



TOWN OF QUARTZSITE

465 North Plymouth Avenue • PO Box 2812 • Quartzsite, AZ 85346

Phone (928) 927-4333 • Fax (928) 927-4400

Arizona Relay Service (928)927-3762 (TDD)

We are an equal opportunity employer

www.ci.quartzsite.az.us

SUMMER PROGRAM PARTICIPANT INFORMATION

Monday – Thursday 8am – 1:00pm

June 5th 2023 -July 20th 2023

This form must be filled out completely with current information and turned into the Community Center Coordinator. Please indicate with an N/A if any section does not apply. This information is necessary for the health and safety of the participants. If you have any questions, please do not hesitate to ask.

Participant/Child Information:

Participant/Child Name: _____

Date of Birth (DOB): _____ Grade: _____

Residential Address: _____

Phone Number: _____

Parent/Guardian Information:

Parent/Guardian Name: _____

Relationship: _____ Parent/Guardian Phone Number: _____

Parent/Guardian Name: _____

Relationship: _____ Parent/Guardian Phone Number: _____

Mailing/Residential Address: _____

Emergency Contact Information:

Name: _____

Relationship: _____ Phone Number: _____

Address: _____

Quartzsite, Arizona "The Rock Capital of the World"

Emergency Contact Information:

Name: _____

Relationship: _____ Phone Number: _____

Address: _____

Individuals Authorized to Pick up Participant/Child (Will need to show ID):

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Immunization(s):

It is to the best of my knowledge that the participant/child named is up to date on all immunization(s), is free of infectious disease and able to participate/interact with other participants/children and staff safely.

☐ YES ☐ NO

Insurance Information:

Insurance Carrier/Name: _____ Policy#: _____

Physician Information:

Doctor: _____ Phone Number: _____

Allergies/Medical Concerns:

Behavioral/Special Needs Concerns:

Medication(s) (Parent/Guardian Must Provide):



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Please answer and initial each of the following statements.

***Picking up Participant/Child Clause:**

ALL INDIVIDUALS WILL SHOW A PHOTO ID (At least once). It is very important that children are picked up in a timely manner. Please let us know, if you will be late with a phone call; or in writing, if you have planned for your child to be picked up by someone other than the individuals named on the pickup list. Be sure to send a letter, the day before or the day of, if someone other than the individuals named on the pickup list is picking up your child/children.

Initial: _____

Photos and Social Media:

I hereby give permission to have my child's picture taken by staff while participating in the Summer Program.

☐ YES ☐ NO

Initial: _____

I hereby give permission to have my child's picture/image posted on social media by staff while participating in the Summer Program.

☐ YES ☐ NO

Initial: _____

Movies

I hereby give permission for my child to watch PG rated movies while participating in the Summer Program.

☐ YES ☐ NO

Initial: _____

Trips:

I hereby give permission for my child to be escorted or transported by employees of The Town of Quartzsite Summer Program on field trips.

☐ YES ☐ NO

Initial: _____

Aquatics:

I hereby give permission for my child to participate in activities that may involve water and or contact with water while participating in the Summer Program.

☐ YES ☐ NO

Initial: _____

Minor Accident and Emergency Clause:

I hereby give permission to the employees of The Town of Quartzsite Summer Learning Program to secure proper medical care for my child as deemed necessary. This permission extends from minor first-aid treatment to 911/first responders help and treatment.

☐ YES ☐ NO

Initial: _____

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Summer Learning Program Behavior Guidelines:

- No Running inside the building
- No Touching/Play Wrestling. No Hugging. No Horseplay/Rough Housing. Keep hands and feet to yourself.
- Use Indoor voice. No Yelling or Screaming.
- No Inappropriate language or talk
- Cell phones, toys, electronic devices, personal items, etc. can be used. However, the staff is NOT responsible for any damaged, lost, or stolen item. These items will be the child/children's responsibility.
- Cell phones, tablets or any other electronic device WILL NOT be used to take selfies, or photos of other participants/children in the Summer Learning Program.

Disciplinary Action:

- 1st Warning: Warning with an explanation of the infraction with an explanation of what is expected.
- 2nd Warning: Five (5) Minute Time Out, in a chair within the same area as the other participants/children. Three (3) Time Outs in one (1) day, will result in suspension for one (1) day.
- 3rd Warning: One (1) week suspension, this is after three (3) write ups.

The Summer Learning Program has ZERO TOLERANCE for Bullying and/or Fighting.

Consequences for Bullying and/or Fighting:

- ❖ Immediate Suspension from the program for one (1) week
- ❖ Probation period of sixteen (16) operational days, after returning from one (1) week suspension.
- ❖ If a minor incident occurs within the probational sixteen (16) operation day period, the child will be suspended for an additional two (2) weeks.
- ❖ **However**, if the incident is Fighting or Bullying. There WILL NOT be any additional suspension periods. The child will be unenrolled from the program and will not be able to apply/register for one (1) full calendar year.

By signing, you state you understand, agree with, and will adhere to the above guidelines, and clauses. You will explain to the participant/child the guidelines and consequences for Bullying and/or Fighting.

Parent/Guardian Signature

Date