



City of Buckeye Community Services – Recreation Division



REGISTRATION PACKET

Join the City of Buckeye for an action packed program. The sky is the limit! This year, your child will participate in daily activities such as arts and crafts, games, sports, cooking projects, and activities that will keep them active all year long.

Registration begins July 8, 2024

Dates: August 12, 2024 – May 16, 2025 (no program on federal holidays)

Dates the Program is Closed:

- September 2, 2024 Labor Day
- October 14-18, 2024 Fall Break
- November 11, 2024 Veterans Day
- November 25 - 29, 2024 Thanksgiving
- December 23, 2024 - January 6, 2025 Winter Break
- January 20, 2025 Martin Luther King Day
- February 17, 2025 President's Day
- March 17-21, 2025 Spring Break
- April 18, 2025 Good Friday

Days: Monday- Friday

Times: 9:00 a.m. – 12:00 p.m.

Ages: Youth ages 3 - 5 years old (must be fully toilet trained)

Location: Dr. Saide Recreation Center – 1003 E. Eason, Buckeye, AZ 85326

Fees: \$25 Registration Fee plus 1st week's attendance is due at the time of registration

- o \$55/week
- Lil Squirts is a licensed program. Attendance contracts are required for attendance and will be billed weekly according to the attendance contract.

Enrollment: Registration packet (attached) must be complete and returned along with the items listed below to the Dr. Saide Recreation Center (1003 E. Eason Ave., Buckeye, AZ 85326) or the Sundance Recreation Center (21765 W. Yuma Rd., Buckeye AZ 85326). Children may attend the program 48 hours after registration is complete.

Registration Items Required for Enrollment:

1. Blue Immunization Card (attached). Complete all areas, leaving no lines blank. If the question/line does not apply, write "none" or "N/A". Each child must have at least two emergency contacts in addition to the parents/guardians authorized to pick up your child in case of an emergency.
2. If there are current custody issues that affect the child's pick-up and/or emergency procedures a copy of legal custody documentation is required.
3. Copy of immunization records (school immunization records are NOT accepted).
4. Discipline Policy. Signed.
5. Fee attendance contract. Signed.
6. Payment for days of attendance.

Payments: Payments are due every Friday prior to the week of attendance. If payments are not received on Friday, a \$10 late fee will be applied. A \$5 additional fee will be applied to participants who attend on non-contracted days.

- The City of Buckeye Recreation Division will not issue any refunds regardless of withdrawal, illness, absence, suspension, or expulsion. This includes field trip fees.

Payment Options:

- Payments can be made online at www.buckeyeaz.gov/rec. If needed, you can email recreation@buckeyeaz.gov for your account login information.
- Auto-pay (automatic withdrawals are processed each Monday for the week of attendance).
- Cash or credit card payment at the Dr. Saide Recreation Center (1003 E. Eason Ave.) Monday-Friday 9:00 a.m.-7:00 p.m. or Sundance Recreation Center (21765 W. Yuma Rd.) Monday-Friday 8:00 a.m.-7:00 p.m. and Saturdays 8:00 a.m.-4:00 p.m. (we do NOT accept personal checks).

Auto-Pay Option:

An Auto-Pay Authorization Form must be filled out in order to be enrolled in the weekly auto-pay option. If, at any time, you choose to cancel your auto-pay option, it must be done so in writing.

Change in Attendance or Dis-Enrollment: Change of Contract forms are required to withdraw/release participants from program after registration is complete.

- Change of Contract forms are due the FRIDAY prior to the weeks contracted attendance to release child from registered contracted days.
- Change of Contract forms must be submitted online at www.buckeyeaz.gov/rec.
- If your child has not attended for two weeks consecutively without prior notification, your child will be automatically withdrawn, and the fees will remain due on the account.
- If your billing account is two weeks past due, your child will be automatically withdrawn until all fees are current.
- When dis-enrollment occurs, re-enrollment will require a registration fee plus all fees to be paid in full.

DES Funding: The City of Buckeye's Lil Squirt's program is a DES contracted childcare program. Call 623-925-0095 to find out if you qualify for childcare assistance. If you currently receive DES funding, you will need to contact your caseworker to have them change the location to reflect the Dr. Saide Recreation Center for the duration of the program.

Sign In/Out Requirements:

- **Sign In: Participants must be signed in daily by a parent or authorized person. A child may not sign themselves in.** Parents will receive an email from Procure with a unique 4-digit pin to sign the child in, a parent or authorized person must accompany the child onto the site and to sign in enter 4-digit pin and sign their full name on the tablet/phone.
- **Sign Out:** For the safety of the children, we require that parents or authorized persons sign the child out each day. **A child may not sign themselves out.** To sign a child out, a parent or authorized person must visit the site and sign their full name and time on the form.
- **Please be prepared at all times to show your ID! It is for the safety of your child.**



Late Pick-Up: \$15 per every 15 minutes/per child after 12:00 p.m. per the site clock and will be added to your account (i.e. 12:01-12:15=\$15; 12:16-12:30=\$30 and so on). Children will not be able to return to the program until late pick-up fee is paid in full.

- 1st Time:** Verbal warning
- 2nd Time:** Fee plus written warning
- 3rd Time:** Fee plus 3 days suspension
- 4th Time:** Removal from the program



Medication: The parent/guardian must complete a "Medication Release Form" and bring the prescribed amount of medication in the original container to authorize giving medication to a child for medication to be administered. Forms are available at the site or online.

Illness: It is important for parents who have children in the program to understand that their child's health affects the health of other children and staff members in the program.

Please do not bring a child who has the following illness/infestation signs and symptoms:

1. Fever. Participants must be fever free for 24 hours in order to return.
2. Any contagious/communicable diseases such as Covid, strep throat, pink eye, lice, chicken pox, etc.
3. Vomiting
4. Serious/hard coughing or difficulty breathing
5. Rash/sores
6. Diarrhea
7. Mucus or pus from red eyes
8. Thick drainage from the nose
9. Sore throat

If your child becomes ill during the program, a staff member will contact a parent or authorized designee to pick-up the participant. Parents have one hour (1 hr) from time of contact to pick up an ill child from program.

Emergencies: If your child has an accident, injury, or emergency while at the program that requires medical treatment by a health care provider, a staff member will immediately notify the child's parents. It is imperative that your account information is up to date at all times.

Phone Number Changes: Please notify staff if phone numbers change at any time during the program. If contact numbers are inoperable, parent/guardian will be given three business days to update the registration form with replacement numbers or contacts before being automatically withdrawn from the program. Re-enrollment with payment of the \$25 registration fee and any past due amount will be required to attend again.

Toilet Training: Children **MUST** be toilet trained. Occasionally, accidents will happen, however if your child has frequent urine and/or bowel accidents occur (three or more within 30 day period) or wears pull ups, then they do not meet this requirement. Please understand that if your child does exhibit signs of not being fully toilet trained, you will be asked to remove your child from the program. If an accident happens, a parent or guardian is expected to either pick up the child or bring change of clothes/cleansing products within one hour (1 hr.) from the time parent/guardian is notified. We recommend that all participants in the Lil Squirts program bring a change of clothing to keep in their cubby.

Snack: A snack is provided. Additional snack may be provided by parent. Snack menu posted at site.

Child's Personal Property: The City of Buckeye is not responsible for lost, stolen, or broken property. Personal property that has been left on premises after hours of operation will be placed in lost & found. Items not claimed will be donated at the end of the last day of the program. It is **STRONGLY** recommended to leave all valuables at home.

Licensing: City of Buckeye Lil' Squirts Preschool Program is regulated by the Arizona Department of Health Services, located at 150 N. 18th Avenue, Suite 400, Phoenix, Arizona, 85007; phone number (602) 364-2536. Inspection reports are completed by DHS and are available upon request.

Accommodation Requests: The City of Buckeye is committed to providing equal access to its facilities, programs, and services. This commitment is consistent with the Americans with Disabilities Act of 1990 (ADA), a federal civil rights law that protects qualified persons with disabilities from discrimination. The individual needs of a particular youth may exceed the facility's physical limitations for accommodations. Please complete BEST OF CARE FORM (attached) to have a staff review and schedule a parent meeting to ensure the program guidelines align with needs.

Insurance: The City of Buckeye carries liability insurance for all its operations, including city sponsored recreation programs.

Pesticides: If pesticides are sprayed on the premises, notification will be posted at least 48 hours before the pesticide is applied.

Field Trips: Participants have the option to attend field trips. Field trip registration begins August 26, 2024

- Participants are required to wear their designated field trip shirt and a wristband on each trip for safety purposes. **Children NOT wearing their designated field shirt on the day of the trip will not be permitted to attend.**
- Children will receive a trip shirt with their registration. Additional shirts are available for purchase at the sites and both recreation centers for \$15 each.
- Participants must ride the bus to and from the field trip site with the program. Drop off/pick up to/from the field trip is NOT permitted.
- Participants must arrive to the site 30 minutes prior the trip departure time. (Stay up to date with trip information at the sign in table each week).
- To attend trips parents/guardians must:
 1. Register their child online at www.buckeyeaz.gov/rec for ALL field trips that they wish to participate (even those that are included).
 2. And, physically sign the "Field Trip Permission Slip" is required to be signed by a parent/guardian for each trip.
 3. All field trip dates are tentative and subject to change or cancel based on minimum registration. Field trips have limited availability and are filled on a first come basis.
 4. There may be field trips that will extend beyond 12:00 p.m. Check with your site for specific days and times for each field trip and please plan accordingly.
 5. **FIELD TRIPS ARE NON-REFUNDABLE AND NON-TRANSFERABLE!**

Parent Communication: The City of Buckeye will communicate with parents through the Procure alerts or app about days the program is closed, days lunches are needed and updates that arise. Parents will be sent a welcome email prior to the start of the program to create their account. Procure will have the newsletters, field trip updates and announcements.



LIL' SQUIRTS FEE ATTENDANCE CONTRACT

Dates: August 12, 2024- May 16, 2025 (no program on federal holidays)

Locations: Dr. Saide Recreation Center – 1003 E. Eason Ave. Buckeye, AZ 85326

This form must be completed and submitted with the registration form.

Participant Name: _____ Age: _____ Shirt Size: _____

Participant Name: _____ Age: _____ Shirt Size: _____
(if multiple participants)

Legal Guardian 1: _____ Legal Guardian 2: _____

	MON	TUES	WED	THURS	FRI	Fee # days	Weekly Fee
Please "X" ALL DAYS ATTENDING						\$55/week	
Participant Name 1:							
Participant Name 2:						\$55/week	

Initial I understand that payments are due each Friday prior to the contracted attendance schedule. \$10 late fee will apply if payments are not received. This program is a weekly tuition regardless of holidays.

Initial I understand that a late pick-up fee will be assessed at the rate of \$15 for every fifteen minutes past 2:00 p.m. (i.e. 1-15 minutes, \$15, 15-30 minutes, \$30, etc.). More than five late pickups will result in a dis-enrollment.

Initial **WITHDRAWAL / CONTRACT CHANGE POLICY (Change of Contracts)**
It is the City of Buckeye's policy that prior notice is required to terminate or change enrollment in the program. If for any reason you decide to change or drop your child's enrollment from the program, notification must be made by **Friday** for the following week's attendance to release you from your current contract. Changes in contract forms must be submitted electronically at www.buckeyeaz.gov/rec.

Initial I understand that there are **NO REFUNDS OR CREDITS FOR ABSENCE, ILLNESS, OR SUSPENSIONS** including field trips.

Initial I hereby agree to accept full responsibility for payment of all registration and miscellaneous fees required for my child(ren) to attend the City of Buckeye's Lil' Squirts program.

Parent /Guardian Signature: _____ Date: _____



DISCIPLINE POLICY

To ensure the safety of all participants and staff, the City of Buckeye staff will implement an assertive discipline program. Children involved in our program are expected to follow the rules and direction of the Lil' Squirts site staff. The following are guidelines used when disciplinary action becomes necessary due to unacceptable behavior.

1. Warning for specific unacceptable behavior.
2. Separation from group with a warning of future consequences for repeated behavior.
3. Separation from group with a warning and write-up for repeated behavior.
4. Separation from group with a call to parent or guardian and a write-up.
5. Parent/Guardian conference to discuss corrective action and consequences for future incidents.
6. Suspension. One to two scheduled days from the program and /or the remainder of the day.
(NO REFUND FOR SUSPENSION OR EARLY PICK-UPS ON SCHEDULED DAYS).
7. Repeated aggressive / inappropriate behavior with three to five suspensions will result in removal from program with approval from Recreation Coordinator and Superintendent.

Some actions will result in an automatic suspension or dismissal from the program. Parents/ Guardians will be contacted immediately to pick-up their child from the program. The participant will be suspended for the following day(s) and/or dismissed from the program. The following are actions that will result in automatic suspension or dismissal.

1. Showing extreme disrespect or disruption (abusive language).
2. Damaging the recreation site (school or bus) or supplies or stealing property.
3. Endangering another child or staff verbally (threats) or physically (hitting, spitting, biting, throwing objects, etc.).

The City of Buckeye Community Services Department reserves the rights to withdraw a participant from the program if all discipline options have been exhausted and/or demonstration of extreme behavior that may put participants and staff in danger (i.e. verbal or physical actions including fighting, threats).

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I have read the "Lil' Squirts Discipline Policy" and fully understand the process to be used for discipline issues.

Participant Name

Participant Name (if multiple participants)

Parent/Guardian Signature

Date



LIL' SQUIRTS AUTO-PAY AUTHORIZATION FORM

The City of Buckeye offers an auto-pay option for your weekly program fees. This option allows you to pay your account every Monday with your debit or credit card. This service is free of charge. Please complete the below form to authorize the Auto-Pay program for your account.

Parent Name: _____ Date: _____

Account Email: _____ Phone: _____ Last 4 of credit card: _____

Contracted Schedule:	MON	TUES	WED	THURS	FRI	Fee # days	Weekly Fee
Please "X" ALL DAYS ATTENDING						\$55/week	
Participant Name 1:							
Participant Name 2:						\$55/week	

- For varying schedules, a Change of Contract form is required each week (submitted the Friday prior to change occurring) for your auto pay to be linked to attendance. Otherwise, billing will be charged per attendance contract above.
- You are hereby authorized and requested, until otherwise instructed, to charge to the above referenced account, the weekly attendance fee.
- I understand that if a transaction is DECLINED, a courtesy phone call and/or email will be attempted at the contact information listed on the account. A paper past due balance receipt will be sent to the participants site and placed in the sign in/out book.
- I further understand that I am responsible for payment, and I am aware that if the transaction is declined that penalties will be applied and will not be waived. If the transaction is declined twice the \$25 registration fee will be added to the account and the child will be withdrawn from the program due to non-payment.
- I understand that a request to discontinue or change this service must be made in writing via Change of Contract form the Friday, prior to the anticipated next charge date.

Parent/Guardian Signature

Date



BEST of Care Form



This form will be used to help the program support your child's growth and development while creating a safe, nurturing, and healthy environment for all children attending the Program. By providing complete information about your child, you will be assisting us in creating a positive experience for your child while in our care. The City of Buckeye Youth Programs Coordinator may contact you before admission to follow up on the response provided below.

Participation Standards: for the safety and enjoyment of all participants, each child must be able to demonstrate the following with minimal redirection and support.

- Actively participate in planned activities for the duration of the program.
- Able to function within a group setting and will not require 1:1 support.
- Able to understand, follow, and accept directions.
- Cooperatively takes turns and shares.
- Respects others and their property (including physical property such as tables, playgrounds, buses, etc.).
- Able to stay with his/her group assigned group.
- Able to maintain self-control.
- Able to maintain personal care, such as functioning independently, eating, and toileting.

Participant Name: _____ Age/Grade: _____

1. What do you hope your child will learn or experience while attending?

2. What is important to know about your child's care?

3. Does your child prefer to play alone or with others? _____ Alone _____ With Others

4. What does your child like?

5. What does your child dislike?

6. What are some of your child's favorite games or toys to play with?

7. What are particular things you say or do to praise or re-direct your child's behavior?

8. Does your child have any health or behavioral concerns we should know? Yes No

9. Allergy List: _____

10. Does your child have any specialized plans (IEP, 504, etc.) in place?

Yes No Is this something you would want to share? Yes No

11. Is there anything else your child would like to share about your child to help us create a positive environment and relationship with your child?

12. I understand that a parent/guardian must apply sunscreen, and staff are not permitted to do so.

13. I give permission for my child to be videotaped and photographed for use in media content for program marketing purposes, including, but not limited to, newspapers, brochures, social media channels, etc. Yes No

14. I understand that if my child runs away from the staff and outside the programming area, 9-1-1 (Buckeye Police Dept.) will be called for immediate assistance, ensuring the child's safety.

15. I understand that this is a city recreational program and is not part of any regular school curriculum.

16. I acknowledge that my child's participation in the program is voluntary.

Parent/Guardian Signature

Date



CDC/SGH# or name: _____

**Arizona Department of Health Services
Bureau of Child Care Licensing
Emergency, Information and Immunization Record Card**

Child's Name:	Date Enrolled:	Updated:
Home Address (#, Street, City, State, Zip Code):		Date Disenrolled:
Home Phone:	Date of Birth:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female

Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

**I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:
(Pursuant to R9-5-304.B, at least two contact persons are required.)**

Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:

If Medical care is necessary, call:

Health Care Provider*	Name:	Contact Telephone Number:
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*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety.

In case of injury or sudden illness, I request that this individual be called first:	
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The following individual(s) may NOT remove my child from the facility:

Name(s):

Custody papers have been provided and are on file at the facility. yes no

Telephone Authorization Code (optional): _____

Immunization Information

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:

www.azdhs.gov/phs/immun/index.htm or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

Medical Information

<p>Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:</p>
<p>Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, specify procedure:</p>
<p>Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Additional comments:</p>
<p>Other special instructions:</p>
<p>Are there behavioral or health concerns to be aware of?</p>

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:
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