

PARENT HANDBOOK – NAME OF PARTICIPANT: _____



PARENT HANDBOOK

**DOCUMENTS
to be signed**

A Letter to my Chester Recreation Summer Program Counselor

We are excited that you will be joining the Chester Recreation Summer Program this year !

To help us plan days full of fun, exploration and adventure, please answer the following questions to tell us a little about yourself.

My name is: _____. My friends call me _____.

I will be _____ years old during the program and I will be entering _____ grade in the fall.

I'm excited to come because . . .

My favorite outside game/activity is . . .

Other things you might find interesting about me are . . .

I have attended Chester Recreation Summer Program before, and some of my best memories/favorite activities from that time are . . .

CHESTER RECREATION SUMMER PROGRAM

PARENT QUESTIONNAIRE

The “Parent Questionnaire” (to be filled out by the parent/guardian) and “A Letter to My Chester Recreation Summer Program Counselors” help the Chester Recreation Summer Program staff provide your child with the best experience. This is a really important way for your child’s counselors to get to know them and prepare to give them the best care possible, before the program begins.

Participant’s Name: _____

Parents/Guardians Name(s): _____

Is this your child’s first day program experience? ☐ YES ☐ NO

Does your child make friends: ☐ Easily ☐ Fairly Easily ☐ Some Difficulty

Comments: _____

What do you want your child to take away from their experience? How can we best help your child accomplish this?

Does your child have any questions or concerns regarding their upcoming experience? Do you, as parents and guardians, have any questions or concerns?

Are there specific situations or activities that your child is especially looking forward to?

Any pertinent information regarding your child we should know (parental status, major life changes, family members, school, new siblings, etc.) that may affect their experience?

Please describe any special circumstances that may affect your child's experience.

How would you describe your child socially (outgoing, shy, active, quiet, etc.)? How do they react in new situations?

How do you best calm/comfort your child when they are upset or angry?

Are there any other important things or additional information about your child you would like the counselors to know?

CHESTER RECREATION SUMMER PROGRAM BEHAVIOR AGREEMENT

At the Chester Recreation Summer Program, we strive to create a safe community where individual differences are valued, where participants and staff can accept new challenges, and where everyone can have fun. Creating such a community requires the commitment of all participants and staff. The guidelines listed below outline the general behavior expectations for Chester Recreation Summer Program participants and staff. Please review the guidelines and sign below.

I WILL SHOW RESPECT FOR MYSELF

- I will show respect for myself by having a positive outlook, eating well, and getting plenty of sleep.
- I will make the most of learning opportunities by participating in activities, trying new things and having a positive attitude.
- I will talk with my counselors if I am feeling uncomfortable about any activity or experience.

I WILL DEMONSTRATE RESPECT FOR OTHERS

- I will respect other people's ideas and values, even if they are different from my own.
- All of my actions and language will have a positive impact on the people in the Chester Recreation Summer Program community.
- Behavior that is disrespectful, or that could potentially harm (physically or emotionally) a participant or staff member, is unacceptable in the Chester Recreation Summer Program community.

I WILL SHOW RESPECT FOR THE NATURAL ENVIRONMENT AND FACILITIES

- I will be sensitive to the natural environment. This means treading lightly on the land, picking up trash, program supplies, equipment, and personal items.
- The buildings and activity equipment supplied by Chester Recreation Summer Program are for use by all participants. I will care for both in a responsible manner.

I WILL SHOW RESPECT FOR THE HEALTH AND SAFETY OF MYSELF AND OTHERS

- I understand that it is important to abide by safety standards provided by summer staff, especially in water-related and adventure challenge experiences.
- I understand that it is important to stay with the group, respect and listen to the directions of my counselors.
- I understand that the possession and use of tobacco, alcohol, or illegal drugs is prohibited.
- I understand that fireworks, firearms and other dangerous weapons are not allowed.

I have read, along with my parents, the above behavior guidelines and we understand that in order to create a community where everyone can challenge himself or herself to make friends and have fun, our commitment is necessary. As a participant, I will do my best to follow the above behavior guidelines.

The Recreation Director reserves the right to dismiss a participant when in his/her judgment the participant's behavior interferes with the rights of others, the smooth functioning of the group or activity or violates the program principles of conducts. In such cases no refunds will be given.

My parents and I understand that the breaking of this agreement can be grounds for dismissal.

Participant's Name: _____

Participant's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

CHESTER RECREATION SUMMER PROGRAM

MEDICAL TREATMENT & MEDICATION AUTHORIZATION FORM

Emergency Medical Treatment Authorization or Refusal

In the event I, _____ cannot be reached in an emergency requiring medical attention for my child, _____, I hereby give my consent to the staff of the Chester Recreation Summer Program to secure proper emergency treatment and transportation of my child as deemed necessary.

The Chester Recreation Summer Program required the following information regarding medication needs of participant in Chester Recreation Summer Program. Please note the following policies:

- All medication shall be in a secured contained labeled with your child's name, the name of the medication, the dosage amount, and the time or times to be given.
- All medication must be given to the Program Coordinator or Recreation Director.
- All medication will be kept either with the Lead Counselor or in the Office.
- We must have a Medication Authorization Form on file for your child. This shall be completed for each individual medication to be taken by your child.

Summer staff are not authorized to administer medication. They will remind and supervise the taking of medication for the participant and medication listed below.

Name of Medication: _____
Dosage Amount of Medication: _____
Frequency of Dosage of Medication: _____
Time(s) to be taken during program hours: _____
Duration of treatment: _____
Possible side effects and adverse reactions: _____
Other information: _____
Health Care Prescriber (Name and Telephone): _____

Insurance Information:
Carrier or Plan Name: _____
Carrier Address: _____
Group Number: _____
Name of Insured: _____
Relationship: _____
ID Number: _____

Parent/Guardian Name: _____ Phone _____

Parent/Guardian Signature: _____ Date _____

CHESTER RECREATION SUMMER PROGRAM

RELEASE AUTHORIZATION FORM

Participant's Name(s): _____

Participants will only be released to Authorized Persons. The Authorized Persons designated below shall be authorized to pick up your participant(s). Please include the names of any and all individuals you may arrange to have pick-up your participant(s). This extends to parents/guardians, relatives, babysitters, carpool drivers and all emergency contacts. **Please make sure you include yourself.**

NAME

PHONE

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

PLEASE MAKES SURE YOU INCLUDE YOURSELF IN THE NAMES LISTED ABOVE.

PLEASE NOTE: At the time of pick-up, the picking-up adult will be asked to produce government-issued photo identification. This is to ensure the safety of the participant. There will be no exceptions to this policy. Your signature below acknowledges acceptance of this policy.

Parent/Guardian Signature: _____ Date_____