

BOURNE RECREATION DEPARTMENT

SUMMER PROGRAM 2015



- Program Dates:** June 29th - August 14th
No Program on Friday, July 3rd!
- Eligibility:** Children of Bourne Residents entering grades 1-8 and ages 6-13
- Location:** June 29th - August 7th at the Bourne Middle School
August 10th - August 14th at the Bourne Community Building
- Program Days/Hours:** Monday – Friday, 8:30am – 4:00pm
- After Care Hours:** Monday – Friday, 4:00pm – 5:00pm
- Program Content:** Our 7 week program offers your child a variety of recreational activities including field games, spirit days, Olympics, arts & crafts, plus many other fun activities!

Rates:

Option 1: All 7 Weeks (June 29th - August 14th): **\$885.00/child**

Payments:

- | | | |
|-----------------|----------|------------------------------|
| ➤ Payment 1 | \$150.00 | Due at Registration |
| ➤ Payment 2 | \$245.00 | Due by May 22 nd |
| ➤ Payment 3 | \$245.00 | Due by June 19 th |
| ➤ Final Payment | \$245.00 | Due by July 17 th |

Option 2: Week 1: **\$104/child**

Weeks 2, 3, 4, 6, 7: **\$150/week/child.** *There is no Week 5 Only option.

Payments: All weekly fees are due at the time of registration. Registration deadline for weekly options is June 12th.

After Care: Afternoons 4:00pm- 5:00pm: \$25/week/child. Registration and fees are due no later than the Wednesday prior to the week enrolled.

Registration and Payment Information:

Registration Dates: April 6, 2015 – June 12, 2015

How to Register: Registration is available online at www.bournerec.com. All participants must have a household account to register.

Payments: Payments are accepted online at www.bournerec.com. Payments are not accepted at the program site. Please check our website for withdrawal/refund policies.

Questions? Call the Recreation Office at (508) 743-3003 or email Katie Mehrman, Program Coordinator @ KMehrman@townofbourne.com

Bourne Recreation Department
Summer Program 2015
Policies and Procedures

Registration Process

1. Register online at www.bournerec.com
2. Download the “Mandatory Parent Information” Packet
3. Complete the Enrollment and Authorization pages of the packet and return with a current copy of your child’s immunization record by June 19th to the Recreation Department (239 Main Street, Buzzards Bay)

*Please note that registrations are not complete until the online registration has been processed and we receive the Enrollment and Authorization pages along with the updated immunization records.

Refund Policy

Registrations withdrawn:

- On or before June 19, 2015: Session fee refunded minus a \$20 administrative fee.
- June 20th – August 14th: No refunds will be given unless for a documented medical reason.
- No refunds will be made for registrations cancelled due to incomplete paperwork. We are unable to pro-rate fees.
- All requests for withdrawals need to be submitted in writing to the Recreation Department.

What You Need to Know

Children spend most of their day outside. Sneakers are required! Comfortable shorts and t-shirts are most appropriate. We strongly recommend that parents apply sunscreen prior to arrival and have children wear a hat.

Required Packing List Everyday

- Backpack
- Sweatshirt or jacket
- Towel
- Re-Usable Water Bottle
- Lunch and snacks
- Sunscreen
- Hat

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.

Resident Requirements

- Non-residents may register. All non-resident fees are increased by 50%

Attendance Policy

If your child will not be attending the program, please 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.

Bourne Recreation Department
Summer Program 2015
Policies and Procedures

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, we will call the first person listed on your child's Enrollment and Authorization. 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 Enrollment and Authorization. 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 dismiss your child.

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

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

Sign-In/Sign-Out Policy

Parents/guardians are required to sign their children in and out every day. This happens outside the gym doors at the Middle School. Staff and the Program Supervisor will be available for sign-in daily from 8:30am – 9:00am. This is the time for parents to provide the Program Supervisor 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.

Late Drop-Offs: Our program utilizes the large school property throughout the day. We encourage all children to be dropped off by 9:00am, as we cannot always assign staff members to the sign-in area. If you are dropping off after 9:00am, we will leave a notice at the sign-in area as to the Supervisor's location. Parents will need to bring their child to that location to be signed-in.

All children are brought into the school by 3:30pm to prepare for dismissal. We ask all parents/guardians to wait outside until the staff are prepared for sign-out. Children that aren't picked up before 4:00pm will automatically be enrolled in the aftercare program and appropriate fees will be billed.

After Care Policy

After Care is every afternoon from 4:00 – 5:00. After-Care is a separate program that each participating child must be registered for in advance (the Wednesday prior to the week enrolled). Children not registered in advance, who are not picked up by 4:00pm, will automatically be enrolled in After Care for the day, at a rate of \$10/child/hour. Due to the scheduling constraints, all children must be picked up by 5:00pm. Late pickups (after 5:00) will be billed at \$1/minute for the first 15 minutes, \$2/minute each additional minute after 15. Late assessments must be paid online within 24 hours.

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 Coordinator 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.

Bourne Recreation Department
Summer Program 2015
Policies and Procedures

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.

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.

Bourne Recreation Department 2015 Summer Program

Enrollment & Authorization Form

Page 1

PLEASE PRINT CLEARLY AND COMPLETE ALL SECTIONS

Child's Last Name_____

First Name_____

Parent's Name_____

Parent's Name_____

Location During Program_____

Location During Program_____

Primary Phone #_____

Primary Phone #_____

Alternate Phone #_____

Alternate Phone #_____

MY CHILD MAY BE DISMISSED TO EITHER PARENT: YES NO

If "NO", legal documents must be on file with the Recreation Department office before the start of the program.

I hereby authorize the Bourne Recreation Department to release my child to the following adults and/or contact these people in case of an emergency:

Name_____

Phone # During Program_____

Name_____

Phone # During Program_____

Name_____

Phone # During Program_____

Name_____

Phone # During Program_____

Name_____

Phone # During Program_____

Does your child have permission to participate in all regular programs offered during the summer program?
_____EXCEPTIONS_____

I understand that my child must have had a physical within the last two years to attend the program and that I must provide a copy of that physical to the Recreation Department before June 19th.

YES

NO

I understand that the Bourne Recreation Department is unable to administer any type of medication to my child.

YES

NO

If necessary, is permission granted to the Bourne Recreation Department for your child to be taken to the nearest hospital?

YES

NO

What is your preferred local hospital? _____

Is Your Child Currently on Any Medications? If Yes, Please List Diagnosis and Medication

Do you carry family medical/hospital insurance? Please provide the Carrier and Policy/Group #

Please let us know the correct T-Shirt size for your child so that we may do our best to outfit him/her with the proper fitting shirt.

CS

CM

CL

AS

AM

AL

**Bourne Recreation Department 2015 Summer Program
Enrollment & Authorization Form
Page 2**

PLEASE PRINT CLEARLY AND COMPLETE ALL SECTIONS

Child's Last Name_____ **First Name**_____

Does Your Child Have Any Conditions We Need to be Aware Of? If Yes, Please List

Does Your Child Have Behavioral Difficulties?

Does Your Child Need Assistance in Eating?

Is Your Child Currently on a Behavior Modification Plan at Home?

YES

NO

Is Your Child Currently on a Behavior Modification Plan at School?

YES

NO

Name and Phone # of Dentist

Name and Phone # of Physician

Medical Emergency

I understand that every effort will be made to contact me in case of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the Bourne Recreation Department to arrange transportation to the nearest hospital and to secure the necessary medical treatment. I also understand that some of the program staff are trained in the basics of First Aid and I authorize them to treat my child when appropriate.

Signature of Parent/Guardian

Date

Promotional Authorization

I understand that at times photograph, images or videos taken of my child during Recreation Department programs may be used in promotional material, which may include but is not limited to flyers, notices, bulletin boards, newspapers, social media or Town websites.

Signature of Parent/Guardian

Date

Bourne Recreation Department 2015 Summer Program

Enrollment & Authorization Form

Page 3

PLEASE PRINT CLEARLY AND COMPLETE ALL SECTIONS

Child's Last Name_____

First Name_____

Liability Waiver

I _____, the parent(s)/guardian(s) of the minor _____ (the "registrant"), give permission for the registrant to participate in programs sponsored by the Town of Bourne Recreation Department. I understand that the Bourne Recreation Department will provide supervision for the safety and well being of the registrant and I agree that the registrant will abide by the rules of the Bourne Recreation Department and the Town of Bourne and follow the instructions of all supervisory staff, including sponsors, employees, volunteers and other personnel.

I recognize the risk of injury or accident related to the activity. I also acknowledge that the registrant may not participate in the activity unless I waive claims, which I may have arising from the registrant's participation in the activity. I hereby waive, release and otherwise discharge the Town of Bourne, the Bourne Recreation Department and each of their respective members, officers, commissioners, employees and agents, including all supervisory staff from any and all claims, which I may now or in the future have arising from the registrant's participation.

I also understand that the registrant may be removed from the activity by any supervisory staff or the Recreation Director for just cause. In case of a field trip or bad weather, I authorize the Bourne Recreation Department to transport my child by car, van or bus to another location. I hereby authorize administration of first aid and emergency medical treatment.

I have read and understand the policies of the Bourne Recreation Department.

Signature of Parent/Guardian

Date

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.)

<input type="checkbox"/> General _____	<input type="checkbox"/> Lungs _____	<input type="checkbox"/> Extremities _____
<input type="checkbox"/> Skin _____	<input type="checkbox"/> Heart _____	<input type="checkbox"/> Neurologic _____
<input type="checkbox"/> HEENT _____	<input type="checkbox"/> Abdomen _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Dental/Oral _____	<input type="checkbox"/> Genitalia _____	

Screening:

(Pass) (Fail)	(Pass) (Fail)	(Pass) (Fail)
Vision: Right Eye <input type="checkbox"/> <input type="checkbox"/>	Hearing: Right Ear <input type="checkbox"/> <input type="checkbox"/>	Postural Screening: <input type="checkbox"/> <input type="checkbox"/>
Left Eye <input type="checkbox"/> <input type="checkbox"/>	Left Ear <input type="checkbox"/> <input type="checkbox"/>	(Scoliosis/Kyphosis/Lordosis)
Stereopsis <input type="checkbox"/> <input type="checkbox"/>		

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):

TB Test Type: ☐ TST ☐ IGRA Date: _____ Result: ☐ Positive ☐ Negative ☐ Indeterminate/Borderline
Referred for evaluation to: _____ Date: _____ ☐ Low risk (no TB test done)

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

<input type="checkbox"/> Vision	<input type="checkbox"/> Hearing	<input type="checkbox"/> Speech/Language	<input type="checkbox"/> Fine/Gross Motor Deficit
<input type="checkbox"/> Emotional/Social	<input type="checkbox"/> Behavior	<input type="checkbox"/> 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 08/15/13