



## City of Dinuba Summer Fun Program Registration Packet



**Locations:** Rose Ann Vuich Park, Roosevelt Park (Rec Center)

**June 5 – July 28:** Monday – Friday, 8:00 a.m. – 12:00 p.m.

**Grades:** 1<sup>st</sup> – 8<sup>th</sup> grade (*Participants must be entering 1<sup>st</sup> grade*)

**Program Fee:** \$30.00 per child, per session

**NO REFUNDS, NO EXCEPTIONS!**

Welcome to the City of Dinuba Summer Fun Program where we offer fun and exciting activities for your child's enjoyment. This program is an enrichment program that includes literacy, healthy choices, fitness, sports, crafts, science, dance, music, incentives, child success and more!!! To ensure the health and safety of our students and recreation staff, the City of Dinuba has developed a plan to the best of our ability; adhering to state and local guidelines for youth programs as of 2023.

This packet is intended to inform you of all guidelines associated with the Summer Fun Program to ensure a positive experience. We look forward to serving you and your family this summer!

### **Important Information:**

- Take the time to review the entire registration packet for a better understanding of the program.
- In order to complete the registration process, fill out the entire registration packet, **provide a current photo of your child** and make a payment at the time of registration.
- No refunds issued on sessions paid in advance, no exceptions.
- Parents are responsible to make payments in a timely manner.
- Any unpaid spots will open up to the public and your child could lose their spot in the program.
- Make payments at the Parks and Community Services Department during business hours; in person between 8:00 a.m. – 5:00 p.m. (open through the lunch hour) or by credit card phone payment, (559) 591-5940.

Sign-ups accepted in person, only, at the Parks and Community Services Department

1390 E Elizabeth, Dinuba CA 93618.

Contact (559) 591-5940 for more information.

MONDAY - FRIDAY 8:00 a.m. - 12:00 p.m.	
June	June 5 <sup>th</sup> – June 30 <sup>th</sup>
July	July 3 <sup>rd</sup> – July 28 <sup>th</sup> Closed July 4 <sup>th</sup> in observance of Independence Day



## City of Dinuba Summer Fun Program

### General Information



#### Before You Come to the Summer Fun Program:

- If your child is not feeling well, please keep them at home; you do not need to notify the Parks and Community Services office.
- You may provide your child with a refillable water bottle labeled with their name. Water breaks will be applied as necessary and upon child's requests.
- Child must wear appropriate clothing and comfortable footwear, no flip-flops, as majority of activities will be outdoor and will limit participation.
- Items from home are not allowed. Staff is not responsible for lost, stolen, or damaged items.

#### COVID-19 exposure procedures:

- The employee or participant exhibiting symptoms will be isolated from the group for the remainder of the program until they are picked up, able to be transported home or to a healthcare facility, if needed, as soon as possible.
- All participant parent/guardians will be notified if there is a potential exposure within the program.

#### Drop-off and pick-up procedures:

- A parent/guardian is encouraged for drop-offs.
- Drop-off is between 8:00 a.m. – 8:15 a.m., there will be no supervision before 8:00 a.m. and pickups are any time before 12:00 p.m. The sites contact information will be available on the first day of the program.
- A parent/guardian must sign out their child daily.
- Recreation staff will dismiss the participants only to those listed on the emergency form as authorized contacts. If someone who is not listed as an authorized contact will be picking up the participant, please call the site in advance. In some occasions, ID will be required to verify the person picking up your child.
- Participants with a walker or other means of transportation permit will be dismissed at 12:00 pm.
- Participants without a walker or other means of transportation permit will not be allowed to walk home.

#### Late Pick-up and Late Fee procedures:

- If you are running late, call the site in advance to keep your child calm.
- You may receive a courtesy call between 11:45 am – 12:00 pm.
- After 12:00 p.m., a \$5 late fee will be applied, per child. After 12:15 p.m., an additional \$5 late fee will be applied per child.
- Late fees must be paid before returning to the program.
- All late fees will be documented.
- After three late fees, the child will be removed from the program and placed on a waitlist.

- If parent/guardian and/or those on the emergency form as authorized contacts do not answer by 12:30 pm, the Dinuba Police Department will be called to assist in the matter.

Behavior Expectations for parent/guardians and students:

- Parents/guardians, including authorized pickups, are expected to follow the Parent/Guardian Code of Conduct.
- Students are expected every day to participate and behave in a safe, respectful, and responsible manner toward other students, staff and property.
- Students choosing not to meet these terms will be dealt with in a case-by-case manner. Recreation staff will implement the behavior guidelines and disciplinary actions as necessary. In the event of a prolonged suspension, prior to returning, a reinstatement meeting must take place with the Recreation Supervisor, the student, and parent/guardian.



## City of Dinuba Summer Fun Program Emergency Form



*(It is the parent/guardians responsibility to update the emergency form as needed)*

Fill out the information accurately, please **PRINT**.

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Summer Site: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary contact: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Other's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

### Authorized Contacts

List authorized person(s) to pick-up child or contact if you cannot be reached (other than those listed above).  
NO STUDENT WILL BE RELEASED TO ANYONE OTHER THAN THE PARENT/GUARDIANS OR AUTHORIZED CONTACTS (unless notified from parent/guardians in advance).

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell #: \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

I/we hereby authorize the release of the child named above to the following persons in the event of illness, injury, evacuation or emergency that may occur while the students are in the Summer Fun Program. \_\_\_\_\_

*Initials*

Child Lives with: Both Parents ☐ Mother ☐ Father ☐ Guardian ☐

Are there any Court-Mandated custody/visitation orders limiting access to this student? ☐ Yes ☐ No

\*If yes, attach a copy of the legal documentation, at the discretion of the City of Dinuba, staff will uphold the orders.

*I declare that the information on this form is true and correct. I will notify the Program coordinator immediately of any changes to be made in the foregoing information. I also understand the payment method and will keep a positive balance on my child's card.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## City of Dinuba Summer Fun Program Participants Medical Consent Form



*(Updates to the medical form must be made at the recreation office)*

Childs Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

I acknowledge that City of Dinuba staff cannot administer medication to my child.

Initial Here \_\_\_\_\_

Is your child currently taking any medication? ☐ Yes ☐ No

If yes, please specify: \_\_\_\_\_

Does your student's physical activity need to be restricted? ☐ Yes ☐ No

If yes, please specify: \_\_\_\_\_

### HEALTH INSURANCE INFORMATION

In the event of an injury, do we have your permission to treat the injury as needed, seek medical care, and contact the Dinuba Fire Department, if needed, for the above named child? ☐ Yes ☐ No

Do you have Medical Insurance? ☐ Yes ☐ No

Insurance Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### VISION AND/OR HEARING PROBLEMS

☐ Wears glasses ☐ Wears Hearing Aids ☐ None Apply

### MEDICAL CONDITIONS

Is there a medical condition which might require accommodation? ☐ Yes ☐ No

If yes, provide reason: \_\_\_\_\_

<b>Severe Allergies Requiring:</b> <input type="checkbox"/> Epi – pen <input type="checkbox"/> Benadryl <input type="checkbox"/> None Apply	<b>Food/Environmental:</b> <input type="checkbox"/> Stings Insects/Bees <input type="checkbox"/> Medicines/Drugs <input type="checkbox"/> Other
<b>Other Medical Conditions:</b> <input type="checkbox"/> Current Asthma <input type="checkbox"/> Uses Inhaler <input type="checkbox"/> Daily Medication <input type="checkbox"/> Current Seizures <input type="checkbox"/> Medication for seizures <input type="checkbox"/> Diabetes <input type="checkbox"/> Insulin Dependent <input type="checkbox"/> None Apply	Describe: _____ _____ <input type="checkbox"/> None Apply

### AUTHORIZATION TO TREAT A MINOR

I the undersigned parent(s) or legal guardian (s) of the above-named minor do hereby authorize and consent to any x-ray examination, anesthetic, medical, or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act to a Dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital from the State Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or physician in the exercise of his/her best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of the Civil Code in California.

List any restrictions: \_\_\_\_\_

Please write "NONE" if no restrictions listed

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

### Discipline Notes & Other

[illegible]

## Participants Picture

**\*\*Office Use Only\*\***

<u>Date</u>	<u>Session Paid</u>	<u>Receipt Number</u>	<u>Payment Type</u>	<u>Taken By</u>
<u>          </u>	<input type="checkbox"/> Session 1	<u>                                </u>	<u>                                </u>	<u>                                </u>
<u>          </u>	<input type="checkbox"/> Session 2	<u>                                </u>	<u>                                </u>	<u>                                </u>



## City of Dinuba Summer Fun Program Walker and Other Means of Transportation Permit

Child's Name: \_\_\_\_\_ Site: \_\_\_\_\_

Does your child have permission to walk home? Yes ☐ No ☐

Does your child have permission to ride other means of transportation? Yes ☐ No ☐

Describe the method of transport? \_\_\_\_\_

I understand the following:

- Recreation staff will sign out my child.
- Recreation staff is not responsible for my child once they have been released.

List any restriction to walking or other means of transportation permit (such as can only walk with sibling, dismiss at a certain time etc.):

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_





## City of Dinuba Summer Fun Program Waiver Form



**NOTE: All waiver forms MUST be signed in order to participate in the Summer Fun Program**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Summer Site: \_\_\_\_\_

I hereby authorize the above named minor to participate in activities, associated with the city of Dinuba community services department programs.

I furthermore waive, release, and discharge any and all claims for damages, stolen items, death, personal injury, property damage or liability relating to COVID-19 and/or variant strains, which the above named child or I may have or which hereafter accrue to the above named child or myself, against the city as a result of the above named child's participation in the city of Dinuba Community Services Department programs.

This release is intended to discharge the city, its agents and employees, individuals affiliated with this activity, and any other involved municipality or public entities from and against any and all liability arising out of or connected in any way with the above named child or my participation in the program, even though that liability may arise out of the negligence on the part of persons or entities mentioned above.

I hereby authorize the use photographs in the promotion of activities. I acknowledge that these photographs could also be used in such non-commercial promotional materials as brochures, flyers, newsletters, annual reports, audio visual presentations, and on the web sites of city of Dinuba, sponsoring companies, partnership and beneficiary organizations. in addition, I understand that these photos could also be shared with external media organizations, such as newspapers and television stations, to further promote the city of Dinuba programs.

I further understand that accidents and injuries can arise from the participation of the above named child in the city of Dinuba community services department program participation. such accidents and injuries may include, but are not limited to, pulled or strained muscles, foot and ankle injuries and any and all injuries associated with increasing heart rate. however, knowing the risks, nevertheless, I hereby agree to assume those risks and to release and to hold harmless all the persons or entities mentioned above who (through negligence) might otherwise be liable to the above mentioned child or me (or the above named child's or my heirs or assigns) for damages. it is further understood and agreed that this waiver, release, and assumption of risk is to be binding on the above named child's heirs and assigns.

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



## City of Dinuba Summer Fun Program Parent/Guardian Code of Conduct



1. I will be prepared to show photo ID, as requested, this includes those that are listed on the emergency form as an authorized contact.
2. I will communicate and relate important information to staff.
3. While my child is attending the program, I will make sure my child's emergency form and medical form are kept up-to-date and answer or return any calls received from the Summer Fun Program's site number or the Recreation office.
4. I understand that my child may be removed from the program due to behavior misconduct, including parent/guardians or authorized pickups behavior towards staff, volunteers, other parent/guardian, and participants.
5. It is my responsibility to pay for each session attended and there are NO REFUNDS.
6. I understand that my child will lose their spot in the program if a payment is not made before the start of a session.
7. I understand that my child will be removed from the program after three late fees have been applied.
8. I will use appropriate and respectful language and tone of voice toward staff at ALL TIMES. Whether asking a question, voicing a concern, or airing a complaint, inappropriate language should NEVER be used. Such language includes profanity, insults towards family members, racial ethnic slurs, offensive language relating to gender identity, physical appearance, or sexual orientation.
9. Adults cannot approach a participants or their parents/guardians to resolve conflict or discuss a concern. If the adult would like to resolve a conflict or discuss a concern, request a meeting ahead of time, with staff or contact the Recreation Supervisor, Michele Tapia at (559)591-5940.
10. Authorities will be called if parents arrive under the influence of drugs or alcohol.
11. I understand that the Recreation staff will go over the behavior guidelines with my child as needed.

After reviewing the behavior guidelines, initial for acknowledgment. \_\_\_\_\_

*Initials*

Copy of Parent Code of Conduct is available upon request