



## GREENFIELD RECREATION DEPARTMENT

20 Sanderson Street, Greenfield, MA 01301  
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www.greenfieldrecreation.com



### GREENFIELD RECREATION APRIL VACATION WEEK INFORMATION

Dear Parents:

*Welcome* to our 2017 April Vacation Week Program. We are looking forward to meeting you and your child.

Please read the following important information and go over it with your child and anyone who may be caring for your child during the week.

**LOCATION:** Our program will be held at the Youth Center on 20 Sanderson Street, Greenfield, MA 01301.

**TIMES:** Our regular day program is from 9:00 AM to 4:00 PM, Tuesday through Friday (Monday is Patriot's Day). Early Care from 7:30AM-9:00AM and Late Care from 4:00PM-5:30PM is available for an additional fee (pre-registration required). Please do not drop your child off early or pick him/her up late. These are the times our staff members are on duty for supervision.

**SIGN IN / OUT:** Parent / Caregivers need to sign children in and out each day for their safety. Staff will be downstairs in the Youth Center for sign in and out. The only people allowed to pick up your child are those listed on your Emergency Contact Sheet. If anyone other than those approved on your form will be picking up your child, staff must have a signed note from parents/guardians prior to pick up. The person will be asked to show their ID.

**FOOD:** Morning snack will be provided. **Lunch and afternoon snack must be sent with the child.** We do not have the capacity to store perishable items, so **SEND ONLY NON-PERISHABLE FOOD & BEVERAGES. No glass** containers for anything!

**CLOTHING:** Please send children with appropriate clothing for indoor and outdoor play including sneakers.

**ABSENCE:** If your child will not attend for any reason, please call 772-1553 by 8:30 AM. Or inform staff onsite of any schedule change.

**MEDICATION NOTE:** If your child needs medication during the program day, please complete an authorization to administer medication form. This includes emergency medications such as inhalers and Epi-Pens. **All medications must be in the original container with prescription, dosage listed, to be stored in a locked box at the program site.**

**We Create Community Through People, Parks, & Programs!**

**PLAN FOR INFECTION CONTROL AND MONITORING:**

1. Any participant or staff member who has had any of the following medical conditions may not attend the program until being symptom free for 24 Hours:

- Fever > 99.5
- Diarrhea
- Vomiting

2. In the event of contagious infections such as strep throat or conjunctivitis, an antibiotic must be administered for 48 hours before returning to the program.

3. Any participant who appears to have a contagious illness or injury as evidenced by the following will be kept in the Recreation Office until parent is contacted and child is picked up. Staff members exhibiting the same will be sent home immediately.

- Fever
- Diarrhea
- Vomiting
- Copious Nasal Discharge
- Red, Crusty, Weepy Eyes
- Wound with Significant Redness, Swelling, and Drainage
- Lice or any Nits

**EMERGENCY, ILLNESS, INJURY:** Staff members are certified in First Aid and CPR and will take care of very basic first aid. Every effort will be made to contact you if there is an emergency, injury or illness. If they cannot reach you, they will then try to call the Emergency Contacts listed on the Child Information form. **IT IS IMPERATIVE THAT YOU INSTRUCT THIS PERSON IN HOW YOU WOULD LIKE THESE SITUATIONS HANDLED AND THAT THEY KNOW YOU HAVE LISTED THEM AS A CONTACT.** We hope never to have to call an ambulance, but all such fees will be your responsibility. We will always try to contact you and have you pick up your child. This is YOUR RESPONSIBILITY, to have someone *always available*.

**COMMUNICATION:** Please encourage your children to talk to a staff member if he or she has a need, a question, a problem, doesn't feel well, etc. Parents please instruct our staff in writing of things we need to know. The staff cannot help if he or she is not informed. Parents can consult staff to schedule a time needed to discuss any issues.

**EMERGENCY PROCEDURES:**

In the event of an emergency, the following procedure will be followed:

1. Situation and needs will be assessed.
2. Staff will call 911 first and parents second if the situation is severe or life threatening.
3. Staff will call parents first if the situation is not considered severe or life threatening. In the event that the parents or emergency contacts cannot be reached, staff will call an ambulance. Staff will not transport children to the hospital or doctor's office.
4. If staffing allows, a staff person will accompany the child in the ambulance to the hospital until the parents arrive.

**BEHAVIOR AND DISCIPLINE:** We expect good and courteous behavior, and respect for all. We do not allow the use of improper language, teasing that may hurt someone, bullying, and any kind of physical or verbal abuse. A child who exhibits this kind of behavior will be spoken to by the staff. If the staff is unable to reach a satisfactory resolution, you will be contacted.

**IDENTIFYING AND REPORTING ABUSE AND NEGLECT:** All children enrolled in our Program shall be protected from abuse and neglect. Suspected cases of abuse or neglect will be reported to the Recreation Director in writing with all factual information and observations of the child in question immediately. The report will be signed, dated and true to the best of the staff person's knowledge. All staff are mandated reporters and must report any suspicions of abuse or neglect to the Director who will report the suspected case immediately to the Department of Children & Families.

Any staff person under investigation will be removed from direct care responsibilities until the Department of Children & Families investigation is complete. If the investigation proves the complaint is valid, the staff member will be dismissed immediately.

Thank you in advance for your cooperation. If you have any questions please speak with the staff at your child's site or call  
Recreation Director, Christy Moore at 772-1553 anytime.

**GREENFIELD RECREATION DEPARTMENT  
APRIL VACATION WEEK CONTACT FORM 2017**

*IF NO CHANGES FROM SUMMER CAMP 2016 OR GRASP 2016-2017, YOU DO NOT NEED TO COMPLETE THIS FORM*

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_ Gender \_\_\_\_\_  
Birth date \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_ Home # \_\_\_\_\_

**FAMILY INFORMATION**

Parent/Guardian _____	Parent/Guardian _____
Address _____	Address _____
Phone # _____ Cell _____	Phone # _____ Cell _____
Employer _____	Employer _____
Work # _____	Work # _____
Email _____	Email _____

Who is the **PRIMARY** contact for this child? \_\_\_\_\_

**PERSONS AUTHORIZED TO PICK UP CHILD & AS EMERGENCY CONTACTS**

Name _____	Relationship _____	Phone # _____
Name _____	Relationship _____	Phone # _____
Name _____	Relationship _____	Phone # _____

**HEALTH INFORMATION**

- Insurance Company \_\_\_\_\_
- Policy Number \_\_\_\_\_ Insurer \_\_\_\_\_
- Allergies or food allergies/restrictions?     Yes     No  
  Explain \_\_\_\_\_  
  What actions need to be taken \_\_\_\_\_
- Does your child have a chronic illness?     Yes     No  
  Explain \_\_\_\_\_
- Name and phone # of Physician? \_\_\_\_\_
- Does your child take any medications?     Yes     No  
  Explain \_\_\_\_\_  
  What actions need to be taken \_\_\_\_\_
- Other information that our staff should be aware of?     Yes     No  
  Explain \_\_\_\_\_  
  What actions need to be taken \_\_\_\_\_