



PACE Summer Program 2019

A Program for Positive and Creative Experiences

Date: _____ First Name: _____ Last Name: _____

T-shirt Size _____ Grade (in fall) _____ Gender M – F

Names of Additional Children Attending _____

*** Please see last page under Athletic Camps sponsored by the HS**

My child will be attending (PLEASE CHECK WHAT YOUR CHILD IS SIGNED UP FOR) Transportation will be provided for the 1st -14 students signed up
 Girls BB Camp _____ Boys BB Camp _____ Tennis _____ Soccer _____ Swim Lessons _____

Please fill out one form for each child attending

Please circle the days your child will be attending our program.

Parents may opt out for **only two full weeks**, which means your children will not attend for the weeks selected to help with family vacations and camps. Parents will not be charged during the weeks selected. **These must be noted on the calendar at the time of registration and cannot be changed without a \$15.00 service fee.**

2019 Summer Day Camp	<u>Circle Days</u> Attending	Dates	Daily Rates \$28.00 Second child \$23.00 Total for session	Payment for Week Due No Later than
X				
Session 1	X X W TH F	May 29, 30 31 st closed Memorial day and 28 th teacher work day		24-May
Session 2	M T W TH F	June 3 rd – June 7 th		31-May
Session 3	M T W TH F	June 10 th -14 th		7-Jun
Session 4	M T W TH F	June 17 th -June 21 st		14-Jun
Session 5	M T W TH F	June 24 th -28 th		21-Jun
Session 6	M T W X X	July 1 st -3 rd closed 4 th & 5 th		28-Jul
Session 7	M T W TH F	July 8 –July 12 th		5-Jul
Session 8	M T W TH F	July 15 th – 19 th		12-Jul
Session 9	M T W TH F	July 22 nd – July 26 th		19-Jul
Session 10	M T W Th F	July 29 th – August 2		26-Jul

To receive Early bird Registration fee, forms must be returned by May 1st

Cut-off date for accepting registrations is May 15th. Registrations received after this date will be put on a waiting list and contacted after session 1 begins.

Daily Schedule

6:00-7:30	Arrival quiet time/ top games, coloring sheets, short movie
7:30-8:00	Playground/Gym
8:00-8:30	large group games
8:30-9:00	Bathroom Break-wash hands/Snack
9:00-11:30	Mon, Wed, Fri - Swim at High school pool Tues, Thurs. Fri Crafts/Computer
11:30-12:00	Bathroom Break/Wash hands/Gather brought lunches
12:00-12:30	Walk To High School/ Eat Lunch
12:30-12:45	Clean-up lunch/sweep floors/wipe tables/pick up trash
12:45-1:45	Free choice/Playground
1:45-3:30	Rotations groups-Math games/Science experiment's/Library/Maker Space/Cooking/small group game or activity/Readers Theater
3:30-4:45	Quiet time
4:45-6:00	playground, table top games

Subject to change

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Parent/guardian name(first contact) _____

email _____

Primary phone number _____ home/cell/work

Secondary phone number _____ home/cell/work

Parent/guardian name (second contact) _____

email _____

Primary phone number _____ home/cell/work

Secondary phone number _____ home/cell/work

Child's Address _____ City _____ Zip _____

Student Pick-Up Information

I authorize only the people named below to pick up my child unless otherwise noted. For your child's safety, he/she will not be released to anyone else. All authorized persons must be 18 years of age or older. No changes to this list will be made unless the parent or legal guardian whose signature appears below requests such changes.

Name: _____ **Name:** _____

Phone: _____ **Phone:** _____

Other phone: _____ **Other phone:** _____

Relationship: _____ **Relationship:** _____

Name: _____ **Name:** _____

Phone: _____ **Phone:** _____

Other phone: _____ **Other phone:** _____

Relationship: _____ **Relationship:** _____

Parent/Guardian signature: _____

Please circle one

My child is a strong swimmer Yes / No

My child is an "ok" swimmer, needs to stay in shallow end Yes/No

My child can't swim and needs a life jacket or floaties (provided by parent) Yes / No

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Child's Name: _____ Date of Birth _____

Parent/Guardian(s) _____

Home Phone: _____ Work # _____ Cell # _____ Other: _____

Emergency Name and Number if Parent/Guardian Cannot Be Reached:

_____ Phone: _____

Allergies: _____ Symptoms: _____

Treatment: _____

All Medical Conditions:

Medications/Inhalers To Be Given & Instructions for Administration:

MEDICAL PERMISSION:

I, hereby, give permission for Danville Community PACE Program/Authorized Personnel to give any prescription/OTC medications **provided by the guardian**. I also give permission for PACE personnel to obtain the services of a physician/hospital in case of medical emergency and to take whatever action they consider to be in the best interest of my child.

_____ Date: _____

Signature of Parent/Guardian

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Program Information:

For students who will be entering first grade through sixth grade in the fall.

- Monday through Friday
- Located at South Elementary School
- PACE will be closed on May 27th and 28th Memorial day and teacher work day. Also closed July 4th and 5th in honor of Independence Day (payment is not expected for this date).
- Last day for summer PACE will be August 2nd.
- PACE school year 2019-2020 will start August 7th . **You must re-enroll each year. Enrollment is on a first come basis and your account must be paid in full.**

Pick up and Drop off procedure:

- Children must be signed in and out by an adult. Students will not be released to anyone else unless parents have notified the PACE staff in advance or unless they are designated for pick up on the registration form.
- Students and staff may be in the gym, traveling to and from the restroom, or at a designated area around town (park, pool, library) if they are not in the sign in/out room at the time please call: **463-701-1090**

Due to our program traveling to and from the High School and other locations, we want to ensure your drop off and pick up run smoothly. This number should be used if you plan to drop off your child later than 10:00 a.m. If you plan to pick your child up earlier than normal you may call this same number to find out the location of the PACE employees and kids. **463-701-1090**

Payment:

- **\$25.00 early bird registration** fee is due at the time of registration. **After May 1st \$30.00**
- Cut off for registrations will be May 15th. Registrations received after this date will be put on a waiting list and contacted after the 1st summer session begins
- Payment will remain consistent with the program option selected at time of registration. Changes to program options will result in an additional \$15.00
- Make checks payable to DCSC
- Please write your child's name on the check
- Drop payments in the box located near the sign in/out sheet
- Payment statements will be e-mailed on a **weekly basis**
- Payment must be made prior to the week of service. If your account falls 2 weeks behind, your child will be removed from the program
- If your child is picked up late on more than one occasion, there will be a late pick-up charge of \$1.00 per minute for every minute after 6:00 p.m.
- Some Field Trips may require additional money not included in monthly billing
- Questions regarding billing may be directed to Mrs. Hearon at mhearon@danville.k12.in.us or by calling 317-745-2131 Ext #4007

Athletic Day Camps Sponsored by the High School

Pace will provide transportation to the Athletic Camps put on by the High school. If the camp is located at North Elementary the Middle School or the High School. The first 14 students who indicate they are interested in attending these camps will be provided transportation. All camps and swim lessons are separate and are the parent's responsibility to sign their child up and pay any fees involved. **PACE will not accept any enrollment forms for these camps.** You will receive an e-mail verifying your child has a seat.

Student conduct: It is required for students to follow the same expectations for discipline as they do in school. Each child is expected to treat others with respect, demonstrate safe behavior, and have fun! Should behavior interfere with the program or other participants, staff will discuss issues with parents and/or administration. If necessary, PACE employees will implement "time out" if a child's behavior is too disruptive or unsafe. A child's "time out" will be in a safe and supervised environment, but away from the rest of the group. A "time out" will be 1 minute for each year of age of the child. Should behavior incidents occur on a continual basis, the child may be dismissed from the program.

Health and Wellness: The PACE program will operate under the same guidelines for "illness" as the schools. Students should not attend the program if they have a temperature at or above 100 degrees, if they have vomited or have had diarrhea in the past 12 hours, a rash of unknown origin, or any communicable diseases (infections or contagious). The child may return to the program after receiving proper treatment.

Accidents: For any minor injuries (cuts, bruises, etc.), simple first-aid will be applied immediately and the parent/guardian notified at pick-up time. For more severe injuries, the parent or guardian will be called right away. If the parents or guardians cannot be reached, an emergency contact person will be called and asked to arrange for the child to be picked up, assessed and taken to the doctor if necessary. In extreme incidents, a staff member will contact the parent and meet the parent with the child at the hospital or call for an ambulance if necessary.

In all cases of an accident causing injury, a PACE staff member will write up the incident and share this information with the parents.

Medication

If your son or daughter needs to take medication while at the program, you must abide by the following guidelines:

Written Instructions from a doctor. (Current prescription bottle with label is ok.)

Written permission from the parent.

All medicine should be brought directly to the PACE staff to be safely stored and administered under adult supervision. The medication should be in the original container and labeled with the student's name and dosage instructions.

No medication will be sent home with a student. Parent/guardian will need to pick up any medication that needs to be returned home.

Students will be allowed to carry emergency prn medications such as inhalers and epi-pens as long as a note from the doctor, as well as the parent, has been provided to a PACE staff member.

Contact Information:

Malynn Hearon

Program Director

317-745-2131 ext #4007 or 317-745-2610 ext#1053

On-Site Activity Leader- **463-701-1090**