



# KIDS KLUB

## BEFORE & AFTER SCHOOL/SUMMER CHILD CARE PROGRAM

Cañon City Area Recreation & Park District  
575 Ash Street  
Cañon City, CO 81212  
(719) 275-1578

Do your kids wish there was more to do after school? Are you a working parent who worries about what your children are doing when school lets out for the day? Do your kids have a place to go before school starts? If you're searching for answers to these questions, the *Kids Klub Before & After School/Summer Program* may be what your kids are looking for!

Walk into KIDS KLUB and you'll find tons of fun activities going on. Kids playing basketball, soccer, football and other active games. Some kids will be in groups for arts and crafts or playing board games. Kids will also spend time doing their homework. Your child can socialize with others, make new friends, learn a new hobby, or just enjoy the many activities offered. All KIDS KLUB sites are state licensed and certified as a day care provider for children.

**REGISTRATION:** By the Wednesday of the week before attending  
(First time registration must be done at Rec. Office)

**AGES:** 5 – 12 year olds

**TIMES:** 6:45 am to first bell & after school bell to 6:00 pm  
Summers – 6: 45 am to 6:00 pm

**LOCATIONS:** Lincoln School of Science &  
420 Myrtle Ave. – Gym (Door 30)  
McKinley Elementary  
1240 McKinley Ave. – Rm 4 (Door 31)  
Washington Elementary  
606 N. 9<sup>th</sup> St. – Gym (Door 5)



| FEES: (as of 2/18/2022) | <u>Per Child</u> | <u>Drop In</u> |
|-------------------------|------------------|----------------|
| Before School           | \$6.00           | \$8.00         |
| After School            | \$9.50           | \$11.50        |
| Early Release Friday    | \$17.75          | \$20.75        |
| Half Day                | \$17.75          | \$20.75        |
| Full Day                | \$28.00          | \$35.00        |

\*DHS accepted\*

If not signed up by Wednesday the week before attending, a drop-in rate for each day will be added. Drop-in rate is \$2 extra before school and \$2 after school, \$3 extra for half day and \$7 extra for full day. A late fee of \$1.00 per minute will be assessed for each minute the child is at the school after 6:01 pm.



## **KIDS KLUB CHECK LIST**

This is a quick and simple check list to ensure that all the information that is required for your child(ren) to start Kids Klub is turned in.

1. \_\_\_\_ Enrollment Form (please put the date for the day(s) they are attending)
2. \_\_\_\_ Registration Form
3. \_\_\_\_ Packet agreement
4. \_\_\_\_ Permission Slips
5. \_\_\_\_ Medical and Health Information
6. \_\_\_\_ Immunization Record on Approved State Form

These forms need to be turned into the Cañon City Area Recreation District before your child(ren) is allowed to attend Kids Klub

Thank you,

Kids Klub Director

CAÑON CITY AREA RECREATION & PARK DISTRICT  
KIDS KLUB YOUTH REGISTRATION FORM

Application Date: \_\_\_\_\_ Child's Birth Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City Zip

Home Phone: \_\_\_\_\_ Mother Cell: \_\_\_\_\_ Father Cell: \_\_\_\_\_

Lives with: Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian \_\_\_\_\_ Grandparent \_\_\_\_\_

Primary Mother/Father/Guardian: \_\_\_\_\_  
Name address if different from child's

Email Address: \_\_\_\_\_

\_\_\_\_\_  
Employer Employer Address Employer Phone

Other Parent or Guardian: \_\_\_\_\_  
Name address if different from child's

Email Address: \_\_\_\_\_

\_\_\_\_\_  
Employer Employer Address Employer Phone

Which school does your child attend: \_\_\_\_\_

What grade of education is your child currently in: \_\_\_\_\_

What is the name of your child's teacher for this school year: \_\_\_\_\_

**AUTHORIZED PERSONS TO PICK UP YOUR CHILD FROM KIDS KLUB PROGRAM:**

Child's Name \_\_\_\_\_ may be picked up by the following persons and these persons may be contacted in the event of an emergency:

|                         |                        |
|-------------------------|------------------------|
| Name: _____             | Relationship: _____    |
| Home Phone: _____       | Alternate Phone: _____ |
| Home Address: _____     |                        |
| Employer: _____         | Work Phone: _____      |
| Employer Address: _____ |                        |

If you need to have additional contacts please print this page again.

**Cañon City Area Recreation District Kids Klub Health and Medical Information**

Child's Name: \_\_\_\_\_

Does your child have any allergies:  Yes  No

Does your child have any medical conditions:  Yes  No

Does your child have any communicable diseases:  Yes  No

Does your child have any illnesses or injuries:  Yes  No

Does your child have any special dietary needs:  Yes  No

Does your child take any current medications:  Yes  No

If you answered yes to any of the above please explain below and request a Health Care Plan Form:

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*Immunizations must be on the approved Colorado Department of Health Form\***



**COLORADO LAW REQUIRES THAT THIS FORM BE COMPLETED FOR EACH STUDENT ATTENDING COLORADO SCHOOLS**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Parent/Guardian \_\_\_\_\_

**COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT—CERTIFICATE OF IMMUNIZATION**

| Vaccine  | Enter the month, day and year each immunization was given |  |  |  |  |  |
|--|---|--|--|--|--|--|
| Hep B  | Hepatitis B   |  |  |  |  |  |
| DTaP   | Diphtheria, Tetanus, Pertussis (pediatric)                |  |  |  |  |  |
| DT   | Diphtheria, Tetanus (pediatric)                           |  |  |  |  |  |
| Tdap   | Tetanus, Diphtheria, Pertussis                            |  |  |  |  |  |
| Td   | Tetanus, Diphtheria                                       |  |  |  |  |  |
| Hib  | <i>Haemophilus influenzae</i> type b                      |  |  |  |  |  |
| IPV/OPV  | Polio   |  |  |  |  |  |
| PCV  | Pneumococcal Conjugate                                    |  |  |  |  |  |
| MMR  | Measles, Mumps, Rubella                                   |  |  |  |  |  |
| Varicella  | Chickenpox  |  |  |  |  |  |
| Vaccines recorded below this line are recommended. Recording of dates is encouraged. |   |  |  |  |  |  |
| HPV  | Human Papillomavirus                                      |  |  |  |  |  |
| Rota   | Rotavirus   |  |  |  |  |  |
| MCV4/MPSV4   | Meningococcal   |  |  |  |  |  |
| Hep A  | Hepatitis A   |  |  |  |  |  |
| TIV/LAIV   | Influenza   |  |  |  |  |  |
| Other  |   |  |  |  |  |  |

**THIS SECTION CAN BE COMPLETED BY CHILD CARE/SCHOOL/HEALTH CARE PROVIDER**

**A) Child Care Up to Date**  
 Up to date through 6 months of age for Colorado School Immunization Requirements \_\_\_\_\_ Update Signature \_\_\_\_\_ Date \_\_\_\_\_

**B) Child Care Up to Date**  
 Up to date through 18 months of age for Colorado School Immunization Requirements \_\_\_\_\_ Update Signature \_\_\_\_\_ Date \_\_\_\_\_

**C) Child Care/Pre-school/Pre-K\***  
 Up to date for Child Care/Pre-School/Pre-K for Colorado School Immunization Requirements \_\_\_\_\_ Update Signature \_\_\_\_\_ Date \_\_\_\_\_

**D) Complete for K-5th Grade**  
 Up to date for K-5th Grade for Colorado School Immunization Requirements \_\_\_\_\_ Update Signature \_\_\_\_\_ Date \_\_\_\_\_

\* If age 4 years and fulfills Requirements for Pre-School & Kindergarten, check BOTH Boxes C and D.

**HAS MET ALL IMMUNIZATION REQUIREMENTS FOR COLORADO SCHOOLS (6TH GRADE OR HIGHER)**

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
 (Physician, nurse, or school health authority)

**STATEMENT OF EXEMPTION TO IMMUNIZATION LAW (DECLARACIÓN RESPECTO A LAS EXENCIONES DE LA LEY DE VACUNACIÓN)**

**IN THE EVENT OF AN OUTBREAK, EXEMPTED PERSONS MAY BE SUBJECT TO EXCLUSION FROM SCHOOL AND TO QUARANTINE.**  
**SI SE PRESENTA UN BROTE DE LA ENFERMEDAD, ES POSIBLE QUE A LAS PERSONAS EXENTAS SE LES PONGA EN CUARENTENA O SE LES EXCLUYA DE LA ESCUELA.**

**MEDICAL EXEMPTION:** The physical condition of the above named person is such that immunization would endanger life or health or is medically contraindicated due to other medical conditions.  
**EXENCIÓN POR RAZONES MÉDICAS:** El estado de salud de la persona arriba citada es tal que la vacunación significa un riesgo para su salud o incluso su vida; o bien, las vacunas están contraindicadas debido a otros problemas de salud.

Signed (Firma) \_\_\_\_\_ Date (Fecha) \_\_\_\_\_  
 Physician (Médico)

**Medical exemption to the following vaccine(s):**  
**La exención por razones médicas aplica a la(s) siguiente(s) vacuna(s):**

Hep B  DTaP  Tdap  Hib  IPV  PCV  MMR  VAR

**RELIGIOUS EXEMPTION:** Parent or guardian of the above named person or the person himself/herself is an adherent to a religious belief opposed to immunizations.  
**EXENCIÓN POR MOTIVOS RELIGIOSOS:** El padre o tutor de la persona arriba citada, o la persona misma, pertenece a una religión que se opone a la inmunización.

Signed (Firma) \_\_\_\_\_ Date (Fecha) \_\_\_\_\_  
 Parent, guardian, emancipated student/consenting minor  
 (Padre, tutor, estudiante emancipado o consentimiento del menor)

**Religious exemption to the following vaccine(s):**  
**Exención por motivos religiosos de la(s) siguiente(s) vacuna(s):**

Hep B  DTaP  Tdap  Hib  IPV  PCV  MMR  VAR

**PERSONAL EXEMPTION:** Parent or guardian of the above named person or the person himself/herself is an adherent to a personal belief opposed to immunizations.  
**EXENCIÓN POR CREENCIAS PERSONALES:** Las creencias personales del padre o tutor de la persona arriba citada, o la persona misma, se oponen a la inmunización.

Signed (Firma) \_\_\_\_\_ Date (Fecha) \_\_\_\_\_  
 Parent, guardian, emancipated student/consenting minor  
 (Padre, tutor, estudiante emancipado o consentimiento del menor)

**Personal exemption to the following vaccine(s):**  
**Exención por creencias personales de la(s) siguiente(s) vacuna(s):**

Hep B  DTaP  Tdap  Hib  IPV  PCV  MMR  VAR

EMERGENCY MEDICAL RELEASE

Date: \_\_\_\_\_ Child's Name (Last, First, Middle): \_\_\_\_\_

Child's D.O.B.: \_\_\_\_\_ Child's School: \_\_\_\_\_

Child Address: \_\_\_\_\_

Parent's Address if different: \_\_\_\_\_

Parent/Guardian 1: Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian 1: Work Address: \_\_\_\_\_

Parent/Guardian 1: Work Phone: \_\_\_\_\_

Parent/Guardian 2: Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian 2: Work Address: \_\_\_\_\_

Parent/ Guardian 2: Work Phone: \_\_\_\_\_

Authorized Other People (Name, Address, Phone) for Pick-up/Release and Emergency Contact

\_\_\_\_\_  
\_\_\_\_\_

**If you need to add additional authorized people please ask for an  
Emergency Medical Release Additional Authorized form**



Doctor Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Hospital Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Dentist Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

I do hereby authorize Staff of the Canon City Area Recreation & Park District / Kids Klub to contact directly the persons named on this Emergency Medical Release, and do authorize the named physican, dentist or their associate to render such medical treatment as may be deemed necessary in an emergency for the health of said child. In the event the parents/guardians/authorized persons/medical personnel named on this formcannot be reached, the CCRD / Kids Klub Staff are hereby authorized to take whatever action is deemed necessary in their judgment for the health of aforesaid child. I agree I am solely responsible for payment of all costs resulting from the rendering of medical and ambulance services. I HAVE READ THE STATEMENT AND AGREE TO THE STATEMENT AS IT IS WRITTEN.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

# KIDS KLUB ELECTRONIC DEVICE PERMISSION

I, \_\_\_\_\_, hereby give my child \_\_\_\_\_ permission to bring one of the following electronic devices to Kids Klub: \_\_\_\_\_, \_\_\_\_\_, or \_\_\_\_\_. Please read the rules below and sign and return the permission slip with your child.

- The child will be responsible for taking care of the electronic device.
- The child must be sitting by self when using the device, not allowing other children (including siblings) to have use of the device, this includes watching/sharing.
- All games and/or songs must be appropriate for all ages that attend Kids Klub. (No violent games or explicit lyrics.)
- Use of electronic devices will be monitored and a time limit of 20 minutes per day (as mandated by the state) will be set.
- It will be at the Kids Klub Staff's discretion when and if the device can be used.
- On days when Kids Klub takes a field trip, the devices will be allowed on the bus, they are to be checked in with Kids Klub staff, labeled beforehand, and stored during activities.
- There will be no tolerance for any form of cyber bullying. Anyone participating in cyber bullying will have the devices confiscated and permission of device use at Kids Klub will be revoked. Any child who believes they are the recipient of cyber bullying needs to notify Kids Klub Staff so we may address the issue.
- Safe online practices will be reviewed with children every trimester and reviewed again during No School Days.
- **The Canon City Area Recreation and Park District (CCRD) including Kids Klub personnel do not assume responsibility for lost, stolen or damaged devices.**

Failure to abide by these rules will result in the child's loss of privileges, and depending on the situation, disciplinary action may be taken. I understand and agree to the above policies.

Parent Name: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

Parent Signature: \_\_\_\_\_

Student Name: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

Student Signature: \_\_\_\_\_

# Cañon City Area Recreation & Park District

## KIDS KLUB PROGRAM POLICIES AND PROCEDURES

**PURPOSE:**

The following policies and procedures have been implemented to provide a safe and secure environment for your child while he/she enjoys his/her leisure time. Your cooperation and understanding is necessary for the quality of this program. A completed registration packet must be received prior to attending the program. (Registration/forms must be up-dated annually or when there is a change that we need to be made aware of.)

**1. PROGRAM HOURS:**

- A. During the school year on normal school operating days hours are 6:45 am – first bell in the morning AND school dismissal – 6:00 pm in the afternoon.
- B. Half days during the school year will be conducted at Washington Elementary, Mckinley Elementary and Lincoln School of Science and Technology.
- C. Any closures will be posted on Facebook or the Canon City Area Recreation District website. (We are closed on snow days)
- D. The Kids Klub Program will **not** be offered on observed holidays. These days include: Labor Day, Thanksgiving Day and the day after, Christmas Eve , Christmas Day, New Years day, President’s Day, Memorial Day, and the 4<sup>th</sup> of July.
- E. During school breaks (Thanksgiving Week, Christmas Break, Spring Break and Summer Break) and on “no school days” operating hours are 6:45 am – 6:00 pm at Washington Site only.
- F. Half days during school breaks and “no school days” are offered as AM (6:45 am – 11:45 am) OR PM (1:00 pm – 6:00 pm.).
  - a. Each session is considered a half day. If a child attends part of the AM session and part of the PM session that will be considered a full day.
  - b. Example: Child is dropped off at 10:00 am and picked up at 2:00 pm it is a full day.

**2. FEES PER DAY:**

| FEES:         | <u>1 CHILD</u> | <u>2 CHILDREN</u> | <u>3 CHILDREN</u> |
|---------------|----------------|-------------------|-------------------|
| Before School | \$6.00         | \$12.00           | \$18.00           |
| After School  | \$9.50         | \$19.00           | \$28.50           |
| Half Day      | \$17.50        | \$35.00           | \$52.50           |
| Full Day      | \$28.00        | \$56.00           | \$81.00           |

- A. A drop-in fee will be charged if sign-up occurs after the Wednesday prior to the week attending.

Example 1: Parent turns registration in on Wednesday the 6<sup>th</sup> as required.

| 4 <sup>th</sup>                | 5 <sup>th</sup>    | 6 <sup>th</sup> – sign up (no fee) | 7 <sup>th</sup>    | 8 <sup>th</sup>    |
|--------------------------------|--------------------|------------------------------------|--------------------|--------------------|
| 11 <sup>th</sup> Child attends | 12 <sup>th</sup> → | 13 <sup>th</sup> →                 | 14 <sup>th</sup> → | 15 <sup>th</sup> → |

Example 2: Parent registers on Thursday the 7<sup>th</sup> and is late so there will be a drop –in fee.

| 4 <sup>th</sup>                    | 5 <sup>th</sup>        | 6 <sup>th</sup>        | 7 <sup>th</sup> - sign up | 8 <sup>th</sup>        |
|------------------------------------|------------------------|------------------------|---------------------------|------------------------|
| 11 <sup>th</sup> Child attends fee | 12 <sup>th</sup> → fee | 13 <sup>th</sup> → fee | 14 <sup>th</sup> → fee    | 15 <sup>th</sup> → fee |

- B. Fees will be evaluated and published in as timely manner as possible.

- C. **Accounts must stay current. Any pass due balances over two weeks will result in the suspension of your account.**



3. REGISTRATION:

- A. Registration must take place the Wednesday prior to the week attending. Attendance limits may be set at any time; therefore we will accept all registrations on a first come, first served basis.
- B. Parents will complete the weekly enrollment form for the days child will attend the program.
- C. Payment will be required at the time of enrollment.
- D. Parents may fill out the enrollment form online, at Kids Klub, or the Recreation District office. (Credit cards can be accepted at the Recreation District office, **but not at the Kids Klub site** or over the phone ).
- E. "Drop-ins" need to notify the site staff by cell phone prior to the child showing up at Kids Klub. (Our cell phone numbers are listed at each site or call the Recreation office at 275-1578 and notify Kids Klub Coordinator). Drop-in rate per child is an extra \$2.00 for before school and a \$2.00 after school, \$3.00 for half day, and \$7.00 for a full day.
- F. If your children's care is paid for by the Department of Human Services, they must also be registered on Wednesdays each week. D.H.S. allows five absent days per month, after that you will be responsible for any absent days that your child(ren) were registered for and did not attend. If an enrollment form is **not** filled out you will be responsible for any occurring late or drop-in fees.

4. CREDITS:

- A. Credits will be given for the following reasons only:
  - 1. Emergency closing of the facility.
  - 2. Death in the family.
  - 3. The child is sick.
- B. If your child is registered and unable to attend for any other reason, you must give twenty-four hours advanced notice in order to receive a credit. You must call the Recreation District office at 275-1578.

5. SIGN-IN/SIGN-OUT:

- A. **It is required by the Colorado Department of Human Services that every child be accompanied to and picked up from the program by an authorized person listed on the application, who must sign-in and sign-out the child.**
- B. **No one under 16 years of age is allowed to pick up a child from the program.**
- C. **Attendance each day will be done electronically and handwritten with a check in check out system as well as head counts done multiple times through out the day.**

**RELEASE OF INFORMATION:**

- A. **No information concerning your child will be released over the phone, at the office, or at site unless the person is listed under the Authorized Persons on both the application and enrollment forms.**

6. LATE FEE:

- A. **Our late fee, which begins at 6:01 pm, is \$1.00 per minute for every minute after 6:01 pm the child is at our program. Please contact the Kids Klub program if you are going to be late! Reminder: After the third late pick-up the individual will no longer be able to participate in the program.**
- B. **Payment is required at the time of pick up. If the staff has not been contacted by the parents about a late pick up, the police will be notified at 6:30 pm. When the police arrive, the participant(s) will be turned over to their custody.**

7. TRANSPORTATION:

School District Fremont RE-1 will provide transportation for this program during field trips. (Transportation fees are included in the registration fees.)

8. HARSH WEATHER CONDITIONS:

During harsh weather (stormy or extremely hot) the Kids Klub staff will conduct activities in the school facilities.

9. NATURAL DISASTER:

A written plan of action in case of natural disaster (floods, tornadoes, and severe weather) is on file for the Kids Klub program. The Staff has received training for the implementation of these plans. Written verification of the training will be in the staff members' personnel files. In case of a trip away from the school, these plans will accompany staff members.

10. LOST AND FOUND:

The Kids Klub Program maintains a lost and found for the children's belongings. Please label all items. The Cañon City Area Recreation District cannot be responsible for lost or stolen items.

11. HEALTH POLICIES:

- A. Parents will be notified in the event of an emergency. Medical services will be called if necessary. If your child is ill, you will be contacted and asked to pick up your child. We will have an isolated area for his/her temporary care until you arrive.
- B. Colorado Department of Human Services requires a written permission slip from the child's physician authorizing staff to administer any type of medication.
- C. All medications will be kept in an area unaccessible to all children but easily accessed by appropriate staff. Medications required to be locked up will be put in a lock box and stored in the appropriate area. Medications required to be put in a cold area will be stored in the refrigerator in a leak proof container.

12. WITHDRAWAL FROM THE PROGRAM:

- A. A written statement of withdrawal of services will be given to you if your child is asked to leave the program.
- B. If you decide to withdraw your child from the program it requires a timely notice in person, by telephone, by mail or by email to the Program Director.

13. VISITOR POLICY:

Our policy at the Canon City Area Recreation & Park District Kids Klub regarding visitors is as follows:

- 1) All visitors must check in with staff and state their purpose for visiting.
- 2) We require that all visitors sign-in and show identification.
- 3) Visitors will not be left unattended with children.
- 4) We reserve the right to refuse visitation for anyone who is deemed a threat to children or staff.

14. CIVIL RIGHTS:

The philosophy of the Cañon City Area Recreation & Park District is to provide recreational opportunities for everyone in the community. Our services are offered to special needs children in compliance with the Americans with Disabilities Act.

15. REPORTING SUSPECTED CHILD ABUSE:

Your child was recently enrolled in a child care program that is licensed by the Colorado Department of Human Services. The license confirms that the program has met required standards for the operation of a child care facility. If you have not yet done so, please ask to see the license. Most licensed facilities

make every effort to provide a safe and healthy environment for children. Unfortunately, on rare occasions, an incident of physical or sexual abuse may occur. If you believe that your child has been abused, you should seek immediate assistance from your county department of social services. The telephone number to report child abuse for the Fremont County Department of Human Services is 719-275-2318. Colorado law requires that child care providers report all known or suspected cases of child abuse or neglect. Child care services play an important role in supporting families, and strong families are the basis of a thriving community. Your child's educational, physical, emotional, and social development will be nurtured in a well planned and run program. Remember to observe the program regularly, especially with regard to children's health and safety, equipment and play materials, and staff. For additional information regarding licensing, or if you have concern about the child care facility, consult the Colorado Office of Child Care Services at 303-866-5958.

#### 16. MEALS:

- A. A sack lunch must be brought on field trip days (once per week during summer), unless notified otherwise by staff.
- B. A meal that meets 1/3 of the child's daily nutritional needs will be served during the other No School Full Days.
- C. Nutritional snacks/meals will be served in the morning and afternoon during all No School Full Days. An afternoon snack will be served after school during the school year.

#### 17. DISCIPLINE:

- A. A discipline system has been implemented for the children enrolled in the program. Parents will be advised that unacceptable behavior will result in the suspension of the child, with dismissal to follow, if the behavior continues.
- B. If the discipline problems arise, our staff will contact the parent/guardian during or immediately following the program.
- C. We reserve the right to suspend or dismiss any child who is a threat to himself/herself, others in the program, or the staff.

#### 18. PARTICIPANT DISCIPLINE PROCEDURES:

In order to provide a FUN and SAFE environment for your child while he/she is participating in Kids Klub, the following discipline policies have been established:

- Step 1: When unacceptable behavior occurs, the child will receive a VERBAL WARNING.
- Step 2: A "TIME OUT" system will be used. A staff member will explain to the child why he/she is being placed in "time out". The child is to be quiet and calm during a "time out".
- Step 3: A written CONDUCT REPORT (REFOCUS) will be presented to the parent and child explaining the unaccepted behavior.
- Step 4: A second CONDUCT REPORT (REFOCUS) will be issued.
- Step 5: A third CONDUCT REPORT (REFOCUS) will be issued
- Step 6: A FIVE DAY SUSPENSION from participating in the Kids Klub program.
- Step 7: Once a child returns from suspension, he/she will be placed on a three-month probation period in which the child attends the program. If the participant is unable to improve his/her behavior during this time, our final step will be DISMISSAL.

#### 19. PERSONAL ITEMS:

- A light jacket is recommended for Colorado's ever changing weather. Also tennis shoes for safety when running and playing.

- We spend a lot of time outside during the summer, you may want to send your child with sunglasses or a hat for eye protection.
- Don't forget to wear or bring a swimsuit on swim days. Please mark everything that your child brings to the program with a permanent marker.
- The Kids Klub Program will not be responsible for personal items that are stolen or broken. Personal items must be age-appropriate.
- Appropriateness of personal items will be left to the discretion of the staff. You may send extra spending money with your child.
- The program staff will not be responsible for carrying, holding, or distributing the money.

**Kids Klub Cell Phones:**

|              |                                      |
|--------------|--------------------------------------|
| 719-371-6542 | Kids Klub Director (Jaimee Southern) |
| 719-431-0060 | Lincoln Elementary                   |
| 719-371-6544 | McKinley Elementary                  |
| 719-371-6543 | Washington Elementary                |
| 719-275-1578 | Recreation District Office           |