yes, are this child's or youth's immunizations current?
X	X	If yes to both of these questions, you do NOT need to complete the immunization history below. If no to either of the above questions, you must complete the immunization history below for this child or youth or attach a copy of the child's or youth's immunization history.

Please give dates in the space below for ALL immunization series completed by this child or youth. Record MM/DD/YYYY.

		1	2	3	4	5
DPT, DT*, TD (*DT only if child is allergic to DTP)		/ /	/ /	/ /	/ /	/ /
POLIO		/ /	/ /	/ /	/ /	
MMR		/ /	/ /			
Single Dose Only	RUBEOLA (MEASLES)	/ /	/ /			
	MUMPS	/ /	/ /			
	RUBELLA (GERMAN MEASLES)	/ /	/ /			
HIB (Hemophilus Infl. B) *RECOMMENDED		/ /	/ /	/ /	/ /	
HBV (Hepatitis B Vaccine) *RECOMMENDED		/ /	/ /	/ /		
VAR (Varicella-Chicken Pox) *RECOMMENDED		/ /				

Print the First and Last Name of the Person Completing this Health History form	Relationship to the Child/Youth	Date Completed

If the Health History form was completed by a person other than a Parent/Guardian, who provided you with this information?	What is that person's relationship to the child/youth?

I attest, under penalty of perjury, that to the best of my knowledge, the information provided on this form is true and correct.

Signature of person completing this form	Date Signed



AUTHORIZATION FOR EMERGENCY MEDICAL CARE

Written permission for emergency medical treatment must be on file at the facility. Consult with the local emergency medical facility to be sure this form is acceptable. Reference K.A.R. 28-4-127(b)(1)(A). School Age Programs reference K.A.R. 28-4-582(e)(2).

Name of facility exactly as stated on the license. Recreation Station at The Hubbard Arts Center	License #
---	-----------

I hereby authorize _____ Derby Recreation Commission Staff _____ (Name of individual/staff member) and/or _____ Recreation Station Staff _____ (Name of individual/staff member) who is (are) representative(s) of the above named facility to give consent for any and all necessary emergency medical care for my child or youth _____ (First and Last Name of Child or Youth) while said child or youth is in said facility's custody between the dates of ___ June 3, 2021 _____ and ___ until end of care _____.

Signature of Parent or Guardian	Date Signed
---------------------------------	-------------

Witness to Parent's or Guardian's signature if required by the local hospital or clinic.	Date Signed
--	-------------

Notarization of Parent's or Guardian's signature if required by local hospital or clinic.

State of Kansas County of _____	
Signed or attested before me on _____ MM/DD/YYYY	by _____ Name of Person
(Seal, if any.)	_____
	Signature of notarial officer
	Title (and Rank)
	My appointment expires: _____

List any known allergies or other information about the medical status of this child or youth pertinent in case of emergency:

Is child covered by health insurance? Yes No

If yes, complete the following:

Health Insurance Policy Name	Policy Number
Medical Assistance Program	Card Number
Military Medical Care I.D. Number	

If known, date of last Tetanus inoculation: _____

THE MEDICAL RECORD/ASSESSMENT FORM (OR HEALTH STATUS HISTORY FORM FOR SCHOOL AGE PROGRAMS) AND THE AUTHORIZATION FOR EMERGENCY MEDICAL CARE MUST BE TAKEN TO THE EMERGENCY ROOM. BOTH FORMS MUST ALSO BE IN A VEHICLE WHEN THE CHILD OR YOUTH IS TRANSPORTED BY THE FACILITY.



**RECREATION STATION
AUTHORIZATION TO PICK UP CHILD**

Participant's Name: _____

Please list all persons authorized to pick up the child or to notify in case of emergency. Please include the names of the PARENTS who are authorized to pick up the child. No one will be allowed to pick up the child unless they are on this form. Photo ID will be required at the time of pick up-we make no apologies for safeguarding your child. Children must be signed out by the person picking up the child. Thank you for your cooperation!

Name: _____ **Relation to child:** _____

Street Address: _____ **City:** _____ **Zip:** _____

Home Phone: _____ **Business Phone:** _____ **ext.** _____

Cell: _____

Name: _____ **Relation to child:** _____

Street Address: _____ **City:** _____ **Zip:** _____

Home Phone: _____ **Business Phone:** _____ **ext.** _____

Cell: _____

Name: _____ **Relation to child:** _____

Street Address: _____ **City:** _____ **Zip:** _____

Home Phone: _____ **Business Phone:** _____ **ext.** _____

Cell: _____

Name: _____ **Relation to child:** _____

Street Address: _____ **City:** _____ **Zip:** _____

Home Phone: _____ **Business Phone:** _____ **ext.** _____

Cell: _____



DERBY RECREATION

COMMISSION



PARENTAL PERMISSION FORM FOR OFF-PREMISE TRIPS

Name of the facility exactly as stated on the license or certificate Recreation Station			License/Certificate # 0071545	
Street Address of the Facility 309 North Woodlawn	City Derby	Zip Code + 4 67037	County Sedgwick	

_____ may go to the following locations off the premises **with** adult supervision: First and Last Name of Child or Youth

Place Derby Bowl	Street Address 444 S. Baltimore	City Derby	By Vehicle X	Walk
Signature of Parent or Guardian			Date Signed	

Place Derby Middle School	Street Address 801 E. Madison	City Derby	By Vehicle X	Walk X
Signature of Parent or Guardian			Date Signed	

Place Derby Plaza Theaters	Street Address 1300 N. Nelson Drive	City Derby	By Vehicle X	Walk
Signature of Parent or Guardian			Date Signed	

Place Derby Public Library	Street Address 1600 E. Walnut Grove	City Derby	By Vehicle X	Walk
Signature of Parent or Guardian			Date Signed	

Place English Park	Street Address 500 E. Crestway	City Derby	By Vehicle X	Walk
Signature of Parent or Guardian			Date Signed	

Place Garrett Park	Street Address 1100 E. Chet Smith	City Derby	By Vehicle X	Walk
Signature of Parent or Guardian			Date Signed	

Place Exploration Place	Street Address 300 N. McLean Blvd.	City Wichita	By Vehicle X	Walk
Signature of Parent or Guardian			Date Signed	

Place Hand Park	Street Address 633 S. Lakeview	City Derby	By Vehicle X	Walk X
Signature of Parent or Guardian			Date Signed	

Place High Park	Street Address 2700 E. Madison	City Derby	By Vehicle X	Walk
Signature of Parent or Guardian			Date Signed	

Place Riley Park	Street Address 1115 E. Kay	City Derby	By Vehicle X	Walk X
Signature of Parent or Guardian			Date Signed	

Place Riverside Park	Street Address 720 Nims	City Wichita	By Vehicle X	Walk
Signature of Parent or Guardian			Date Signed	

Place Rock River Rapids	Street Address 1900 E. James Street	City Derby	By Vehicle X	Walk
Signature of Parent or Guardian			Date Signed	

Place Tanganyika Wildlife Park	Street Address 1000 S Hawkins Ln.	City Goddard	By Vehicle X	Walk
Signature of Parent or Guardian			Date Signed	

Place Island Park	Street Address Main St. & Hwy 77	City Winfield	By Vehicle X	Walk
Signature of Parent or Guardian			Date Signed	

Place Tanglewood Elementary	Street Address 830 Ridgecrest Road	City Derby	By Vehicle X	Walk
Signature of Parent or Guardian			Date Signed	

Place Idlewild Park	Street Address E Oaklawn Dr	City Wichita	By Vehicle X	Walk
Signature of Parent or Guardian			Date Signed	

Place Osage Park	Street Address 2121 W. 31st St.	City Wichita	By Vehicle X	Walk
Signature of Parent or Guardian			Date Signed	

Place Sedgwick County Park	Street Address 6501 W. 21st North	City Wichita	By Vehicle X	Walk
Signature of Parent or Guardian			Date Signed	

Place Oaklawn Activity Center	Street Address 4904 S. Clifton	City Wichita	By Vehicle X	Walk
Signature of Parent or Guardian			Date Signed	

Place Get Air	Street Address 130 N. New York St.	City Wichita	By Vehicle X	Walk
Signature of Parent or Guardian			Date Signed	

Place Sixth Grade Center Fields	Street Address 715 E. Madison	City Derby	By Vehicle	Walk X
Signature of Parent or Guardian			Date Signed	

Place Derby Recreation Center	Street Address 801 E. Market	City Derby	By Vehicle X	Walk X
Signature of Parent or Guardian			Date Signed	

Place Robert Shryock Park	Street Address E. City Lake Rd.	City Augusta	By Vehicle X	Walk
Signature of Parent or Guardian			Date Signed	

Place Derby High School	Street Address 920 N. Rock Road	City Derby	By Vehicle X	Walk
Signature of Parent or Guardian			Date Signed	

Place Buffalo Park	Street Address 10201 Hardtner	City Wichita	By Vehicle X	Walk
Signature of Parent or Guardian			Date Signed	

Place Cowtown	Street Address 1865 Museum Blvd.	City Wichita	By Vehicle X	Walk
Signature of Parent or Guardian			Date Signed	

Place Roller City	Street Address 3234 S. Meridian Ave.	City Wichita	By Vehicle X	Walk
Signature of Parent or Guardian			Date Signed	

Place Dalton Palmer Park	Street Address 400 & State	City Augusta	By Vehicle X	Walk
Signature of Parent or Guardian			Date Signed	

Place Riggs Park	Street Address 706 Sarah Ln	City Haysville	By Vehicle X	Walk
Signature of Parent or Guardian			Date Signed	

Place Madison Ave. Central Park	Street Address 512 E. Madison Ave.	City Derby	By Vehicle X	Walk X
Signature of Parent or Guardian			Date Signed	

Place Hubbard Center Multi Rooms	Street Address	City Derby	By Vehicle	Walk X
Signature of Parent or Guardian			Date Signed	

FOR SCHOOL AGE CHILDREN OR YOUTH ONLY:

I hereby authorize my school age child _____
 First and Last Name of Child or Youth Birth Date MM/DD/YYYY

to walk to and from the following location(s) without adult supervision:

Place	Street Address	City	By Vehicle	Walk X
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk X
Signature of Parent or Guardian			Date Signed	



**Derby Recreation Commission
Recreation Station
High Risk Activity Waiver**

Participants will participate in swimming, roller skating and trampoline activities which are considered high risk. Reasonable precautions will be taken to provide for the participants' safety. Participants will swim at indoor and outdoor aquatic facilities, participate in water activities, roller skating and jumping on trampolines between the dates of June 3, 2021 to August 6, 2021.

I request that _____ be allowed to roller skate, swim, jump and participate in the activities stated above and I relieve and absolve the Derby Recreation Commission of any responsibility other than that stated above.

I understand that if I do not want my child to participate in any activities on any given day I must provide written notice to my child's camp leader.

Parent/Guardian Signature

Date

**Derby Recreation Commission
Recreation Station
Personal Items/Dress Code Policy**

- 1. The Derby Recreation Commission asks that campers do not bring personal items** (i.e. cell phones, portable game systems, tablets, mp3 players, stuffed animals, and toys) to camp unless it is listed on the weekly newsletter. If campers do bring personal items to camp the Derby Recreation Commission and Recreation Station staff are not responsible for lost, stolen, or broken items.
- 2. Recreation Station has the following dress code policy in place:**
 - Daily: Please have your child wear sturdy shoes, socks, and comfortable clothing.
 - NO OPEN-TOED SHOES UNLESS WEARING AT SPLASH PAD OR SWIMMING POOL.
 - Please apply sunscreen to your child daily. Staff will remind children to reapply sunscreen before going swimming outdoors and before a long outdoor trip.
 - Weather appropriate clothing.
 - Recreation Station shirt for field trips other than swimming.
 - Label your child's clothing, swimsuits, hats, etc.
 - Swimming: Please have your child outfitted in a swimsuit, towel, sunscreen and shoes.
 - Short shorts and bare midriffs are not allowed.
 - Other clothing items may be deemed inappropriate at recreation staff's discretion.

By signing below you acknowledge that you have read, understand, and agree with the personal items and dress code policy.

Parent/Guardian Signature

Date

We have read the Parent Handbook and understand all policies and procedures set forth by the DRC. We shall abide by said policies/procedures and will review these with our child. We support the DRC in its enforcement of these policies/procedures.

Parent/Guardian Signature

Date



DERBY RECREATION

COMMISSION



Derby Recreation Commission Recreation Station Discipline Procedures and Policies

Recreation Station Staff is dedicated to providing a fun, safe, and structured setting for all children enrolled in the program. This program is not only located in a city facility, but also represents Derby at many public parks, field trip locations and events. We expect appropriate behavior at all times and at all locations. Please review the following rules and discipline that will be enforced during Recreation Station.

Rules:

- Be respectful of all staff, participants and public at all times.
- Follow instructions set forth by summer staff.
- Stay in assigned area.
- Walk appropriately in The Hubbard Arts Center and all program facilities and venues.
- Refrain from damaging any facility property.
- Refrain from disruptive behavior, fighting, violence of any kind, and inappropriate language.
- Comply with any and all other regulations set forth by Recreation Station Director and Staff.

Discipline:

Recreation Station Staff will make every attempt to contact parents/guardians when disciplinary action needs to be taken. We will review all rules and consequences with the participants at the beginning of each new program year. We encourage you to discuss these rules and consequences with your child(ren) at home as well.

- Verbal warning and redirection
- Removal from activity. Children are only removed from the activity long enough to gain self-control. Staff will visually supervise any child removed from an activity.
- Think sheet will be issued and group leader will discuss the behavior and how to fix the behavior.
- Child-Director discussion.
- Sent home for the remainder of the day. (Program Director will contact parent.)
- One week dismissal. (Program Director will contact parent.)
- Expulsion from the program. (Program Director will contact parent.)

***If a child is dismissed from the program, he/she will not be allowed to re-enroll until the next summer.**

The following page displays a copy of the discipline letter that will be sent home with the child for offenses 2-5.

Note: Program Director reserves the authority to exercise good judgment and issue a greater or lesser consequence as needed.

My signature below indicates I have read, understand, and agree with the Recreation Station Discipline Procedures and Policies. I will uphold the policy and discuss appropriate behaviors with my child.

Parent/Guardian Signature

Date



DERBY RECREATION

COMMISSION



Dear Parent/Guardian:

It is important for your child to understand the importance of behaving and following the expectations set forth during Recreation Station. Following the rules is necessary for our program to run safely and efficiently for all participants.

Your child _____ has been seen for improper behavior and has already been given a verbal warning. This letter is to inform you of the issue and to serve as notice that the following rule(s) have been broken:

- Be respectful of all staff and participants at all times.
- Follow instructions set forth by summer staff.
- Stay in assigned area.
- Walk appropriately in all program facilities and venues.
- Refrain from damaging any facility property.
- Refrain from disruptive behavior, fighting, violence of any kind, and inappropriate language.
- Comply with any and all other regulations set forth by the Recreation Station Director/ Staff.

As a result of your child's actions, he/she has received the following consequence:

- Verbal warning and redirection
- Removal from activity (Children are only removed from the activity long enough to gain self-control. Staff will visually supervise any child removed from an activity.)
- Think sheet was issued and group leader discussed the behavior and how to fix the behavior.
- Child/Director discussion
- Sent home for the remainder of the day (Program Director will contact parent.)
- One-week dismissal (Program Director will contact parent.)
- Expulsion from the program (Program Director will contact parent.)

Program Director's Signature: _____ Date: _____

We ask that you take the time to discuss the above information with your child. Thank you for your support and efforts in making appropriate behavior a priority for all children.



DERBY RECREATION

COMMISSION



Late Fee Policy

Recreation Station Parents,

Recreation Station ends at 6:00pm. The Derby Recreation Commission has instituted the following late fee policy. Please read the information below, sign, date and return with your registration packet. All families will get one warning before the late fee will be applied. Please let us know if you have any questions.

6:00-6:05pm- No Fee
6:06-6:15pm- \$5.00 per child
6:16-6:30pm- \$10.00 per child
6:31-6:45pm- \$15.00 per child
6:46-7:00pm- \$20.00 per child
7:00pm Call Child Protective Services

Payment of fee is required before children can return to Recreation Station.

Please let us know if you have any questions regarding the new Late Fee Policy.

Program Supervisor
316-788-3781

My signature below indicates I have read, understand and agree with the Recreation Station Late Fee Policy.

Parent/Guardian Signature

Date

Student(s) First and Last Name



DERBY RECREATION

COMMISSION



Authorization for Dispensing Medications to Children and Youth Long-Term Medications (Prescription and Non-Prescription)

Prescription medications must be in their original containers labeled with the child's/youth's first and last name; the name of the licensed physician, physician assistant (PA), or advanced practice registered nurse (APRN) who ordered the medication; the date the prescription was filled; the expiration date of the medication; and specific, legible instructions for administration and storage of the medication. Administer the medication only to the child designated on the prescription label in accordance with the instructions on the label. **Non-prescription medications** can be given with written permission and direction from the parent or legal guardian. Administer nonprescription medication from the original container labeled with the first and last name of the child/youth and according to the instructions on the label.

First and Last Name of Child/Youth		Date of Birth	
Name of Medication (only one medication per authorization)		Prescription OR Non Prescription	
Reason for Medication			
Dose	Time to be Given	Start Date	Stop Date**
Name of Licensed Physician, PA or APRN prescribing the medication		Phone # of Physician, PA or APRN	
I allow the above medication to be given to my child/youth by the designated person.			
Parent's Signature		Date Signed	

**Stop date not to exceed one year from the start date. A new authorization is to be completed any time the medication, dosage, times to be given, or instructions from the parent or health care provider change from the information included on this form. Additional copies of this form may be attached to this page if more space is needed to record the administration of the medication for up to one year if there are no changes in instructions. Above information must be completed on each page but the parent's signature is required only once per year.

THIS FORM IS TO BE USED TO DOCUMENT ADMINISTRATION OF ONLY THE MEDICATION IDENTIFIED ABOVE. Designated Person to note any comments or remarks about the child's/youth's appearance and/or condition on the back of the form.

Date mm/dd/yy	Time	*Initials	Date mm/dd/yy	Time	*Initials	Date mm/dd/yy	Time	*Initials

*Each designated person administering medication is to sign on the back side of this form and identify initials used above.

