

**City of Fife  
Parks & Recreation  
2016-2017 Teen Scene Informational Packet**

**Welcome Students, Parents and Caregivers!**

This handbook is provided for you to review together. The student release forms must be completed and turned in prior to participating in the program. Students will be admitted to the program activities once paperwork is on file. Please submit completed paperwork to the SLMS Main Office or to the City of Fife Community Center, 2111 54<sup>th</sup> Avenue East Fife, WA 98424.

**Program Goals**

The After School Recreation Program operates with the intent to:

- 1) Provide a fun and safe place for middle school students during after school hours.
- 2) Provide positive interaction with caring staff.
- 3) Encourage and develop life skills, respect and positive social interaction.
- 4) Provide exposure to a variety of recreational opportunities.
- 5) Provide academic support and enrichment.

**Administration**

The After School Program is run by the City of Fife Parks and Recreation in cooperation with the Fife School District. You may contact the following individuals if you have any questions or concerns:

- Surprise Lake Middle School Principal-Jim Snider-(253) 517-1300
- Recreation Director-Kurt Reuter- (253) 896-8641
- Recreation Coordinator-Debbie Goff (253) 896-8656
- Recreation Administrative Assistant-Brenda Garcia (253) 896-8662
- Teen Scene Cell Phone – (253) 882-7284

**Staffing**

The Recreation Leaders are employees of the City of Fife Parks and Recreation Department. The program has a Site Supervisor. The Supervisor and Recreation Leaders interact daily with school administrators, custodial staff and student participants. Their primary role is to plan activities and maintain a cooperative program atmosphere. At times this may include addressing behavioral issues and resolving concerns. The City of Fife Staff holds the right to remove a child from the program for behavior issues. The City of Fife Staff has the primary role of providing basic instruction and leading participants in games, art projects, fitness activities, outdoor skills, academic assistance and field trips. These individuals maintain constant interaction with participants.

## **Fees**

Program fee is \$65 per month. Program fees will be waived for participants who receive free lunch and are able to provide the proper documentation. With proper documentation participants who receive reduced lunch will be charged a \$35 monthly fee to participate in the program. If requesting a scholarship, please allow 5 days for this to be processed before a participant can sign up for the program. Until proper documentation is in the hands of Teen Scene supervisor, you will be required to pay full price and the account will be credited. Payments need to be paid in full one week prior to the start of the month.

Ex.: Payment for October 2015 is due September 24, 2015.

**Pre-registration is required for the program. It is first come first bases.**

## **Hours**

The After School Recreation Program follows the Fife School District Calendar, with operating hours Monday through Friday, 3:00 p.m. - 6:00 p.m. During half days, Teen Scene is open from 11:15 a.m. – 6:00 p.m. The program is closed on holidays, school breaks and vacations. **Staff is NOT responsible for student supervision before 3:00 p.m. and after 6:00 p.m. There will be a fee of \$5 for every 5 minutes past 6:00 p.m., which is due at time of pick up.**

## **Facility**

Program activities generally take place in the Awards Portable. Activity areas may also include the library, gymnasium, fields and other classrooms as available. **If we are not in the portable there will be a sign on the door stating our location.**

## **Enrollment and Attendance**

Daily sign in by the student and sign out by the parent is required. Students are not able to sign themselves out. A Child Release Form is required for all participants to fill out, so people other than the immediate parents or guardians can pick students up. Once a student is signed out they will NOT be readmitted to the program for the day. Staff to student ratio is maintained at a ratio of 1:10 to 1:15.

## **Activity Schedule**

Schedules and calendars will be available the last week of each month for the upcoming month. Students are encouraged to offer suggestions and help plan activities.

## **Homework Time**

Thirty-five minutes of the day is devoted to homework and homework help. This gives students the opportunity to get help from staff as well as our volunteer SLMS teacher. It's very important that students actively engage in this time so they need to bring their homework materials every day. If they do not have homework, they must bring an A.R. book.

## **Art Time**

After homework time, we have a planned art time. During this time we will be doing various crafts, experiments, and projects. Some of our activities may be rather messy so students are encouraged to bring a "paint shirt" or apron to keep at Teen Scene for such projects.

### **Physical Activity Time**

Toward the end of the day, we typically head over to the gym/field to play a group game, weather depending. Most of our games are similar to those played in student P.E. classes therefore tennis shoes are strongly encouraged.

### **Field Trips**

On some half days, we will be offering field trip opportunities for an additional cost. These trips will be introduced at the beginning of each month and the **fee** for the trip needs to be paid prior to field trip. If you child cannot attend the field trip you will need to find other arrangements for them.

### **Emergency & First Aid**

Please keep your Emergency Information and Medical Release Form up to date. If you would like to authorize city staff to administer medication as needed an Authorization to Dispense Medication Form is required. All medical documents are kept on site for staff to refer to in the event of a medical situation. If a participant needs medical attention, staff will make every effort to contact parents. All program staff are First Aid and CPR certified.

### **Earthquake & Fire**

Program staff will follow the evacuation guidelines as outlined by the Fife School District.

### **Food**

Daily snacks will be provided, however students should not expect a full meal. Some snacks may be part of a cooking project. Food and drinks will not be permitted in the school gymnasiums.

### **Discipline**

Disciplinary actions will be taken each time the code of conduct is violated. Teen Scene operates on a three strike policy. Discipline slips must be signed by Teen Scene staff, the student, and a parent/guardian.

Thank you,

Teen Scene Staff

If you have any questions please call.

City of Fife Parks and Recreation

(253) 922-0900

**Fife Parks, Recreation, and Community Services**  
**After School Program Code of Conduct**  
 2016-2017

1. Participants must sign in by 3:00pm daily.
2. Respect others and their property.
3. Use positive and appropriate language.
4. Remain within supervised boundaries.
5. No fighting or violent behavior will be tolerated.
6. All students must be actively engaged in homework time daily.
7. No locker privileges after sign in.
8. Coming to the program late due to another after school activity (helping a teacher, ASB, etc) requires check in with a note after 3:00pm
9. Electronic devices may be used during free time only and Teen Scene is not responsible for any lost or stolen items.
10. All video games must be properly checked out prior to use.
11. Try it once, before you quit.
12. Teen Scene has permission to check with facility members regarding student grades/missing assignments.

**By signing this agreement, I agree to abide by the After School Program Code of Conduct. Failure to follow the above rules may result in disciplinary action.**

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**Participant Signature**

**Printed Name**

**Date**

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**Parent/Legal Guardian**

**Printed Name**

**Date**

## Participant Information/Emergency Contact Information

2016-2017

**Must be turned in prior to program start date**

**Complete Both Sides**

**Send to:**

**Attn: Debbie Goff**

**2111 54<sup>th</sup> Ave E.**

**Fife, WA 98424**

**(253) 896-8652 Fax: 253-896-8655**

**Email: degoff@cityoffife.org**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Birth date \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_ Zip \_\_\_\_\_

### Emergency Contact Information

Parent/ Legal Guardian \_\_\_\_\_ Preferred phone during after school hours \_\_\_\_\_

Other phone(s) \_\_\_\_\_ E mail \_\_\_\_\_

2<sup>nd</sup> Parent/Legal Guardian \_\_\_\_\_ Preferred phone during after school hours \_\_\_\_\_

Other phone(s) \_\_\_\_\_ E mail \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Day Phone \_\_\_\_\_

Does your child go to SLMS or Endeavour Elementary?  SLMS  Endeavour: Teacher Name: \_\_\_\_\_

Are there any active court orders that we should be aware of?  Yes  No

Are there any custodial issues or schedules we should be aware of?  Yes  No

**If yes**, please contact the program coordinator.

### Pick up Information

Approximate Afternoon Pick-Up Time \_\_\_\_\_

In addition to parent/guardians above, the following individuals are authorized to pick up my child. Any changes to this list must be in writing and made only by the parent who is listed as the main contact.

Name	Relationship	Address	Phone
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____

List any strong dislikes your child may have: \_\_\_\_\_

Will your child need to take medication during program hours  Yes  No

If yes, please complete and return the Medication Information Form

### Check and Explain

- |                                             |                                                                      |                                                     |
|---------------------------------------------|----------------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Use a wheelchair   | <input type="checkbox"/> Use orthopedic device                       | <input type="checkbox"/> High blood pressure        |
| <input type="checkbox"/> Seizures           | <input type="checkbox"/> Feeding assistance                          | <input type="checkbox"/> Frequent headaches         |
| <input type="checkbox"/> Heart problems     | <input type="checkbox"/> Toilet assistance                           | <input type="checkbox"/> Easily disoriented         |
| <input type="checkbox"/> Diabetes           | <input type="checkbox"/> Use sign language                           | <input type="checkbox"/> Orthodontic device at camp |
| <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Wears glasses, contacts, protective eyewear |                                                     |
| <input type="checkbox"/> Visual impairment  | <input type="checkbox"/> Restrictions walking farther than ½ mile    |                                                     |

Explanation/Other Information \_\_\_\_\_

**Dietary Needs & Restrictions**

List restrictions or needs \_\_\_\_\_

**Please check answer and explain if needed**

- |                                                                     |                              |                             |                                  |
|---------------------------------------------------------------------|------------------------------|-----------------------------|----------------------------------|
| Does your child sunburn easily?                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Does your child have allergy to stings?                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Does your child have an allergy to any medication?                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Does your child have an allergy to any foods?                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Does your child have any other allergies (hay fever, asthma, etc.)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |

If yes, describe reaction and management of allergic reaction:  
 \_\_\_\_\_  
 \_\_\_\_\_

Explain any restrictions to activity (e.g. what cannot be done, what adaptation or limitations are necessary). Are there any activities in which your child needs one-to-one supervision? Explain

\_\_\_\_\_

Is there any additional information about the camper's behavior, physical, emotional or mental health that the program should be aware of? Include recommendations for handling these issues during the camp experience.

\_\_\_\_\_

**Other Information**

Physician Information, Doctor Name \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Provider \_\_\_\_\_ Subscriber Name \_\_\_\_\_

Group # \_\_\_\_\_

**PERMISSIONS**

- |                                                             |                              |                             |
|-------------------------------------------------------------|------------------------------|-----------------------------|
| My child may be photographed for publication and promotions | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Staff may apply sunscreen to my child during the day        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**RELEASE OF LIABILITY**

I waive the rights and release all claims that might be held against the City of Fife, its hired or contracted instructors, and their employees and agents, for any injuries or losses which may be suffered because of my child's or children's participation in the City of Fife After School Program, in consideration of permission of the City of Fife to participate in this activity.  
 I consent to my children's participation in the Fife After School Program, and authorize the City of Fife and its employees or agents to provide emergency medical treatment for my child on my behalf. To the best of my knowledge, my child has no physical or other conditions which would interfere with his/her participation.

\_\_\_\_\_  
 Date Signature: Parent, Legal Guardian, Participant, Emergency Contact 18 years or older

**Participant Information Form  
Medication Information**



Participant Name \_\_\_\_\_

**This person will need to take medication during program hours**

This person routinely takes the following medications including over-the-counter or non-prescription medications:

Name of Medication	Dosage	List Time(s) to be taken	Name of Doctor
How? ( i.e. with water, after meal, on empty stomach, etc.)			
Reason for taking			

Name of Medication	Dosage	List Time(s) to be taken	Name of Doctor
How? ( i.e. with water, after meal, on empty stomach, etc.)			
Reason for taking			

Name of Medication	Dosage	List Time(s) to be taken	Name of Doctor
How? ( i.e. with water, after meal, on empty stomach, etc.)			
Reason for taking			

I want the program to: (check all that apply)

- Store my medication    Remind and watch me take my medication    In emergency, know about my medications

Please talk with the Site Supervisor about medication needs and schedules. Package medication in pill reminder boxes or envelopes clearly marked with participant's name, day and time medication is to be taken. Call regarding liquid medication or medication that must be refrigerated.

Date \_\_\_\_\_ Signature: Parent, Legal Guardian, Participant, Emergency Contact 18 years or older \_\_\_\_\_

Printed Name \_\_\_\_\_ Phone during program hour's \_\_\_\_\_