

Sudbury Park & Recreation

Preschool Pals 2014 Parent Packet

Please fill out and return by May 2nd!



40 Fairbank Road, Sudbury, MA 01776
(978) 443-1092

www.recreation.sudbury.ma.us

www.pool.sudbury.ma.us

www.inclusive.sudbury.ma.us

WELCOME LETTER & PARENT CHECKLIST

Dear Parents,

It's time to get in gear for another great year of Preschool Pals! We are fortunate to have many returning staff from last year, as well as some new staff, including our wonderful Preschool Coordinator/Preschool Pals Director, Anne Lee. We are looking forward to a great summer and hope you are as well.

The purpose of this packet is to give you some general information about how the program is run, answer some frequently asked questions, and update you on the changes that have taken place for this summer.

Things you can do to help us:

- Read your Parent Handbook
- Call when your child will be absent 978-639 -3231 (preschool room)
- Label all belongings
- Post our phone numbers at home and work: (978) 443 -1092(main line) and 978-639 -3231 (preschool room)
- Keep us informed about any problems, changes in health or routine, or anything that might affect your child while in our care.
- Arrive on time-late arrivals may miss activities.
- Pick up on time- children worry when their parents are late.

The deadline to submit all paperwork is FRIDAY, May 2nd or you may lose your spot. NO child will be allowed to attend camp without paperwork! We hope this will answer some of your questions and cleared up any concerns. It's going to be a great summer!!

Thank you,

Sudbury Park and Recreation Staff (978) 443-1092

Fill out and
return by
May 2nd!

STATEMENT OF UNDERSTANDING

Enclosed are the necessary forms for my child's upcoming Sudbury Summer experience. I have completed and enclosed the:

- _____ **Statement of Understanding**
- _____ **Health History Forms (3)**
- _____ **Physical & Immunization Form (provided by physician)**
- _____ **Authorized Pick-Up Form & Photo**

I understand that all paperwork, completed in its entirety, is due by May 2nd and that my child will not be allowed to participate at Sudbury Summer if the necessary forms have not been submitted.

I acknowledge that by having previously signed the enrollment application, I have agreed to the liability waiver and the fact that my child's picture may appear in promotional material.

I have also read and am aware of your policy regarding refunds. Included is the understanding that if my son or daughter is asked to leave, a refund is not available.

*Refund requests for all Park & Recreation run summer programs (Sudbury Summer, Sudbury Summer Inclusion, CIT, Preschool Pals, and Sudbury Adventure) must be made in written form and dated on or before June 15. **Refund requests made prior to June 15th will be assessed a \$25 withdrawal fee. After June 15th, no refunds for these Park & Recreation programs will be granted.***

Signature of Parent/Guardian

Date



DAILY PROCEDURES & A TYPICAL DAY AT CAMP

Please keep
this for your
records!

DROP OFF/PICK UP PROCEDURES

Preschool Pals **begins at 9:00am**. Please be sure to drop off your child at that time. Our staff needs the half-hour before to set up for the program and the day's activities. There **is not** an option for early or extended care for the Preschool Pals.

Drop off and pick up will take place in the FCC GYM. If there is inclement weather, drop off will be in the Preschool room (Room 4).

When dropping off your child, please be sure to **SIGN IN**. Staff will be stationed at the sign in area for any assistance. It is important that you adhere to the sign in policy so we can accurately keep track of the children in our care.

The program **ends at 12:00pm**. Being prompt for pick up is imperative. As in the morning, our staff is scheduled to be cleaning up and doing other duties. You will pick your children up from the gym and when you arrive it is necessary to **SIGN OUT**. **Please bring your photo ID, photo ID is required for all pick up!** These procedures are to guarantee the safety of your child. It may take a few seconds longer, but we feel it is worth it!

NO PETS

Because of the number of people at drop off and pick up, we ask that you leave your pets at home.



LATE PENALTY PROCEDURE

If a child is still here after the 12:00 pick up time, beginning at 12:10 they will be charged \$15.00 for the first 10 minutes they are late and \$5.00 for each additional 10 minutes after that.

ABSENTEE PROCEDURE

Please take the time to call in if your child is going to be absent. Our mornings are very busy and it will be a big help to us if we know we are not waiting for your child to show up when they are home sick. All children must be accounted for. Please call **978-639-3231 (preschool room)** during Preschool Pals office hours (8:30-12:30). If you need to speak with someone directly, please call **(978) 443-1092 (main line)**. The Park & Recreation office is open from 8:30-4:00pm, during other times you may leave a message.



A TYPICAL DAY

Preschool Pals begins at 9:00am. Drop off will be in the FCC GYM. After a morning meeting in the gym, participants will be in the Preschool Room for activities and arts and crafts. Activities like story time and snack may take place outdoors. We would like to reassure you that we have plenty of watchful staff and our Preschool Pals director who will be with the children at **ALL** times. Preschool Pals ends at 12:00pm and pick-up is at the FCC GYM.



RAINY DAY PROCEDURE

If there is inclement weather, the Recreation Staff has a rainy day plan ready to go to keep your children active and still having fun even if it's not in the sun.

**We hope we answered some of your questions and cleared up any concerns.
If you still have any further questions or concerns, please contact us at 978-443-1092.**

It's going to be a great summer!!

SNACK

Snack is not provided at Preschool Pals due to the high number of allergies. **Please send your child with a PEANUT FREE snack and plenty of water.**

BATHING SUITS

Please pack a bathing suit for children every day. We have specific Wet Wednesdays that we spend outside, but some weeks are particularly hot and we may go out on another day. **Both the towel and swimsuit should have their name clearly written on the tags in case they get misplaced.**

FOOT WEAR

We suggest you **send your child in sneakers** because they will be doing a lot of running around. Sandals, flip flops, crocs, etc. can result in sore feet. For safety reasons, rubber-soled shoes or sneakers are preferred.



LOST AND FOUND

Our Lost and Found will be located inside the Preschool Pals room (Room 4). Please do not send your child with any valuables—children will be moving from activity to activity which will increase the likelihood of belongings getting lost.

Once again, please label everything!!

CLOTHING

Our program philosophy supports active (and often messy) play. For this reason, we request that your child **wear comfortable play clothes to camp that you won't mind getting little dirty.**

SUNSCREEN

Lather your child up with sunscreen before the start of the program. If necessary, your child can ask their counselor to reapply sunscreen that is brought in from home. Please put sunscreen in a small plastic bag labeled with your child's name. Hats are also a good idea to keep kids safe from the hot sun.

BEHAVIOR MANAGEMENT

The staff fosters good behavior by creating a trusting environment that promotes appropriate behavior. Our staff believes in positive reinforcement. Time and effort is placed on anticipating behavior problems and creating an environment that helps avoid bad behaviors. Expectations are realistic and limits clearly explained and supported by the environment. When behavior problems occur, attempts are made to redirect the child to more appropriate behavior. Time is allowed for children to learn alternative behaviors and guidance is given in expressing emotions such as anger. In extreme cases, the child may need to be separated from the group for a "time out". Time out will be for a reasonable amount of time, appropriate to the child's age. The child will be supervised at all times. All discipline is adjusted to the individual needs and development of the child and is viewed as a learning experience, not as punishment. The camp director is notified whenever a behavior becomes hard to manage and/or when a parent must be notified of the child's behavior in a formal manner.

Please feel free to contact us before the start of camp if your child has any learning or behavioral concerns so that we can be prepared to make this a successful summer experience.

CONFERENCES

There are no scheduled conferences for camps. We believe in open communication between staff and parents. If parents have any questions or concerns that need to be addressed, you may schedule a meeting with the directors at a mutually convenient time.

POTTY TRAINED

ALL PRESCHOOL PALS PARTICIPANTS MUST BE POTTY TRAINED IN ORDER TO PARTICIPATE IN THIS PROGRAM! NO EXCEPTIONS!

MEDICAL FORMS AND HEALTH ILLNESS INFORMATION

You must fill out the Park and Recreation Health History forms in this packet, provide a record of their most recent physical exam and immunizations dated within the past 24 months., and return all to Park and Recreation before Friday, May 2nd.

All medication will be stored in a locked, secure area. Leftover medication will be stored per instructions and returned to the parent. Our nurse will be at the shack during the morning hours to collect medications and answer any questions you might have. The camp nurse will contact you before the first day of camp regarding allergies or medications your child will need during camp hours. Our camp nurse will be the one administering the medications to the children at the appropriate times. If you have any question please call 978-443-1092 ext 3231.

We realize, however, that illness is an unavoidable part of life, especially with young children in a group setting. When necessary, we may need to exclude a child from the program due to illness, when he/she presents a health risk to other children and staff. If a child is contagious, or not feeling well enough to participate in group activities, he/she must remain at home. When a child becomes ill at camp, we will do our best to reach you while keeping your child as comfortable as possible. This may mean separating him/her from the group. A rest area will be provided and the camp nurse or staff person will remain with the child at all times. The child will be provided with quiet activities while waiting for his/her parents. We realize that it is difficult for working parents to leave work for sick child, but we take your child's best interest into consideration when calling you. You may wish to develop a plan for caring for a sick child prior to needing it. The following are some common illnesses encountered in camp and our policies concerning attendance with them:

- **Coughs/Colds:** Children with colds and coughs may attend camp as long as they feel well enough to follow daily routines (especially outdoor play). If a fever accompanies cold symptoms, the child must stay at home.
- **Fever:** A child with a fever over 100 should remain at home until the temp is normal for 24 hours.
- **Strep:** A child with a sore throat and a fever together should have a throat culture. The child should remain at home until he/she receives a negative culture, or has been on antibiotics for 24 hours.
- **Ear infections:** A child may attend camp as long as he/she is not experiencing great discomfort or fever. A note must be provided as to whether or not swimming lessons are allowed.
- **Rash:** Please notify your child's counselor and staff if your child has an existing rash when he/she comes to camp. The nurse will call the parents if a rash appears suddenly, spreads quickly, or is accompanied by other symptoms.
- **Vomiting:** A vomiting child must remain at home until he/she can tolerate a normal diet.

- **Diarrhea:** A child with diarrhea must remain at home until free of diarrhea for 24 hours.
- **Chicken Pox:** A child must remain at home one week after the rash appears or until all of the blisters have crusted over and dried. A note from the doctor will be required regarding the status of swimming for your child.
- **Conjunctivitis:** A child with conjunctivitis may return to the program the day after treatment has begun. If your health care provider chooses not to prescribe medication, you must bring a note from him/her stating that your child does not present a health threat to others. Note from doctor will be required regarding the status of swimming for your child.
- **Head Lice:** If your child has head lice they may not come to camp. The policy is that campers must be lice and nit free in order to be at camp. If lice or nits have been found in your child's head while at camp, as with any contagious disease, they will be isolated and sent home immediately. A child may return to the program after treatment and removal of nits. Upon return, campers must first be inspected by the camp nurse. The nurse will determine if they can return to camp.

General first aid will be administered during camp by the camp nurse. Minor cuts or abrasions will be washed, and a topical ointment and a band-aid will be applied.

Should your child contract any listed illness or any other contagious illness, please contact the camp at (978) 639-3231 as soon as possible.

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 Park and Recreation office.
6. Parents will be notified of the minor accidents/injuries by the nurse at dismissal.
7. All injuries must be logged in the central log book with the camp nurse.
8. When on a field trip, a first aid bag will be prepared containing bandages, antiseptic, gauze, ice packs and a carrier bag for each group.

Preschool Pals Sessions (please circle): I II III IV V VI

Health History and Examination Form For Children, Youth and Adults Attending Camps

FM 08N

Developed and approved by American Camping Association and American Academy of Pediatrics

The information on this form is not part of the camper acceptance process, but is gathered to assist us in identifying appropriate care. Health history (first three pages) must be filled out by parents/guardians of minors. Please also attach a copy of the participants most recent physical exam and immunization record, dated within the past 24 months (update required annually).

Name _____ Birth Date _____ Age _____
Last First Middle

Home address _____

Street Address *City* *State* *Zip*

Gender: Male Female T-shirt size (Circle one): **Youth X-small** **Youth Small**

Custodial parent/guardian _____ Phone _____

Home address				
(If different from above)	Street Address	City	State	Zip

Business Address _____ Phone _____
Street Address City State Zip

Second Parent or guardian or emergency contact _____

Address _____ Phone _____
 Street Address *City* *State* *Zip*

Business Address _____ Phone _____

If not available in an emergency, notify:

Name _____

Relationship _____ 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# _____

Important --- Theses boxes must be complete for attendance*

Parent/Guardian Authorizations: This health history is correct and complete as far as I know. The person herein described has permission to engage in all camp activities except as noted.

I hereby give permission to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.

Signature of parent/guardian_____

Printed Name _____
Date _____

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

In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for our trips.

****If for religious reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.***

HEALTH HISTORY

The following information must be filled in by the parent/guardian. The intent of this information is to provide our health care personnel the background to provide appropriate care. Keep a copy of the

completed form for your records. Any changes to this form should be provided to camp health personnel upon participant's arrival. Provide complete information so that we can be aware of your needs.

ALLERGIES List all known.**Medication allergies** (list)

Describe reaction and management of the reaction.

Food allergies (list)

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

MEDICATIONS BEING TAKEN

Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. Our nurse will handle all medications during each

session. Keep it 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 person takes NO medications on a routine basis.

____ This person takes medications as follows:

Med #1 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Med #2 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Med #3 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Attach additional pages for more medications.

Identify any medications taken during the school year that participant does/may not take during the summer: _____

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)

General Questions (Explain "yes" answers below.)

Has/does the participant:	Yes	No		Yes	No
1. Had any recent injury, illness or infectious disease?	_____	_____	17. Ever had problems with joints (e.g., knees, ankles)?	_____	_____
2. Have a chronic or recurring illness/condition?	_____	_____	18. Have an orthodontic appliance brought to camp?	_____	_____
3. Ever been hospitalized?	_____	_____	19. Have any skin problems (e.g., itching rash, acne)?	_____	_____
4. Ever had surgery?	_____	_____	20. Have diabetes?	_____	_____
5. Have frequent headaches?	_____	_____	21. Have asthma?	_____	_____
6. Ever had a head injury?	_____	_____	22. Had mononucleosis in the past 12 months?	_____	_____
7. Ever been knocked unconscious?	_____	_____	23. Had problems with diarrhea/constipation?	_____	_____
8. Wear glasses, contacts or protective eye gear?	_____	_____	24. Have problems with sleepwalking?	_____	_____
9. Ever had frequent ear infections?	_____	_____	25. If female, have an abnormal menstrual history?	_____	_____
10. Ever passed out during or after exercise?	_____	_____	26. Have a history of bed-wetting?	_____	_____
11. Ever been dizzy during or after exercise?	_____	_____	27. Ever had an eating disorder?	_____	_____
12. Ever had seizures?	_____	_____	28. Ever had emotional difficulties for which professional help was sought?	_____	_____
13. Ever had chest pain during or after exercise?	_____	_____			
14. Ever had high blood pressure?	_____	_____			
15. Ever been diagnosed with a heart murmur?	_____	_____			
16. Ever had back problems?	_____	_____			

Please explain any "yes" answers, noting the number of the questions.

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

Name of family physician _____ Phone _____

Address _____

Name of family dentist/orthodontist _____ Phone _____

Address _____



Fill out and
return by
May 2nd!

AUTHORIZED PERSONS TO PICK UP CHILD & PHOTO

The following people are authorized to pick up my child, _____
from Preschool Pals. I understand that the Sudbury Park and Recreation Department is not responsible for any
occurrences and/or accidents taking place off the Preschool Pals program location (Fairbank Community Center).
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.

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

My child will be attending the Preschool Pals Program during session:

I _____ II _____ III _____ IV _____ V _____ VI _____

Name: _____

Phone Number: _____

Relationship to Child: _____

Name: _____

Phone Number: _____

Relationship to Child: _____

Name: _____

Phone Number: _____

Relationship to Child: _____

Name: _____

Phone Number: _____

Relationship to Child: _____

Name: _____

Phone Number: _____

Relationship to Child: _____

Name: _____

Phone Number: _____

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 pickup by anyone not on this list. Please remember to include car pool members.

