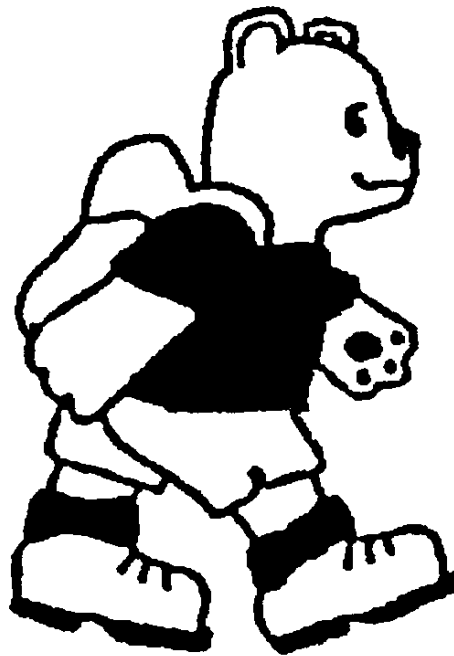


FULTON-EL CAMINO PARK AND RECREATION DISTRICT  
2201 COTTAGE WAY  
SACRAMENTO, CA 95825  
927-3802

# FEC CARES CHILDCARE



## **Parent Handbook**

## FULTON-EL CAMINO RECREATION AND PARK DISTRICT

2201 Cottage Way  
Sacramento, CA 95825  
927-3802  
[www.fecrecpark.com](http://www.fecrecpark.com)

### CARE

Fulton ElCamino has established specialized care to comply with new regulations. Care is expected to start Monday June 15 and will run in one week sessions. Registration will close at noon the Friday before each care session. Space is limited. Care sessions hold new and exciting activities each week. All care sessions will be held in small groups inside and outside. Children's temperatures will be checked daily at drop off.

### STAFF

Our Summer Care Staff is made up of recreation leaders who are experienced and well trained. The staff has been carefully selected to work with your child(ren). All of the leaders are fun, warm and caring individuals. Your child(ren)'s safety is always our leaders first concern. Each of our leaders bring their own individuality and specialty to the program. This, in turn, makes the program specialized and different each year.

### PROGRAM HOURS

This summer we are only offering half day care in an effort to create enough space for children to participate. You may sign up for an AM and a PM session if you need it for work. We will have very strict drop off and pick up times, please plan accordingly. **DO NOT** let your child(ren) arrive early, and please make sure to have them picked up **NO LATER** than 12:30 pm or 5:30pm depending on your session time. **A late fee will be charged to parents late in picking up their child(ren) and will not be tolerated.**

AM Camp drop off is between 7:30am – 8:00am, pick up no later than 12:30pm

PM Camp drop off is between 12:30pm – 1:00pm, pick up no later than 5:30pm

### WHERE TO MEET UPON ARRIVAL

Summer Care participants will meet in the front of the building at Cottage Park. Staff will use a temperature gun to check your child's temperature before they enter the building. Do not drop off after the designated drop off time as camp will already be in session and no staff will be available to greet your child.

### THINK SAFETY

## ARRIVAL/DEPARTURE PROCEDURES

We are asking that parents not enter the building at drop off. Please knock on the door at pick up and we will walk your child out to you. Follow the appropriate drop off and pick up times associated with your camp.

If your child(ren) will be arriving/departing on his/her own, the District must have a note signed by a parent/guardian on file. All notes must include the following:

1. Child(ren)s Name
2. Means of transportation
3. Time child(ren) will arrive at the program
4. Time child(ren) is allowed to leave the program
5. Date the note is good for
6. Todays date and signature of parent/guardian

The District is extremely strict about letting children depart on their own. All notes will be kept on file throughout the summer. **The District and Summer Care Leaders are not responsible for the well being of the participants in transit to and from the program.**

## ABSENTS

If your child(ren) will not be attending the program on any given day, please notify the staff by calling 916-487-8435 before their scheduled arrival for the day. Due to the nature of our program, our staff will be expecting your child(ren) on a daily basis unless otherwise notified. **Save the staff from worry and telephoning by having the courtesy to contact them regarding absenteeism.**

## AFTER 12:30 PM / 5:30 PM CONTRACT

A \$5.00 late charge, per child, for every 15 minutes that you are late in picking up your child(ren) will be charged. After the first 15 min, the emergency person on your Registration Form will be contacted to pick up your child(ren). If you and the emergency contact person cannot be reached within 30 min, the Sheriffs department will be contacted to come and pick up your child(ren). Payments must be paid in cash to the Summer Care Staff. All late fees must be paid before your child(ren) can attend the next Summer Care meeting day.

## LUNCH TIME

We are asking that you send a bottle of water to be refilled throughout the day. Lunch is scheduled every day at 11:30 am. Please have your child(ren) bring his/her lunch every day for AM Camps. We have a 3:00pm designated snack time for PM Camps. Please send snacks with your child(ren) they will need them. The District **will not** provide snacks at this time. **NOTE: Unless indicated otherwise, no other time during the day will be allowed for eating.**

## MEDICATION

If by chance your child(ren) is taking medication and needs to take some at Summer Care, please give the medication and a note of explanation to the staff. The note should explain what your child(ren) is taking, the dosage, and how often they need to take it while in our care. It is important that the staff be aware of your child(ren)'s need for medication. Please leave a note in the medication section of your child(ren)'s registration form if your child is taking any medication. Please keep in mind we will not have a refrigerator this summer. Even cough drops need to follow this process.

## CLOTHING & VALUABLES

Children enrolled in the Summer Care program will be participating in a wide variety of activities throughout the summer, therefore, participants should wear comfortable play clothes. **DO NOT** send your child(ren) to the program with good clothes in which to play. **All participants MUST wear shoes (closed toes and heels) at all times, no sandals or flip flops permitted.**

To avoid any ownership problems, please label any item brought from home such as backpacks, towels, shirts, etc. Please do not bring any expensive toys, electronic games, radios or other valuables to the Summer Care site. A Lost and Found Box will be kept throughout the summer. Check with one of the Summer Care Leaders for the location of the Lost and Found box.

**NOTE:** The Fulton-El Camino Recreation and Park District is not responsible for anything that is lost, stolen or damaged.

## GENERAL RULES

1. No hitting, kicking, pushing, running, biting, jumping, sliding, yelling, or anything that may be dangerous to yourself or others.
2. Respect peers, leaders, and lifeguards.
3. Follow instructions.
4. Use appropriate language.
5. Must wear closed toed and heeled shoes.
6. No playing in the bathrooms.
7. Lunch and snack will be done at specific times, do not take out food unless told to do so. Do not share food with others. Exception is siblings.
8. Use the Buddy System.

### Outside Rules

\*Staff will place sign in window before going outside.\*

1. Must stay in bounds
2. No Creek.
3. No pulling on trees or picking grass.
4. No sticks.
5. No Playground

### ILLNESSES

If your child(ren) should become ill while attending the program, you will be notified and asked to arrange for your child(ren) to be picked up as soon as possible. Please **do not** bring your child(ren) to the program if he/she has any apparent illness (fever, rash, sore throat, migraines, etc.). If your child(ren) has been exposed to any contagious childhood diseases such as mumps, measles, chicken pox, lice, etc., please apprise our staff immediately. Your help is greatly appreciated.

### ANY QUESTIONS??

If you have further questions or concerns, please email:  
Robin Romines, Recreation Supervisor [Rromines@fecrpd.com](mailto:Rromines@fecrpd.com)

### ADDRESSES/PHONE NUMBERS

District Office	2201 Cottage Way	916-927-3802
Cottage Center	3097 Cottage Way	916-487-8435

### FEES

Payment for Summer Care is due the Friday prior to the new session beginning, no later than NOON. All payments must be made at the District Office between 8:00 am-5:00 pm. If you are unable to pay your fees during office hours, you may use our drop box, website [www.fecrpd.com](http://www.fecrpd.com) or mail your payment to the District Office at:

Fulton-El Camino Recreation and Park District  
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If you and the emergency contact person cannot be reached within 30 min, the Sheriff's department will be contacted to come and pick up your child(ren).

Payments must be paid in cash to the Summer Care Staff. All late fees must be paid before your child(ren) can attend the next Summer Care meeting day.

I, \_\_\_\_\_, have read the above statement and agree to pay the late fees as described above.

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

\_\_\_\_\_  
Date

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SAFETY CONTRACT

We appreciate all each family can do, to aid in the safety of camp.

I understand that my child's temperature will be taken on a daily basis, and I am unable to leave my child at camp if he/she is ill.

I will provide a water bottle for my child and dress my child in appropriate camp clothing including tennis shoes.

I will speak to my child about the importance of social distancing, and will arrive promptly to pick them up if they do not comply.

I will speak to my child about the importance of staying with their camp, and will arrive promptly to pick them up if they do not comply.

I understand that my child will be unable to play on the playground.

I understand that my child is not required to wear a mask and gloves, but may do so if my family chooses to.

I, \_\_\_\_\_, have read the above statement and agree to comply.

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

\_\_\_\_\_  
Date

2201 Cottage Way  
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**SUMMER CARE REGISTRATION FORM**

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

Parent's Name: (Mother) \_\_\_\_\_ (Father) \_\_\_\_\_  
(If parent's last name is different please note)

Phone: (H) \_\_\_\_\_ (MW) \_\_\_\_\_ (FW) \_\_\_\_\_  
(Employer) \_\_\_\_\_

Address \_\_\_\_\_  
Number & Street City ZIP

Child's First Name	Sex	Birthdate	Age	School

**EMERGENCY INFORMATION**

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
Number & Street City ZIP

Hospital \_\_\_\_\_ If Kaiser # \_\_\_\_\_

Name of Medical Insurance, if any \_\_\_\_\_

Child's Allergies/Medical Conditions: \_\_\_\_\_

Medications: \_\_\_\_\_

<b>IF PARENTS CANNOT BE CONTACTED IN AN EMERGENCY, PLEASE CALL:</b>			
NAME	_____		
PHONE (H)	_____	(W)	_____
ADDRESS	_____		
	Number & Street	City	Zip

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Name of persons other than parents/guardians who are authorized to pick up your child from program.

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Note: Notification by parents or guardian must be given in case someone other than persons listed will be picking up child.

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**AGREEMENT, WAIVER AND RELEASE**

In consideration for being permitted by the Fulton-El Camino Recreation and Park District to participate in the Adventure Club Program, I hereby waive, release and discharge any and all claims for damages for personal injury, death or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance the Fulton-El Camino Recreation and Park District (its officers, employees and agents) from any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the above persons or entities free and harmless from any loss, liability, cost, damage or expense which they may incur as the result of my death or any injury or property damage that I may sustain while participating in said activity.

PARENTAL CONSENT: (to be completed and signed by parent/guardian, if applicant is under 18 years of age)

I hereby consent that my son/daughter, \_\_\_\_\_, participate in the above activity, and I hereby execute the above Agreement, Waiver and Release on his/her behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost or expense which they may incur as a result of the death or any injury or property damage that said minor may sustain while participating in said activity.

**I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE FULTON-EL CAMINO RECREATION AND PARK DISTRICT AND I SIGN IT OF MY FREE WILL.**

\_\_\_\_\_  
Signature of Participant (DATE)  
(Parent or Legal Guardian if under age 18)

\_\_\_\_\_  
NAME (PRINTED)

**\*\*FOR OFFICE USE ONLY\*\***

RECEIPT #	AMOUNT	DATE