

2024 Activity Center Overview



CRITICAL: Please ensure your **email address and contact information are correct** when registering your child both online and in this packet. This information is needed to contact you in case of an emergency. This packet must be **completed and turned in within 48 hours of your registration**. You can email it to blast@bisparcs.org or drop of at our office at 400 E. Front Ave.

General Activity Center program information.

- Activities include fun time indoors, outside, playing games, and doing crafts.
- Dates are **June 3-August 2** and we are closed July 3, 4 & 5. The last day, August 2, is a half-day only and Centers close at Noon.
- Hours are 7:45am-5:30pm. There is no supervision before 7:45 am or after 5:30 pm. Please pick up your child promptly, or they could be dismissed from the program.
- There are no refunds after the program has started.

Information for the parent, for the safety of your child(ren):

- You **must sign your child in/out each day**.
- If your child is in CampEd, please make sure they report directly to Activity Centers at 1:05pm. They should not be roaming the halls or on the playground.
- If your child(ren) will be absent, please let the staff at your child's Center know or call the Park District office at 222-6771.
- **The leaders are not allowed to give medication of any type to the children.**

Items your child(ren) needs each day:

- A sack lunch, as well as a morning and afternoon snack.
- No nuts or peanut butter, please, due to allergies.
- A water bottle. Please label the bottle with your child's name.
- Weather appropriate clothing. **Tennis shoes** are needed for playing games. No flip-flops or sandals.

Additional Safety Information:

- **Fighting/hitting of any kind results in a three-day suspension from the program.** Refer to the Discipline Procedure handout for complete disciplinary actions.
- **No cellphones, smart watches or handheld electronic consoles.** Please keep these items at home as we are not responsible for these items if lost, broken, or stolen. They are not allowed at Activity Centers. If seen they will be put in the cabinet and returned to the parent/guardian at the end of the day.
- **No weapons (guns, knives, martial arts weapons, etc.).** We will follow BPS' guidelines, and there will be a five-day suspension if caught having a weapon at Activity Center.
- We can't control the building's temperature. The buildings get warm during the summer months, especially with high temps over several days. Please dress appropriately.

Contact us:

Most sites do not have a direct phone line for you to contact your child. If your site does have a direct number, that will be shared with you the first week. If you need to message the leaders about your child, you can call the Park District office (222-6771) or the parent phone 220-3587 during Activity Center hours.

We look forward to a fun summer with your child!

Activity Center Emergency Contact

All information below is required.



Child's Name _____ Activity Center Location _____

Grade 2024-25 _____ Is Child attending Camp Ed? Yes _____ or No _____

Address _____

Child's allergies (including medications, bug bites and foods) _____

Does your child have an Epipen? Yes _____ No _____ **You must provide the Activity Center site with an**

epipen if your child has an allergy that requires one.

What can we do if an allergic reaction occurs? _____

EMERGENCY CONTACT INFORMATION

Email (MUST be provided) _____

Mom's Name _____ Dad's Name _____

Cell Phone _____ Cell Phone _____

Other Phone _____ Other Phone _____

Alternative Emergency Contact (Someone other than a parent) (MUST be provided)

Name, phone number and relationship to child _____

Child's doctor and phone _____

Which hospital do you prefer for your child? _____

Is there any medical information we should know about your child? _____

Signature _____

By signing (or typing) your signature, you agree that this information is correct.

Activity Center Discipline Procedure



Activity Center (AC) Location: _____

Single day disciplinary procedure.

1. **First offense in a single day:** The child receives a verbal warning. Leaders explain what the child has done wrong, why it shouldn't be done, and that it shouldn't happen again.
2. **Second offense in the same day:** The child receives a second verbal warning and a time-out. Explain again what the child has done wrong and why it shouldn't be done. The child will then sit out of activities for a short time.
3. **Third offense in the same day:** The child receives a final warning, and the parent will be called. The child is to be picked up **immediately**; and will sit in time out until parent arrives. The child will be suspended the following day.

Disciplinary procedure for multiple suspensions.

- Second suspension: one day
- Third suspension: three days
- Fourth suspension: five days
- Fifth suspension: dismissed from the program with no refund.

**Suspension days exclude weekends and holidays.*

- **Fighting, hitting, or inappropriate physical contact of any kind will result in a three-day suspension.** Fighting is defined as: actual or attempt to bully, intimidate, or harass another person that results in a physical altercation (ex. hitting, kicking, and shoving) between any AC participant(s) or staff.
 - Second fighting offense: sent home immediately and a five-day suspension.
 - Third fighting offense: sent home immediately and dismissed from the program with no refund.

In instances that include extreme verbal abuse, destructive or violent behavior, where someone may be injured, the child will be sent home immediately and dismissed from the program with no refund.

Parent Signature

Date Signed

Child (ren)'s Name

By signing (or typing) your signature, you agree that you understand the disciplinary procedure and have explained the procedure to your child.

PERMISSION SLIP TO LEAVE THE GROUNDS

Throughout the summer, there are times that the AC group leaves the school for walks to other playgrounds, to go on scavenger hunts, or to take a short hike. These walks may not be decided until the day of the session. Please sign the permission slip below to allow your child to attend these walks.

Parent Signature

Date Signed

Child (ren)'s Name

By signing (or typing) your signature, you agree to let your child leave the AC grounds with leaders and the AC group.

Activity Center Hours



Activity Center (AC) Location: _____

The Activity Center hours are 7:45 am-5:30 pm.

- Please do not drop your child/ren off earlier than 7:45 am. The AC Leaders are not on site to supervise your child/ren before this time.
 - **Child/ren must be picked up by 5:30 pm.** Your child/ren may be left unattended if you arrive after hours.
 - We understand there may be circumstances that cause you to be late. Habitual lateness will result in your child/ren being dismissed from the program without a refund.
 - The late pick up procedure for AC participants is as follows:
 - First late pick up: a verbal reminder.
 - Second late pick up: a call from the program coordinator.
 - Third late pick up: a letter and a three-day suspension.
 - Fourth late pick up: a five-day suspension.
 - Fifth late pick up: dismissal from the program without a refund.
- *Suspension days exclude weekends and holidays.*

Parent Signature

Date Signed

Child/ren's Name

By signing (or typing) your signature, you agree that you understand the AC hours and late pick up procedure.

CampEd Children

If your child/ren attends the Bismarck Public School's CampEd program, we want to make sure the transition from the CampEd program to the Activity Center is in a safe and timely manner. Please tell your child/ren to go directly to the Activity Center site after CampEd and report in with the leaders by 1:05 pm each day. They should not wander around in the school or out on the playground.

If your child/ren is going to be absent from Activity Center, contact the coordinator the day of at 222-6771.

Parent Signature

Date Signed

Child (ren)'s Name

By signing (or typing) your signature, you agree that you understand the CampEd procedure and have explained this to your child.



**Burleigh County
Library**

ACTIVITY CENTER PERMISSION FORM

Dear Parents:

This summer the Burleigh County Library-Bookmobile will again be visiting the Bismarck Parks and Recreation Activity Centers. In order for your child to participate, he/she **must have ONE of the following:**

- **Burleigh County Bookmobile card**

Name (First, Last, MI) _____ Library Card Number: _____

- **Bismarck Public Library Card**

Name (First, Last, MI) _____ Library Card Number: _____

- **Valid card from a Central Dakota Library Network (CDLN) member library (e.g. Morton Mandan)**

Name (First, Last, MI) _____ Library Card Number: _____

- **IF NONE OF THE ABOVE APPLY**, please fill out the library card application for your child below. A card will be issued on the bookmobile and your child will be able to check out items immediately.

LIBRARY CARD APPLICATION			
Name (Last, First, Middle Initial) _____			
Address: _____		City: _____	State: _____
Zip: _____			
Phone: (home) _____		(cell) _____	Notices via text? <input type="checkbox"/> Yes! <input type="checkbox"/> No!
Email Address: _____			
(Provide only if you prefer to receive notices via email and you are able to check your email on a regular basis)			
4-digit PIN (Required to access your account and electronic resources online) _____			
Date of Birth (month/day/year) _____		<input type="checkbox"/> 12 and under (minor)	<input type="checkbox"/> 13-17 (minor)
Students- School: _____			
Parent/Guardian (Print name): _____			

Please read the statement below.

Bismarck Parks and Recreation is not responsible for any items checked out from the Bookmobile.

It is the responsibility of the family to see that all items are returned to the bookmobile or Bismarck Public Library and/or pay any fines for lost or damaged books. Any questions may be directed to the Burleigh County Library at 355-1491 or kmcdonald@bismarcklibrary.org.

Please initial and provide signature below.

_____ I understand that items checked out on the Bookmobile's last visit in July must be returned to the Bookmobile or the Bismarck Public Library **(DO NOT LEAVE BOOKS AT THE ACTIVITY CENTER)**.

_____ I agree that I am responsible for all materials checked out with this card.

_____ If materials are lost, damaged, or not returned to the correct location, I am responsible for any fines that have accrued.

(Parent/Guardian Signature)

(Date)