

BOURNE RECREATION DEPARTMENT

SUMMER PROGRAM 2014



Program Dates: June 25th - August 15^h
No Program on Friday, July 4th!

Eligibility: Children of Bourne Residents entering grades 1-8 and ages 6-13
***Non- Residents fees are increased by 50%*

Location: June 25th – June 27th at the Bourne Community Building
 June 30th - August 8th at the Bourne Middle School
 August 12 - August 15th at the Bourne Community Building

Program Day/Hours: Monday – Friday 8:30am to 4:00pm

After Care Hours: 4:00pm - 5:00pm

Program Content: Our 7.5 week program offers your child a variety of recreational activities including field games, camp spirit weeks, Olympic Games, arts & crafts plus many more! The program follows Mass Camp Regulations for counselors and participant ratios provided by experienced counselors and instructors.

Rates: Option 1: All 7.5 Weeks (June 25th - August 15th) at \$1016.50 if enrolled by April 15th. 10% fee added to enrolled after the deadline. **Registration will close June 11th.**
Option 2: Weekly options \$165/child/week with the exception of week 1 at \$99.00
Registration will close June 11th.

After Care: Afternoons 4:00pm- 5:00pm Paid weekly, \$25/child/week. ***Due no later than Sunday of the week enrolled.***

- Program fees must be paid in full no later than July 19th. Payments will only be accepted online at www.bournerec.com payments can no longer be accepted on site.

Payment Schedule

➤ Initial Deposit	\$165.00	Due at Registration
➤ Payment 2	\$283.84	Due by May 17 th
➤ Payment 3	\$283.84	Due by June 21 st
➤ Final Payment	\$283.82	Due by July 19 th

Weekly payments must be paid in full at the time of registration

Registration Opens March 4th, 2014

Register Online at www.bournerec.com or at the Recreation Office 239 Main St, Buzzards Bay
Questions? Call the Recreation Office at (508) 743-3003 or email at KMehrman@townofbourne.com

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Refund Policy

Registrations withdrawn:

- On or before June 7, 2014: Session fee refunded minus a \$20 administrative fee.
- June 8th through June 21st: Session fee refunded minus a \$20 administrative fee **ONLY IF** your child's spot can be filled.
- June 22nd – August 15^h: No refunds will be given.
- **All requests for withdrawal must be made in writing.**
- No refunds will be made for a child who arrives late, leaves early or attends only a portion of the week.
- Payment adjustments will not be made for children who are sent home with an illness or are removed from the program for any reason.

Resident Requirements

- All participants must be residents of Bourne
- Proof of residency may be required.

Required Packing List Everyday

- Backpack
- Sneakers
- Sweatshirt or jacket
- Comfortable shorts and t-shirts
- Towel
- Re-Usable Water Bottle
- Lunch and snacks
- Sunscreen

Please Note: Please mark your child's name on any personal items. Children cannot bring valuables such as iPods, gaming devices, cell phones, money, etc.

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Medical Policy

The following policies are for the protection of the participants and the staff at the Summer Program. Unfortunately, the facilities are not conducive to accommodating children who are not feeling well. Our staff is CPR and First Aid certified and therefore will have the final decision as to when a child needs to be sent home.

For example, your child would be sent home if:

- ➔ They are running an elevated temperature (100.0°F or higher).
- ➔ They show signs of any type of rash.
- ➔ They have a contagious illness/condition.
- ➔ They are nauseous, vomiting or are complaining of a headache.
- ➔ They receive an injury that requires further medical attention.

Children who are sent home with a contagious illness/condition will not be re-admitted to the program without a doctor's note.

For any emergency medical situation, the Bourne Fire Department will be notified first, followed by the parent/guardian. If a parent/guardian is instructed to pick-up a child, transportation for the child must be arranged within the hour. If we cannot reach the parent/guardian within 20 minutes, we will call the first person listed on your child's authorization form. A message will then be left with parents/guardians to notify them as to who the child is being sent home with.

Medications

Staff are not allowed to administer any prescription or over the counter medications. Please administer all medications prior to the start of the program. Please do not send your child to the program with any type of medication. If your child is in need of medication in the event of a bee sting please bring this to our attention upon registering your child.

Attendance Policy

If your child will not be attending the program, parents/guardians need to call the Program Supervisor by 9:00am. If the Supervisor is not notified and the child has not been signed in by 9:15am, the Supervisor will call the primary contact number. If you know in advance that your child will be absent, written notification would be greatly appreciated.

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Dismissal Policy

For the safety of our participants, employees of the Bourne Recreation Department will only release your child to the individuals listed when registered, you may list as many people as you want. If your child needs to be released early due to illness/injury and you are unavailable, as stated in the Medical Policy “If we cannot reach the parent/guardian within 20 minutes, we will call the first person listed on your child’s registration. A message will then be left with parents/guardians to notify them as to who the child is being sent home with”.

Specific written notification is required for all changes in your child’s pick-up routine. In addition to a day/date specific note, anyone picking up your child must be listed on the registration. For your child's safety, verbal notification is not accepted. If unfamiliar to the staff, the person picking up will be required to show picture identification before the staff dismisses your child.

Any changes (including adding or withdrawing names) must be made in writing with the Program Director.

For the safety of the children once a child is signed-out, he/she cannot be signed –in again that day.

Transportation

The Town of Bourne Recreation Department is not responsible for transportation to or from the program. Employees are prohibited from transporting program participants. Field trip transportation will be provided by bus, unless there is an illness or behavioral problem. If this should happen, the Recreation Director or the Program Director will bring the child back to the program location.

Safety Drill Information

Throughout the summer, the staff will periodically be drilled on procedures pertaining to various safety issues. Drills will include fire, missing child, accident and stranger awareness drills. Children will be informed at the completion of each drill and will be provided an opportunity to discuss questions or concerns. We will inform parents at pick-up on the day the drills occur.

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Discipline Policy

The Bourne Recreation Department endorses fair and age appropriate program rules, which ensure a safe and orderly environment. Program staff, parents and guardians working together, can teach respect for others, the necessity for group rules and the need for peaceful resolution of differences. Within our program, participants are expected to adhere to the same behaviors that are required within the classroom. Recreation Department Staff have final say over what is considered appropriate or inappropriate behavior.

Examples of Discipline Procedures:

When a child's behavior departs from the program's standards of acceptable behavior, any of the following may take place as deemed necessary by Recreation Department Staff.

- Conference with the child and staff members
- Loss of program privileges
- Removal from group
- Parents notified
- Loss of field trip/special event privileges
- Suspension from program. Suspension length can vary from 1 day to permanent suspension, and is at the discretion of the Program Coordinator or the Recreation Director.

Sign-In Policy

Parents/guardians are required to sign their children in and out everyday. Staff and the Program Director will be available for sign-in daily from 8:30am – 9:00am. Children must be signed in with their designated group. This is the time for parents to provide the Program Director with written notification pertaining to any changes in the child's pick-up routine (for example: early dismissal or dismissal with someone other than the primary pick-up person). Written notification is required for all changes to the normal pick-up routine.

Sign-Out Policy

Parents are required to sign their children out everyday. All participants are brought into the school by 3:30pm to prepare for dismissal. We ask all parents/guardians to wait outside until Staff are prepared for sign-out at 3:45pm. For the safety of all participants, we ask that early dismissals occur prior to 3:15pm. All other children will be dismissed beginning at 3:45pm. Children that aren't picked up before 4:00pm will automatically be enrolled in the aftercare program and appropriate fees will be billed.

MASSACHUSETTS SCHOOL HEALTH RECORD

Health Care Provider's Examination

Name _____ Male Female Date of Birth: _____

Medical History _____

Pertinent Family History

Current Health Issues

Y N
 Allergies: Please list: Medications _____ Food _____ Other _____
History of Anaphylaxis to _____ Epi-Pen®: Yes No
 Asthma: Asthma Action Plan Yes No (Please attach)
 Diabetes: Type I Type II
 Seizure disorder: _____
 Other (Please specify) _____

Current Medications (if relevant to the student's health and safety) Please circle those administered in school; a separate medication order form is needed for each medication administered in school.

Physical Examination

Date of Examination: _____

Hgt: _____ (____%) Wgt: _____ (____%) BMI: _____ (____%) BP: _____
(Check = Normal / If abnormal, please describe.)

General _____ Lungs _____ Extremities _____
 Skin _____ Heart _____ Neurologic _____
 HEENT _____ Abdomen _____ Other _____
 Dental/Oral _____ Genitalia _____

Screening: (Pass) (Fail) (Pass) (Fail) (Pass) (Fail)
Vision: Right Eye Hearing: Right Ear Postural Screening:
Left Eye Left Ear (Scoliosis/Kyphosis/Lordosis)
Stereopsis

Laboratory Results: Lead _____ Date _____ Other _____

The entire examination was normal:

Targeted TB Skin Testing: Med-to-High risk (exposure to TB; born, lived, travel to TB endemic countries; medical risk factors):

Date of PPD: ____; Results: ____ mm.

Referred for evaluation to: _____ Low risk (no PPD done)

This student has the following problems that may impact his/her educational experience:

Vision Hearing Speech/Language Fine/Gross Motor Deficit
 Emotional/Social Behavior Other

Comments/Recommendations:

Y N This student may participate fully in the school program, including physical education and competitive sports. If no, please list restrictions: _____

Y N Immunizations are complete: If no, give reason: Please attach Massachusetts Immunization Information System Certificate or other complete immunization record.

Signature of Examiner Circle: MD, DO, NP, PA Date _____

Please print name of Examiner.

Group Practice _____ Telephone _____

Address _____ City _____ State _____ Zip Code _____

Please attach additional information as needed for the health and safety of the student.

MDPH 12/14/04