



# Town of Dartmouth

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*Department  
of  
Parks & Recreation*

*Timothy J. Lancaster, Director*

## Dartmouth Recreation Policies and Procedures for Parents

### **Dear Parents/Guardians:**

Welcome to Dartmouth Recreation! In this packet you will find several forms along with our policies and procedures for each program. All instructors have been CORI checked. Playground Center instructors are CPR certified and the Assistant Directors are CPR/First Aid certified. If you have concerns during the program, you may speak with them at any time.

### **What your child should wear and bring to the Playground Center:**

Child should wear appropriate clothing for the weather along with **socks and sneakers** every day. Child should bring sunscreen, a bathing suit, towel, lunch with extra snacks and **plenty of water**. Sunscreen must be applied prior to drop-off (children will be reminded to re-apply during the day). We strongly advise keeping any valuables i.e., video games, ipods, etc. at HOME.

### **Inclement weather:**

The children will utilize the gym or a classroom inside the school.

### **Morning drop-off:**

**Do not drop off your child prior to 8:30 A.M. as no supervision will be available.**

**6-9 Group:** Please enter the teacher's parking lot and proceed to the sign near the back doors. Please STAY in your vehicle. A staff member will come to collect your child.

**9-12 Group:** Please enter via the main entrance to the front of the school and proceed all the way to the sign located near the exit. Please STAY in your vehicle. A staff member will come to collect your child.

### **Afternoon pick-up:**

**Instructors are only staffed until 4:15 P.M. Please be prompt as no supervision will be available after these times. Children will only be released to persons listed on the attached pick up form.**

**6-9 Group:** Please pick up your child by 4:15 P.M. Park in the teacher's parking lot and proceed to a staff member in the back of the school. Be sure to have your license with you for staff to verify.

**9-12 Group:** Please pick up your child by 4:15 P.M. Park your car and proceed to a staff member in the playground area. Be sure to have your license with you for staff to verify.

## **Theatre Program:**

Enter through the front of the building to greet the instructor. Please be prompt for pick-up at the programs' end as no supervision will be available after that time. Children will only be released to persons listed on the attached pick up form.

## **Late pick-up:**

There will be a \$20 charge for a 15 minute late pick-up, \$30 for 30 minutes, \$40 for 45 minutes and \$50 for an hour. After one hour child and family services will be called if there is no response from the parents or the emergency contacts. Continuous tardiness and or failure to pay the late fees will result in the child's non-refundable termination from the program.

## **Dispensing of Medication**

If your child must take medication while at our Recreation Programs, the prescription must be in the original container with your child's name, the pharmacy label and physicians instructions. The instructors can hold the medication for your child but cannot administer it. The attached medical consent form must be signed and given to the instructors along with the medication on the first day of the program your child will be attending.

## **Videotaping and Photographing**

At times media outlets such as the local newspaper or DCTV may want to photograph or video the kids at play to go along with a story or informational video or we may want pictures to display in the Parks & Recreation Office or on our website. **If you do not wish your child to be photographed or videotaped, please put this request in writing and send it to the Parks & Recreation office.**

## **Discipline Policy**

For the safety and comfort of all children and staff, the children are expected to behave by the following code:

Keep your hands to yourself (no hitting, throwing things, pushing or touching another person or their belongings).

Be respectful of other people (no name calling/teasing, swearing or spitting).

Be cooperative with staff (no tantrums, disrupting games or leaving the group without permission).

In the event of a behavior problem:

1. The Instructor will fill out the first section of a Warning Form. Each form has 3 sections listing an incident and description, child and instructor signature.

If in one day a child had 3 incidents:

2. The Instructor will send the child and the completed Warning Form to the Recreation Office. The child will have a time out at the site. An Assistant Director will call the parents to arrange a meeting.

If the problem continues after the parent has been notified:

3. The Director may request that the child be kept home for one day or be withdrawn for the remainder of the program. No refund will be given.

In the event of a severe problem such as fighting or injury to another child or staff member, parents will be notified to immediately withdraw their child. No refund will be given. **Parents, please review this policy with your children.**

# Parental Acknowledgement of Policies and Procedures Packet

I have received, read, agree to and understand fully the Dartmouth Recreation Policies and Procedures Packet for full day Recreation Programs which includes Late pick-up, the Dispensing of Medication, Videotaping, Photographing and Discipline Policy. Furthermore, I acknowledge the hours of the program I have chosen and understand that supervision is only available during the hours stated; and realize I must not drop-off my child prior to 8:30 or 9:00 A.M. depending on the program or pick-up my child later than 3:00 or 4:15 P.M. also depending on program finish time.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Parent or Guardian

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## Medical Consent Form

**(to be signed only if child needs meds during the program)**

\_\_\_\_\_ (name of child) has my permission to take his/her own medication or inhaler (according to the physician's instructions found on the container or inhaler) while he/she is at the Playground/Swim Center. The name of the medication is \_\_\_\_\_.

I understand that the instructor on duty will store the medication, but cannot administer it to my child. The undersigned Parent or Guardian acknowledges that the storage of medication by the Town of Dartmouth, Parks & Recreation and/or the instructor on duty shall not be construed to create any relationship, including but not limited to a principal/agent, or bailor/bailee relationship or to create any liability of obligation on behalf of the Town, Parks & Recreation or the instructor on duty to properly store or administer said medication and the Parent or Guardian waives any claims arising therefrom.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Parent or Guardian

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## Child Pick-up Form

Child's Name: \_\_\_\_\_ Program Location: \_\_\_\_\_

The following individuals other than the parents/guardians have been authorized to pick up my child:

\_\_\_\_\_ Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_ Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_ Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone # \_\_\_\_\_

# Medical History Form

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

Program Location: \_\_\_\_\_

What is the present state of your child's general health? \_\_\_\_\_

Persons to contact in case of emergency:

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Other: \_\_\_\_\_ Phone: \_\_\_\_\_

Other: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Is the child presently taking any medication? YES / NO (please circle)

If yes, Please List: \_\_\_\_\_

Does your child need to take any medication during the program hours? YES / NO (please circle)

Does your child have or has had any of the following:

- |     |   |     |    |
|-----|---|-----|----|
| 1.  | A history of heart problems?  | YES | NO |
| 2.  | High Blood Pressure?  | YES | NO |
| 3.  | Difficulty with physical exercise?  | YES | NO |
| 4.  | A chronic illness?  | YES | NO |
| 5.  | Advice from a physician not to exercise?                                    | YES | NO |
| 6.  | Muscle, joint or back disorder that can be aggravated by physical activity? | YES | NO |
| 7.  | Recent surgery (within past 3 months)?                                      | YES | NO |
| 8.  | History of lung problems?   | YES | NO |
| 9.  | Diabetes?   | YES | NO |
| 10. | Any current injuries?   | YES | NO |
| 11. | History of heart problems within the immediate family?                      | YES | NO |

List all allergies: \_\_\_\_\_

List any health conditions which may affect your child's activities during the program:

\_\_\_\_\_

I hereby authorize the Dartmouth Parks & Recreation and its agents to pursue emergency medical care for my child if required.

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

\_\_\_\_\_  
Date

## CHILD/ADULT CONSENT AND RELEASE FORM

I, the undersigned (check one parent guardian self) of \_\_\_\_\_ (“my child”), a minor, do hereby consent to my/my child’s participation in voluntary summer recreational programs of the Town of Dartmouth.

I also agree to forever release the Town of Dartmouth and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary summer recreational programs of the Town of Dartmouth (“the Releasees”) from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to me/my child or property damage resulting from my/my child’s participation in the Town of Dartmouth programs.

I also promise, to indemnify, defend, and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to me/my child or property damage resulting from my/my child’s participation in the Town of Dartmouth summer recreational programs.

I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my/my child’s participation in these programs is voluntary and that my/my child and I are free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to allow myself/my child to participate in the Town of Dartmouth’s summer recreational programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage I/my child may suffer in voluntary Town of Dartmouth summer recreational programs.

Please check the program(s) your child will be attending:

Golf  Quinn Playground Center  “Encanto” Theatre Class  “Zombies 2” Theatre Class  Tennis

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Parent or Guardian

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Date

**Please remember to include your child’s physical form dated within one year from registration!**