



PLEASANT HILL RECREATION & PARK DISTRICT'S  
**Adventure KIDS Camp | ENROLLMENT FORM 2018**

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

Month: June 12th - June 29th, 2018

Full Day\*: 9am-6pm | \$50/day  
(Circle days per week)

Extended Care: 7am-9am | \$8/day  
(Circle days per week)

Week of: 6/12 - 6/15 T W TH F

Week of: 6/12 - 6/15 T W TH F

Week of: 6/18 - 6/22 M T W TH F

Week of: 6/18 - 6/22 M T W TH F

Week of: 6/25 - 6/29 M T W TH F

Week of: 6/25 - 6/29 M T W TH F

Payments are due by:  
May 15th for the month of June  
June 15th for the month of July  
July 15th for the month of August  
**Note:** An additional \$15 Non-resident fee is applied per week.

**\*3-DAY MINIMUM PER WEEK**, no drop ins, no credits or switching days.

Month: July 2nd - July 31st, 2018

Full Day\*: 9am-6pm | \$50/day  
(Circle days per week)

Extended Care: 7am-9am | \$8/day  
(Circle days per week)

Week of: 7/2 - 7/6 M T TH F

Week of: 7/2 - 7/6 M T TH F

Week of: 7/9 - 7/13 M T W TH F

Week of: 7/9 - 7/13 M T W TH F

Week of: 7/16 - 7/20 M T W TH F

Week of: 7/16 - 7/20 M T W TH F

Week of: 7/23 - 7/27 M T W TH F

Week of: 7/23 - 7/27 M T W TH F

Week of: 7/30 - 7/31 M T

Week of: 7/30 - 7/31 M T

\*\*No Camp on Wed. July 4th.

\*\*No Camp on Wed. July 4th.

Month: August 1st - August 10th, 2018

Full Day\*: 9am-6pm | \$50/day  
(Circle days per week)

Extended Care: 7am-9am | \$8/day  
(Circle days per week)

Week of: 8/1 - 8/3 W TH F

Week of: 8/1 - 8/3 W TH F

Week of: 8/6 - 8/10 M T W TH F

Week of: 8/6 - 8/10 M T W TH F

Notes: Adventure Kids Summer Camp begins on Tuesday, June 12th and will end on Friday, August 10th. We will be CLOSED on Wednesday, July 4th in observance of Independence Day.

This form and camp fees are due no later than the 15th of the month preceding attendance. All invoices and receipts will be emailed to you. **Questions, call 680-5298.**

I have enrolled my child as indicated above.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Cell number

\_\_\_\_\_  
Email



pleasanthillrec.com



PROGRAM/CAMP NAME: \_\_\_\_\_

# BEHAVIOR POLICY

## Pleasant Hill Recreation & Park District

BY SIGNING YOU AGREE TO THE TERMS STATED ON THIS DOCUMENT

The Pleasant Hill Recreation & Park District would like to welcome you to our summer program! It is the goal of the Pleasant Hill Recreation & Park District to provide safe, positive and fun experiences for all participants in our programs. To achieve this goal, we ask that all participants and families read and follow our behavior policy. This policy is designed to inform parents/guardian and participants of the District's expectations while attending our programs. We ask that everyone follow instruction and rules as stated by District Staff and Contract Instructors, use appropriate language, never verbally or physically harm another person, and be respectful of others and their belongings, as well as facilities and equipment.

For the interest of the youth participants, Staff members will keep an open line of communication with parents/guardians. Should any misbehavior, disruptive behavior, behavioral/emotional changes or positive incidents occur with a child in our care, Staff members are directed to have a discussion with the parent/guardian. An *Accident/Incident Report* will also be filled out for office purposes.

In the case of behavior problems:

1. Staff members will take steps to resolve the behavior directly with the participant. This may include actions such as redirecting behaviors, reminding rules and expectations, and verbal warnings. Youth may be directed to an alternative activity or given time away from the group to take a break and self-reflect.
2. If youth behavior problems continue, Staff members will speak with the parent/guardian, informing them of the behavior issues and asking for their assistance in resolving the matter. Staff members should continue to share with parent/guardian what Staff members are doing at the site to correct the behavior. Staff members may also request a formal meeting with the participant or their parent/guardian if the behavior continues.
3. Continuation of misbehavior may result in the suspension or dismissal of the participant from the program. Refunds will not be issued if a participant is temporarily suspended or dismissed from the program.

Consequences for misbehavior may reflect the severity of the participant's actions. Disciplinary steps may not be sequential and one severe act, as determined by the Pleasant Hill Recreation & Park District, may lead to immediate dismissal from the program(s).

\_\_\_\_\_  
NAME OF CHILD    PROGRAM / CLASS

Signature of Youth/Teen Participant \_\_\_\_\_ Date: \_\_\_\_\_

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

PLEASANT HILL RECREATION & PARK DISTRICT • 147 GREGORY LANE • PLEASANT HILL CA 94523  
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PROGRAM/CAMP NAME: \_\_\_\_\_

# EMERGENCY & HEALTH INFORMATION YOUTH & TEEN PROGRAMS/CAMPS

WE RELY ON THIS INFORMATION FOR YOUR CHILD'S SAFETY AND WELL BEING. PLEASE TAKE THE TIME TO COMPLETE THE ENTIRE FORM AND PROMPTLY NOTIFY OUR OFFICE OF ANY CHANGES. BRING COMPLETED FORM TO THE FIRST DAY OF PROGRAM. ONE FORM REQUIRED PER SCHOOL YEAR/SUMMER.

*In compliance with the Americans with Disabilities Act (ADA), Pleasant Hill Recreation encourages those with disabilities to participate in our programs. If you have any special needs that require specific accommodations so you can fully enjoy our classes and programs, please contact the Admin office at (925) 682-0896.*

## PARTICIPANT INFORMATION

### FAMILY INFORMATION

Child's Full Name: \_\_\_\_\_ Prefers to be called: \_\_\_\_\_

Parent/Guardian (1): \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Parent/Guardian (2): \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

### ADDITIONAL EMERGENCY CONTACT

Contact Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

### SIGN OUT RELEASE (TEEN PROGRAM ONLY)

Teens registered in the After School program are required to sign themselves in upon arrival. Signing themselves out is based on parent permission. Once a student has been signed out of program, they will not be granted access back into the program on the same day unless accompanied by written permission by a parent.

Participants in the Teen Afterschool program, Xtreme summer and school break camps may sign themselves out of the program with parent permission. Please indicate your preference:

\_\_\_\_ A person listed in the Release Authorization below must sign my child in and out of camp each day.

\_\_\_\_ My child has my permission walk/bike to/from home and sign themselves in and out each day.

### MOVIE RELEASE (TEEN PROGRAM ONLY)

The Teen Center will on occasion show movies. These movies will be rate PG-13 or below. Selected movies will avoid crude or sexual humor, extreme violence, sexual content, and pervasive profanity.

If you choose to not let your child view PG-13 movies, alternate activities will be available. (*Chose One*)

My child is **IS** permitted to view PG-13 movies at the Teen Center Initial \_\_\_\_\_

My child **IS NOT** permitted to view PG-13 movies at the Teen Center Initial \_\_\_\_\_

### RELEASE AUTHORIZATION

Please list all persons who are authorized to pick up your child. PHR&PD staff may ask for a government-issued identification (e.g. California Driver's License) before the child is released to an individual below.

	Name (please print)	Relationship	Phone (home/cell)
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

**PARTICIPANT HEALTH HISTORY**

*This information is confidential and will only be viewed by appropriate staff members.  
We encourage you to speak to the Program Coordinator regarding any issues prior to the start of program.*

Child's Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_  M  F

Does your child have any food, medication, insect bite or sting allergies that we should be aware of?\*

Yes  No

If yes, please explain.\* \_\_\_\_\_

\* For life threatening allergies, please meet with staff to complete action plan.

Does your child have any behavior, emotional, physical, or mental health problems that we should be aware of?

Yes  No

If yes, please explain.\* \_\_\_\_\_

Are there any program/camp activities from which your child should be exempted for health or other reasons?

Yes  No

If yes, please explain.\* \_\_\_\_\_

Are your child's immunizations current for the State of California school requirements?  Yes  No

Has your child had a tetanus shot?  Yes  No Date of last tetanus shot? \_\_\_\_\_

Additional health related information for program/camp personnel: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Group/Medical #: \_\_\_\_\_

**PLEASE READ AND SIGN BELOW**

To the best of my knowledge, this health history is correct, and the person herein described has permission to engage in all prescribed program/camp activities except as noted. Should a medical emergency arise, staff will attempt to notify the parent/guardian immediately. If the undersigned is unavailable for consultation, permission is granted for the Pleasant Hill Recreation staff to obtain medical treatment as deemed necessary.

I, the undersigned parent/guardian of \_\_\_\_\_ do hereby consent to any examinations, x-rays, medications and anesthetics and surgical treatments that may be rendered based on the recommendations that may be made by the physicians on duty.

Signature of parent/guardian: \_\_\_\_\_

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