



Summer Adventure Days 2023

Registration Packet

June 26th to August 18, 2023

For more information or to submit registration please contact **Shannon Palmer**
Email: shannon.palmer@lapineparks.org or call 541-536-2223

*Options to turn in registration: Drop off at office LPRD Community Center 16405 First Street La Pine Or, outside black drop box, or scan pictures of completed registration to Shannon Palmer's email



**Registration Form
Summer Adventure Days 2023**

June 26, 2023 to August 18, 2023

For ages kindergarten thru 5th grade

***Participants are first come first serve basis**

Student Name: _____

Street Address: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____ Date of Birth: _____ Grade: _____

Gender: _____ Home #: _____ Cell #: _____

Parent/Guardian Name: _____

Street Address: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Home #: _____ Cell #: _____ Work#: _____

Additional Emergency Contact: _____

Home #: _____ Cell #: _____ Work #: _____

La Pine Site- Full Time _____	Monday - Thursday 7:30am-5:30pm Friday 7:30-12:00 pm *includes Breakfast/Lunch/Snack	\$180.00 a week \$10.00 per week for those that live outside of La Pine Tax District)
La Pine Site- Flex-time _____	Monday - Thursday 7:30am-5:30pm Friday 7:30-12:00 pm *includes Breakfast/Lunch/Snack	\$180.00 a week \$10.00 per week for those that live outside of La Pine Tax District)
La Pine Site- 3 Day Option _____ *Pick Your 3 Days	Monday- Thursday 7:30am-5:30pm or Friday 7:30-12:00 pm *includes Breakfast/Lunch/Snack	\$110.00 a week \$10.00 per week for those that live outside of La Pine Tax District)
Three Rivers Options ____ • One Day a week camp	Three Rivers- Wednesdays 7:30am-5:30pm	\$60.00 for the day \$10.00 per week for those that live outside of La Pine Tax District)

*** All payments are due at the time of registering.

*** Continuation of payment for the program due the Thursday at 12:00pm prior to the next week's program.

*** Refunds will only be considered with a three week notice for week to week payments.

Parent/Guardian Signature: _____ Date: _____

For Office Use

Date Paid: _____ Amount: \$ _____ Cash Card/Online Check # _____ Receipt #: _____ Received by: _____



AUTHORIZATION – WAIVER – RELEASE	INITIALS
<p>GENERAL RELEASE</p> <p>I hereby register my child for SAD, a community school program offered by La Pine Park & Recreation District. I authorize the staff and volunteers of the program to direct my student in participation of activities during regular SAD hours as well as all special SAD events my student may wish to attend.</p>	
<p>MEDICAL RELEASE</p> <p>I know of no mental or physical problems that may affect my child's ability to safely participate in activities offered except as indicated under special considerations. I authorize the staff and/or volunteers to attend any health problem or injury to my child that may occur while participating. I acknowledge that I am responsible for any medical expenses due to my child's illness or injury.</p>	
<p>MEDIA RELEASE</p> <p>I authorize La Pine Parks & Recreation District representatives to take and use photographs and/or digital images of your child for use in news releases, social media and/or educational materials associated with our program. Your student's name and identity may be revealed in descriptive text or commentary associated with our program. All rights to negatives, prints, digital reproductions and their use are the property of La Pine Park & Recreation District.</p>	
<p>INTERNET /PHONE USE/ SOCIAL MEDIA</p> <p>I understand that the internet is not permitted during program hours. Electronics items are not allowed at the program. They will be held for pick up at the end of the program.</p>	
<p>PROGRAM HOURS</p> <p>I understand that not picking up my child by closing time may be subject to a late pick-up fee and possible termination from the program if tardiness persists. After two late pick ups, a \$25.00 fee will be charged for each occurrence thereafter.</p>	
<p>LIABILITY WAIVER</p> <p>I hereby release and hold harmless the volunteers of the La Pine Parks & Recreation District program, La Pine Parks & Recreation District Staff, instructors, agents and board of directors, from any liability that may arise from my student's participation in activities offered through the district.</p>	
<p>BEHAVIOR RELEASE</p> <p>My child will respect the rights and feelings of others and will avoid disruptive behaviors that would interfere with the program. Aggressive behaviors such as fighting, verbal "put-downs", swearing, and other inappropriate behaviors will be addressed appropriately. Students who continue to bully or treat others in a disrespectful way will be dismissed from participation in activities.</p>	



Parent Handbook

PROGRAM AND PROCEDURES

Welcome to La Pine Park & Recreation District! We provide the youth of La Pine, Sunriver and the Three Rivers area with a fun curriculum encompassing a variety of different themes and activities. We are very excited to have your student(s) participate in our Summer Adventure Days programs this year!

ENHANCE AND SUPPORT ACADEMIC PERFORMANCE

Students attending the Summer Adventure Days will enjoy time reading and learning with some hands-on fun. In addition to the program, we like to help students find new talents, develop new skills and discover themselves in ways that build a positive and healthy self-image.

ENCOURAGE AND DEVELOP PERSONAL DISCIPLINE

Our District encourages participation in activities which promote self-confidence, responsible behavior, encourage healthy friendships/relationships and a mindfulness of community.

HEALTHY BONUSES

Our programs promote healthy lifestyles by providing space and scheduled times for a variety of physical activities. We also offer a healthy breakfast, lunch and snack provided by the Bend-La Pine School District Nutrition Services.

REGISTRATION, FEES AND COLLECTION POLICY

Our Summer Adventure Days program is open to students in kindergarten to 5th grade. Registration forms are available at the La Pine Park & Recreation District office or on our website at www.lapineparks.org. Registration must be completed by the parent or guardian caring for the student. Applicable fees must be paid prior to attendance. Registration fees are due the day of registering your child. Payments for the program after registration must be paid the Thursday before the next week's program. LPRD will **NOT** accept late registrations or payments after 12:00 pm on Thursday prior to the next week's program.

PAYMENT METHOD

La Pine Park & Recreation District accepts cash, check or credit cards for all programs. There is a \$36.00 fee for returned checks. Recurrent returned checks may result in dismissal of your student from the program. Payments can also be made online at www.lapine.parks.org.

REFUNDS

Any Summer Adventure Days program will require a **3 week notice for the last day of student attendance**. Lack of attendance without the necessary timely notifications will forfeit your refund or admittance to future LPRD programs..

PROGRAM HOURS

Please make arrangements for students to be picked up or to exit the program by the specified closing time each day. Parents not picking up students by closing time may be subject to a late pick-up fee and possible termination from the program if tardiness persists. **After two late pick ups, a \$25.00 fee will be charged for each occurrence thereafter.**

CLOSURE DAYS

During the summer if there is an emergency the parents will be notified of the closure.



ELECTRONIC DEVICE USAGE

The use of cell phones are under restricted use during the program. The staff will allow the students to call parents or answer phone calls from parents. All other calls or usage of the phone is a distraction to the program. Therefore the cell phone will be confiscated if it is a distraction. All gaming devices and iPads are a distraction to the program. Please do not bring these items to the program. They will be held for pick up at the end of the day.

STAFFING

All staff and volunteers must undergo and pass a background check through La Pine Park & Recreation District. Training is provided for CPR and First Aid if not already certified, as well as conflict resolution, child abuse prevention and a variety of other situations that may arise in such a program.

CHILD ABUSE REPORTING

Each employee is required to immediately notify the local public children services agency if they suspect that a student has been abused or neglected. The District policies are created to prevent and protect students from abuse or neglect while the student is in our care.

CLOTHING

We ask that your student come dressed appropriately for all activities of the program.

PERSONAL BELONGINGS

Unfortunately we are not immune to theft. We suggest valuables be left at home. LPRD will not be held responsible for lost or stolen items.

Participants and staff will respect the private property of others and with the understanding that stealing or vandalism will not be tolerated.

STUDENTS WITH SPECIAL NEEDS

It is the intent of LPRD to be inclusive to all participants in our programs and activities to the greatest extent possible. Recognizing limitations due to an individual's special need is important and, with this in mind, we will make every attempt to adapt program activities, staffing and facilities through reasonable accommodation. If your student requires any special accommodations, please discuss it with our Program Director.

SUPERVISION AND SAFETY POLICIES

No student is to be left alone or unsupervised while under the care of the program staff.

Parents must walk their students into the building for check-in upon arrival and come into the building to check-out their student. Students are allowed to enter and exit through authorized doors only, except in the case of an emergency.

EMERGENCY PROCEDURES

Emergency telephone numbers are posted at each phone. If a child is injured we follow this procedure:

1. If a child needs emergency medical attention, an ambulance will be called. A director or staff member will always accompany a child to the hospital. The child's medical forms will be brought, as they contain pertinent medical information.
2. If poisoning is suspected, poison control will be called.
3. The child's parent will be contacted. If a parent cannot be reached, we will contact the person(s) listed on the emergency form.
4. An accident report will be completed for any injury.
5. A copy of the accident report will be placed in the District office.
6. Parents will be notified of minor accidents or injuries by the Staff Supervisor.
7. When away from the program, a first aid bag will be prepared containing bandages, antiseptic, gauze, and ice packs.



DONATIONS AND SCHOLARSHIPS

In addition to Program fees, our program is dependent upon grants, donations, scholarships and a variety of in-kind community support. Gifts of new or slightly used supplies are always welcomed. We often accept board games, books, arts and craft supplies and any other useful donations. In return, you will receive a letter of acknowledgment for donations. Scholarships are available when funds are available. One must apply and be accepted to receive a scholarship. We do not give out full scholarships. If you are interested in donating to our scholarship fund it can be made to La Pine Park & Recreation District Foundation and is tax-deductible.

MEDICAL POLICIES & PROCEDURES

We will do our best to make your student's experience accident and illness free. However, in the event of any injury, we are prepared. Our staff members are trained in CPR and First Aid. We treat minor cuts and scrapes, but parents and guardians will be notified in cases where a student may need more medical attention than our staff can provide. In all cases of injury, an accident form will be completed. If the medical needs are extreme and parents or guardians cannot be reached, your signature on the health form authorizes us to secure medical attention, including but not limited to calling 911. If your student has severe asthma or a potentially life-threatening allergy please speak with our staff prior to attending the program.

A student who is sick should be kept home as a courtesy and safety of the participants of the program. Participants with any form of contagious or infectious conditions or symptoms such as COVID-19, lice, conjunctivitis, chicken pox, strep, etc. will be sent home immediately. Students are welcome to return to the program when they are feeling better and are no longer contagious and can produce a doctor's note.

Any Child that has these symptoms or diseases will be sent home and will not be able to return without a doctor's release:

- **Coughs/Colds**
- **Fever**
- **Strep**
- **Rash**
- **Vomiting**
- **Diarrhea**
- **Chicken Pox:** You must bring a note from your healthcare provider stating that your child does not present a health threat to others.
- **Measles:** You must bring a note from your healthcare provider stating that your child does not present a health threat to others.
- **Conjunctivitis:** If your health care provider chooses not to prescribe medication, you must bring a note stating that your child does not present a health threat to others.
- **Head Lice:** Child must be free of lice for a two week period
- **Ear Infections:** A note from your healthcare provider to participate.
-

BEHAVIOR MANAGEMENT POLICY

We believe in a positive approach towards discipline. This means that our staff will work to prevent behavioral issues through positive, cooperative expectation setting, and role modeling. Our primary expectation for students is RESPECT - Respect of self, property and others. We provide a safe environment for students to grow, build relationships and have fun while learning.

Students will respect the rights and feelings of others and will avoid disruptive behaviors that would interfere with the program. Aggressive behaviors such as fighting, verbal "put-downs", swearing, and other inappropriate



behaviors will be addressed appropriately. Students who continue to bully or treat others in a disrespectful way will be dismissed from participation in activities.

Students will follow all directions given by staff regarding safety procedures for all activities.

The program strictly prohibits the use or possession of alcohol, tobacco, and drugs or like substances.

Any behavior which would be classified as harassment of staff or participants will not be tolerated. Such behavior will result in dismissal or termination and, if applicable, contacting authorities.

BEHAVIOR MANAGEMENT PROCEDURES

Take immediate action to stop the behavior.

Separate the individual from the situation and calm down all involved.

Discuss with each individual involved to understand all sides of the situation.

If necessary, call the parents or guardians of the individual to inform them of the incident and/or the consequences instituted.

If the severity of the inappropriate behavior warrants or the participant refuses to stop the behavior when asked, a parent or guardian will be asked to pick up the student immediately. In some cases the inability or unwillingness to conform to the standards of the program may result in temporary suspension or permanent expulsion.

I agree with the La Pine Park & Recreation District parent handbook for programs and procedures.

Signature of Parent/Guardian: _____

Printed Name: _____

Date: _____



HEALTH HISTORY

Health history must be filled out by parents/guardians of minors. These forms must be submitted with the registration. The intent of this information is to provide our staff background information to provide appropriate care. If you need to make changes or updates to this form at any time, please contact us.

Name: _____

Last

First

Middle

Birth Date: _____ Age: _____

Home address: _____

Street Address

City

State

Zip

Gender:

- Male
- Female
- Other

Custodial parent/guardian: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Home address: _____

(if different from above) Street address

City

State

Zip

Place of Employment: _____

Work Phone: _____

Second parent/guardian: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Home address: _____

(if different from above) Street address

City

State

Zip

Place of Employment: _____

Work Phone: _____



Emergency Contact: _____

Relationship to the Student: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Address: _____
Street address City State Zip

Insurance Information

Is the participant covered by family medical/hospital insurance?

- Yes
- No

If so, indicate carrier or plan name: _____ Group #: _____

Family Physician: _____ Phone: _____

Address: _____
Street address City State Zip

Family Dentist/Orthodontist: _____ Phone: _____

Address: _____
Street address City State Zip

ALLERGIES

List all known and describe reaction and management of the reaction:

Medication allergies (list)

Food allergies (list)

Other allergies (list) - includes insect stings, hay fever, asthma, animal dander, etc.

MEDICATIONS BEING TAKEN

Please list all medication (including over-the-counter or nonprescription drugs) taken routinely. Our staff will handle all medications during each session. Please provide a prescription from the doctor if taken at camp, as well as a Medication Authorization Form. Please keep medications in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage and the frequency of administration.

- This student takes NO medications on a routine basis.
- This student take medication as follows:



Med #1: _____ Dosage: _____ Specific times taken each day: _____
Reason for taking: _____

Med #2: _____ Dosage: _____ Specific times taken each day: _____
Reason for taking: _____

RESTRICTIONS

The following restrictions apply to this individual.

Explain any restrictions to activity (e.g. what cannot be done, what adaptations or limitations are necessary) _____

Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which program staff should be aware of.

Parent/Guardian Authorization:

This health history is correct and complete to the best of my knowledge. The student herein has permission to engage in all program activities except as noted.

In the event I cannot be reached in an emergency, I hereby give my permission for treatment, emergency transportation to a healthcare facility, referral, billing, or insurance purposes.

I give permission to arrange necessary related emergency transportation for me/my child.

Signature of Parent/Guardian: _____

Printed Name: _____

Date: _____



AUTHORIZED PICK UP FORM Summer Adventure Days 2023

The following people are authorized to pick up my child, _____ from La Pine Park & Recreation District Programs. I understand that La Pine Park and Recreation District is not responsible for any occurrences and/or accidents taking place outside of the program location. A sibling of 12 years and older may be added to the authorized pick up form.

Please include any adults over age 18 living in your household (**including yourself**).

***Please remember that all people listed as Authorized Pick Ups MUST come with a valid photo ID.**

Adults authorized to pick up my child:

Name: _____

Name: _____

Phone Number: _____

Phone Number: _____

Relationship to Child: _____

Relationship to Child: _____

Name: _____

Name: _____

Phone Number: _____

Phone Number: _____

Relationship to Child: _____

Relationship to Child: _____

Please list any individual(s) who is LEGALLY DENIED access to your child:

To avoid problems at pick-up time, please include anyone who may ever possibly pick up your child. A written consent letter is required for pick up by anyone not on this list. Please remember to include carpool members.

Signature of Parent/Guardian: _____ **Date:** _____