



Parent Pack 2016

**City of Burien Parks & Recreation
14700 6th Ave SW
Burien, WA 98166
(206) 988-3700
www.BurienParks.net**



Parent's Information
Summer Teen Scene
Camp Hours: 6:30 A.M. – 6:00 P.M.

Drop off Time: Parents can drop off their child between **6:30-9:00 AM**. The child must be here no later than **9:00 A.M.** Major activities and field trips start at **9:30 A.M.**

Pick up Time: Parents can pick up their child between **4:00 P.M.** to **6:00 P.M.** Before that time campers may be on an outing. We will **NOT** be able to accommodate early pick-up.

Late Pick up Fee: A **\$1.00 per minute late fee is assessed beginning at 6:00 P.M.** If you are late you will be required to sign the late fee book, acknowledging you were late. At that time you will receive a late slip with the amount you owe. You will not be able to sign up for the next week of camp unit all fees are paid in full.

Drop off Procedure: Please drop off your child at STS Central, Eagle Landing Room.

1. Must sign in your child and list the drop off time.*

*If you child is allowed to sign themselves in and out, please indicate this on the Emergency Consent form. Once your child has signed themselves in, they must stay at camp. They can then sign themselves out again after 4:00 P.M.

6:30-9:00AM Early Drop off Procedure:

1. Please drop off your child from **6:30AM-7:30AM** in the *Camp CRAZ, Shorewood Room.
2. Please drop off your child from **7:30AM-9:00 AM** in the *STS Central, Eagle Landing Room.
- 3.
2. Must sign in your child and list the drop off time

Pick up procedure: When picking up your child, please come to *STS Central, Eagle Landing Room. Only the people on your pick up form are authorized to pick up your child.

1. **Must show I.D.**
2. **Must sign out your child and put down time of day.**

Child Sign-Out Policy: If your child is allowed to sign themselves out, they may do so between 4:00-6:00 PM. Once they have signed out, they must leave the Burien Community Center. Teens are able to wait for their parents in front of the building if they know their parents will arrive within 15 minutes. We're also aware that some teens are leaving to make their way home or go on to other activities. Otherwise, for the safety of all program participants, teens are encouraged to stay within the camp room to be supervised by staff.

Field Trips: The week prior to each week of camp starts, a flyer will be sent, informing you where the campers are going and what to bring. **Campers must wear their Camp T-shirt** on the day of the Field Trip. If your child has not yet received their camp t-shirt, they will do so on the day of the field trip.

Sack Lunch: Campers must bring a lunch to camp every day. We will be able to keep lunches cold on non-field trip days, but will not be able to heat lunches. Please write campers name on lunch.

Snacks: A morning snack will be provided at 8:30 AM. An afternoon snack will be provided after 4:30 PM. **If your child has allergies to any foods, please provide two snacks a day for your child.**

Personal items: Please, do not allow your child to bring any items/toys with them to camp. We are not responsible for lost or stolen items.

Lost and Found: There is a lost and found in the STS Central Room, Eagle Landing. Items will be kept for 2 weeks.

Staff To Child Supervisory Ratio: STS provides 1 staff person for every 12 children. On-site staff are trained to organize and lead high-quality recreational activities, such as games, arts & crafts, field trips, and nature exploration. Camp structure does **not** allow provision of less than a 12:1 supervisory ratio for participants. As a result, STS will not be a good match for your child if he/she requires special attention or assistance.

If unsure about whether STS is a match for your child, please complete our "CAMPER PROFILE" form. Following review, City staff will contact you to further discuss your child's needs relative to our program's capacity and/or other options.

Camper Profile & Medications: Please fill out the Camper Profile information sheet as detailed as possible. The information provided will help staff better understand the needs of your child and make their experience at camp a positive one! **See Camper Profile Form.**

Medications: Staff are NOT authorized to disperse or administer medications, including prescription medications. If your child carries an epinephrine pen for severe allergic reactions, we ask that they know how to use it by themselves and keep it in a fanny-pack or back pack at all times. **See Medication Form.**

Scheduled Payments: If you are registering for 3 or more weeks and not able to pay for your child's camp in full at the time of registration, you can schedule your camp payments by completing a Pre-Authorized Charge Form. Each week of camp requires a \$20 non-refundable non-transferable deposit, per participant at the time of registration which will be applied towards final payment due for each week. Once camp begins, the balance of your weekly camp fee will automatically be processed on the Monday one week prior to your child's camp week.

Credit Card Declines: A fee of \$25 will be charged to your account if your card is declined for any reason. If remainder of that camp weekly fee and the NSF charge isn't paid in full by 8PM on the next day one week prior to the camp week, the \$20 deposit is forfeited and camp participant will be withdrawn from that week of camp.

Refund: **Camp deposits are non-refundable non-transferable;** if full fees have been paid; a refund less the \$20 deposit/pre week and the \$5 processing fee will be issued, if notice is received by filling out a refund request form 10 or more days prior to the start of the camp week

What if I want to stop Scheduled Payments? You may cancel this authorization at any time by notifying us in writing at least one week prior to your next payment due date (**2 weeks prior to the week of camp your child is attending**). If your child is registered for future camps you will need to pay the remaining camp balance owed at that time of cancellation. You can pay in person at the counter or over the phone with a credit /debit card.



Hot Weather Precautions

Parents please help us in the following steps to help prevent sun exposure and dehydration.

Parents:

- Cover your child head to toe with sun block before camp
- Provide water for your child to drink throughout the day
- Campers are to bring sun block for reapplication later in the day
- Parents will provide sun block in a spray application if a parent prefers that camp staff apply the sun block to their child/children
- Hats are welcome
- Don't forget Bug repellent

STS staff:

- Prior to any outdoor activity camp staff will supervise the application of sun block
- Participants will be clothed at all times, unless in water
- Campers will be limited to 30 minute periods at a time when in water
- Immediately after a participant exits water sun block reapplication will be supervised by camp staff
- Direct exposure to sunlight will be avoided whenever possible
- When outside campers will be supervised each hour to reapply sun block

Rules and Procedures

PARENT COPY

Dear Summer Teen Scene Parents:

As an effort to help make Summer Teen Scene a fun and positive environment we are asking for your help. The staff has established some camp rules and disciplinary procedures. These rules and procedures are reviewed with campers by staff at the beginning of camp each week. We are also requesting you to review the rules and consequences with your child.

Rules:

1. Treat everyone with respect
2. Follow all staff instructions
3. Handle all property and equipment safely and properly
4. Talk to people in a courteous manner; no use of vulgar, offensive or derogatory language.
5. Leave valuable items at home.

Disciplinary actions:

1. Warning: Staff will speak to the teen about their behavior
2. Time out: This will happen after the staff has already had to speak to the teen once about their behavior
3. 2nd time out: This will happen after the first time out. The teen will be warned about their behavior and discuss options to curb their behavior.
4. Removal from activity: After a second time out, a removal from the current activity will ensue. They will be required to write an explanation of their actions and how they could improve them. We will be contacting the parents by phone or when they pick up the teen (This will be considered as 1 strike. 3 strikes and the teen will no longer be allowed to participate in the Teen Trips program).

All above incidents will be documented. Please explain to your child that his/her behavior will have consequence!

**Burien Parks and Recreation Department
STS 2016**

EMERGENCY CONSENT AND PICK UP FORM

Child's Name: _____ Birth date: _____ Grade: _____
(Last) (First) (Middle)

T-Shirt Size: __YS __YM __YL __AS __AM __AL __AXL

Main Contact: Only the Main Contact can make changes to a participants account, make changes with camp registrations (withdrawals, changing weeks), make payments.

Mother/Guardian Information:

Name: _____ Are you the Main Contact? Yes No

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Employer: _____

Father/Guardian Information:

Name: _____ Are you the Main Contact? Yes No

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Employer: _____

Child lives with: Both Parents Mother Father Other_____

My child is allowed to sign themselves In & Out Yes_____ No_____

If your child is allowed to sign themselves out, they may do so between 4:00-6:00 PM. Once they have signed out, they must leave the Burien Community Center. Teens are able to wait for their parents in front of the building if they know their parents will arrive within 15 minutes. We're also aware that some teens are leaving to make their way home or go on to other activities. Otherwise, for the safety of all program participants, teens are encouraged to stay within the camp room to be supervised by staff.

Emergency Contact (other than Parents)

Name: _____

Relation to child: _____ Home Phone: _____ Work Phone: _____

Address: _____ Signature: _____

Other people who have permission to pick up your child(ren) from Camp

• Name: _____

Relationship to child: _____ Home #: _____ Work #: _____

Physical description: _____

• Name: _____

Relationship to child: _____ Home #: _____ Work #: _____

Physical description: _____

• Name: _____

Relationship to child: _____ Home #: _____ Work #: _____

Physical description: _____

Please read carefully. This is a contract. By signing above, you accept all terms and conditions of this agreement. **Equal Access:** The City of Burien does not discriminate against or exclude anyone from participating in any programs or services on the basis of race, color, national origin, age, sex, religion, sexual orientation or handicap. I understand that if an accommodation is needed that such requests are needed at least ten working days before the activity begins. Cancellations or **Schedule Changes:** This class schedule is for information purposes only. Burien Parks & Recreation reserves the right to make any changes in the content and provision of the class schedule without notice. **Emergency Treatment:** I consent to my child's or children's participation in the activity/program of the Burien Parks & Recreation Department, and authorize the Department and its employees or agents to provide emergency treatment for me, my child or children on my behalf. **Photo/Video Release:** I give my permission to have my photo or the photo of my children or child taken, or videotaped, during classes or program activities when these are used by the Burien Parks & Recreation Department for publicity or marketing purposes. I consent to the use of my name, likeness, image and/or voice or those of my child or children without monetary compensation in connection with any Burien Parks & Recreation Department publicity, and expressly release the Burien Parks & Recreation Department and its agents from any and all claims for damages for libel, slander, invasion of the right of privacy and any other claim arising out of any broadcast, exhibition, promotion or advertising of the Burien Parks & Recreation Department. **Limitation of Liability:** I, on behalf of myself (and my child(ren) if any such child(ren) are registering as a Participant) agree to indemnify and to hold the City of Burien, its agents, employees and officials, while acting within the scope of their duties, harmless from all lawsuits, causes of actions, demands, and claims, including costs of their defense, arising in favor of myself, my child(ren) participant (if applicable), or third parties, on account of personal injuries, death or damage to property arising out of the activities related to the above recreation program(s).

Parent/Guardian Signature: _____ Date _____

Parent/Guardian Signature: _____ Date _____



Camper Profile Form

Please Check Each Slot With Appropriate Information, If It Doesn't Apply, Mark "NA"

CHILD'S HEALTH INFORMATION

Child's Physician: _____

Address: _____ Phone #: _____

Preferred Hospital: _____

Address: _____ Phone #: _____

INSURANCE INFORMATION

Do you have insurance: yes no

Provider: _____

Member Number: _____

BEHAVIORS

Behaviors of which staff should be aware:

Types of Positive Reinforcement:

ALLERGIES

ALLERGIES: Any known allergies to medication? Yes _____ No _____

Food Allergies? Yes _____ NO _____

If yes, please list type of allergy:

If yes, please list reaction:

If yes, please treatment:

****Please provide 2 snacks per a day if your child has food allergies***

DISABILITY

My Child Is: Mentally Delayed _____ Diabetic _____ Physically Disabled _____ Hearing Impaired _____

Visually Impaired _____ ADD _____ ADHD _____ LD _____

Other: _____

SWIMMING

This will help us determine what group to place your child in on selected field trips.

My child: _____ Has never had any swim lessons.

_____ Has had some swim lessons, but still NOT a strong swimmer.

_____ Has had swim lessons and is a strong swimmer.

Comments:

MEDICATION DISPENSATION POLICY

Medication Policy: The Burien Parks, Recreation & Cultural Services Department staff shall not administer medication to participants of their programs or hold on to medication for the participant. All medication taken by participant shall be self administered, and no participant on medication shall be registered in the program unless that person is capable of taking his/her own medications, or parent/guardian is available to administer the medication. Recreation staff may remind a participant to take medication at the designated time.

Please identify type, dosage, time and possible side effects for all medications your child is currently taking.

Medication: _____ Dosage: _____
Frequency: _____

Possible Side Effects:

Medication: _____ Dosage: _____
Frequency: _____

Possible Side Effects:

Medication: _____ Dosage: _____
Frequency: _____

Possible Side Effects:

I _____ have read the above statement and understand that all medication taken by participants shall be self administered and the City of Burien Parks, Recreation & Cultural Services Department will not be responsible for storing the participants medication.

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature:

_____ Date: _____

Rules and Procedures

Please read through the rules with your child, then sign & return.

Dear Summer Teen Scene Parents:

As an effort to help make Summer Teen Scene a fun and positive environment we are asking for your help. The staff has established some camp rules and disciplinary procedures. These rules and procedures are reviewed with campers by staff at the beginning of camp each week. We are also requesting you to review the rules and consequences with your child.

Rules:

6. Treat everyone with respect
7. Follow all staff instructions
8. Handle all property and equipment safely and properly
9. Talk to people in a courteous manner; no use of vulgar, offensive or derogatory language.
10. Leave valuable items at home.

Disciplinary actions:

5. Warning: Staff will speak to the teen about their behavior
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All above incidents will be documented. Please explain to your child that his/her behavior will have consequence!

I, _____, have read this over with my child,
_____, and He/She will do their best to follow all rules.