

Green River After School Program

GRASP at Monroe

Monroe Truman (Transport) Harrison (Transport) Washington (Transport)

- 5 punches = \$40
- 10 punches = \$80
- 15 punches = \$120

- 20 punches = \$160
- 25 punches = \$190 / discount \$10
- 30 punches = \$225/ discount \$15

Half Day of GRASP \$8
 Full Day of GRASP \$16
Additional children will be 25% off

Child #1 First Name _____ Last Name _____

Birth Date: _____ Age: _____ Sex: M / F In or entering grade (23/24 school year) _____

Please list any medical conditions and/or medications: _____

Child #2 First Name _____ Last Name _____

Birth Date: _____ Age: _____ Sex: M / F In or entering grade (23/24 school year) _____

Please list any medical conditions and/or medications: _____

Child #3 First Name _____ Last Name _____

Birth Date: _____ Age: _____ Sex: M / F In or entering grade (23/24 school year) _____

Please list any medical conditions and/or medications: _____

Parent #1 First Name _____ Last Name _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Parent #2 First Name _____ Last Name _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

If Parents/Guardians (above) are not available in the event of an emergency, notify:

Name: _____ Phone # _____ Alternate # _____

Name _____ Phone # _____ Alternate # _____

OVER

AUTHORIZATION TO RELEASE: The following are the **only individuals, other than the parent/guardians, authorized to pick up my child** should I not be able to do so. **Your child will not be released to anyone not on this list!!!** These individuals will be required to show identification if they are not known or recognized by the camp staff. **No one under the age of 18 will be allowed**



to pick up your children. Name(s) can be added to, or taken off of this list with your authorization only. **(If restraining orders are in place please speak to the Recreation Supervisor immediately!)**

1. Name: _____ Relationship: _____ Phone: _____

2. Name: _____ Relationship: _____ Phone: _____

3. Name: _____ Relationship: _____ Phone: _____

All children at GRASP must be picked up by a parent, guardian, or authorized adult and cannot walk home.

Medical Information

Does your child have any medical or physical conditions that parks and recreation staff should be aware of?

YES / NO **If yes, please explain:** _____

Will your child require medications while participating in a City of Green River Park & Recreation Department Activity?

YES / NO **If yes, please fill out the Medication Authorization form.**

Doctors Name: _____ **Phone:** _____

Dentists Name: _____ **Phone:** _____

We are **NOT** affiliated with the school district; therefore, they cannot share information about your child with us. If your child is on an IEP, has a learning or emotional disability, or needs extra help in any way, please explain below so we can best help your child throughout our program.

I hereby give my consent and certify that _____ is in normal health and capable of participating in the Green River After School Program. I understand that participation in GRASP involves certain risks and that regardless of the precautions taken by the Green River Parks and Recreation Department, or the participants, some injury may occur. I agree that pictures taken during the program hours may be used for current and future promotional purposes.

Parent/Guardian: _____ **Date:** _____
(Signature)

(Please complete form and return to the Green River Recreation Center with payment)
(The City will only take guaranteed funds which include cash, credit card or money order)



City of Green River Parks and Recreation Department

Behavior Policy

Summer Day Camp and Green River After School Program

Positive Guidance, Discipline and Discharge

Whenever possible, staff will assist children in working out their differences. The program should follow the same conflict resolution steps as below:

Children's Rules to Live By:

- **Ask the person to stop**
- **Ignore the person**
- **Walk Away**
- **Tell an Adult**
- **We are respectful, responsible and safe**

The following system will be used in the behavior plan.

1. First offense, the child will be given a warning and the staff person will talk to the child about the behavior expected of him/her. *If a behavior is deemed serious enough, it can warrant a **Discipline Report** without warning or even an expulsion from the program without prior warning or notice.*
2. Second offense, the child will be asked to sit away from the group for a short period of time (5-10 minutes) and think about his/her actions. A staff person will again talk to the child about their behavior.
3. Third offense, the child will be removed from the area and asked to sit away from the group for 10-20 minutes (depending upon the age of the child). The child will not be allowed to return to a particular activity for the remainder of the program time, such as a gym game. Parents will be informed of the behavior upon pickup and an **Incident Report** will be completed by the staff.
4. A **Discipline Report** (Green Sheet) will be completed whenever a child becomes physical with another child or staff member, destruction of property occurs, constant one-on-one attention is needed, and/or usage of offensive language. *A serious discipline problem is defined as one in which a child is adversely affecting the day-to-day operation of the programs.*
5. If a 2nd **Discipline Report** is completed during a summer or school year, a meeting will be scheduled with the Recreation Supervisor, onsite staff, parents and child to discuss the behavior and strategies to assist in alleviating the behavior.
6. If the child receives a 3rd **Discipline Report** he/she will be suspended from the program for a three-day period. During this time the parent, child, Recreation Supervisor and onsite staff member, will meet to discuss the parameters of returning to the program.
7. If a 4th offense occurs after this meeting, the result will be dismissal from the program. *Refunds will not be granted.*

*By signing this form, you are acknowledging that you have read and understand the behavior policy.

Tear off and return with the completed registration form.

Behavior Policy Acknowledgement

Registered Child(ren): _____

Parent Signature Required:

Print

Signature

Date