# BLAST Day Camp Participant Information BISMARCK PARKS AND RECREATION DISTRICT All information below is required.

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



| Child's Name  | School           |  |  |  |
|---|------------------|--|--|--|
| Grade   |                  |  |  |  |
| Address   |                  |  |  |  |
| Child's allergies (including medications, bug bites and foods     | 5)               |  |  |  |
|   |                  |  |  |  |
| What can we do if an allergic reaction occurs?                    |                  |  |  |  |
|   |                  |  |  |  |
|   |                  |  |  |  |
| EMERGENCY CONT  | TACT INFORMATION |  |  |  |
| Email   |                  |  |  |  |
| Mom's Name  | Dad's Name       |  |  |  |
| Cell Phone  | Cell Phone       |  |  |  |
| Other Phone   | Other Phone      |  |  |  |
| Alternative Emergency Contact (MUST be provided)                  |                  |  |  |  |
| Name, phone and relationship to child                             |                  |  |  |  |
|   |                  |  |  |  |
| Is there any medical information we should know about your child? |                  |  |  |  |
|   |                  |  |  |  |
|   |                  |  |  |  |
| Signature   |                  |  |  |  |

## BLAST Day Camp Authorized/Unauthorized Pick Up List



| Child's Name | Sci                   | School     |             |
|--------------|-----------------------|------------|-------------|
| Authorize    | d                     |            |             |
| Name         | Relationship to Child | Cell Phone | Other Phone |
|              |                       |            |             |
|              |                       |            |             |

## Unauthorized

| Name | Relationship to Child | Cell Phone | Other Phone |
|------|-----------------------|------------|-------------|
|      |                       |            |             |
|      |                       |            |             |
|      |                       |            |             |

### BISMARCK PARKS AND RECREATION DISCIPLINE PROCEDURE

#### All BLAST Day Camp leaders will follow the described discipline

- 1. First Offense: Child receives verbal warning. It is explained what they have done wrong, why it shouldn't be done, and that it shouldn't happen again.
- 2. Second Offense: Child will receive a second verbal warning and a time out. Explain again what they have done wrong, why it shouldn't be done, and then they will sit out of activity for a short period of time.
- 3. Third Offense: Child receives a third warning and the parent will be called. The child is to be picked up **immediately;** they will sit in time out until the parent arrive.
- 4. If the behavior persists with the child, the <u>next time (second)</u> time they are sent home it is for a full day again, a <u>third time</u> three days, if it happens a <u>fourth time</u> they will be dismissed from blast camp. With no refund given.
- 5. **Fighting, hitting or inappropriate physical contact of any kind will result in an automatic three day suspension.** (Fighting will be defined as: the actual or attempt to bully, intimidate, or harass another person that results in a physical altercation (ex. hitting, kicking, and shoving) between any BLAST Day Camp participant(s) or staff.) If this would happen a second time there will be a one week dismissal (5 BLAST Camp days, not weekends. No refund will be given. If there is a third time, they will be dismissed from the program. No refund will be given.

\*\*\*\*\*In certain instances the first four steps will be skipped; these include destructive actions by the child, violent behavior where someone may be injured, and extreme cases of verbal abuse by a child to another child.

It is very important that you document ALL incidences of bad behavior in the incident record book, as well as on the child's behavior documentation form and have the parents sign the behavior form. Make sure that you enforce the rules on a regular basis. It is very necessary that I must stress to you the importance of documentation, and consistency of the rules. Make sure to talk to the parents about the incident.

| to talk to the parents about the h | icident.    |                    |
|------------------------------------|-------------|--------------------|
| Parent Signature                   | Date Signed | Child (ren)'s Name |