



## STEPS TO ENROLLING YOUR CHILD IN MRC SUMMER REC

1. Complete and sign all attached paperwork AS WELL AS completing all the KDHE Required Forms and bring them ALL with YOU to the MRC on Monday, April 1st!! The packet includes participant information, emergency medical care, release and hold harmless, health history and insurance, authorization for dispensing medication form (if needed) and parental off-premises field trip forms.
2. At Registration, you will pay in FULL for the FIRST week that your child(ren) will attend (\$120). Partial week enrollment is not available. DCF Parents will be REQUIRED to provide a PRINTOUT stating the amount of money they will be receiving during the summer months (must be brought to registration with other paperwork).

**WEEKLY TUITION-** Each week during the summer you will pay the FULL amount due every Sunday via Brightwheel. Failure to pay by the due date may result in a disruption of your child's enrollment.

### ADDITIONAL ENROLLMENT INFORMATION:

- Children must have attended K-5th grade during the CURRENT school year (2023-2024).
- Summer Rec hours of operation are from 6:30 am - 6:00 pm.
  - Return all forms IN PERSON to: Connie Beynon or Avery Dillon
  - **REGISTRATION BEGINS @ 7:00AM** at Mulvane Recreation Center on **APRIL 1st**.  
632 E Mulvane St, Mulvane, KS 67110

If you have any questions, please contact Connie Beynon @ 316-777-0858 or [cbeynon@mulvanerec.com](mailto:cbeynon@mulvanerec.com)



# MRC SUMMER REC 2024 Enrollment Contract

## SUMMER REC 2024

Child's Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_

DOB: \_\_\_\_\_ Male or Female  
Last Grade Completed: K 1 2 3 4 5

Program Desired:  
\_\_\_\_\_ SUMMER REC ALL DAY PROGRAM @ \$120/week

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

Parent/Guardian Address: \_\_\_\_\_

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

Parent/Guardian Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency Contact Address: \_\_\_\_\_

**Field Trips: Weekly tuition includes the cost of any scheduled field trips.**

**Available times: Monday- Friday 6:30am-6:00pm**

**Expected Attendance:**

	Monday	Tuesday	Wednesday	Thursday	Friday
Drop Off					
Pick Up					

**Terms and conditions:**

- I understand that I will drop off and pick up my child at the times agreed upon according to this contract.
- I understand that I will need to notify MRC Summer Rec if my child will be absent for any reason.
- I understand that I MUST download the Brightwheel childcare management app.**
- I understand I need to provide written consent to MRC Summer Rec anytime someone other than myself, or my authorized persons, will pick up my child. They will be required to show photo ID prior to my child being released to anyone not logged in Brightwheel as an authorized pick-up person.
- I understand that all tuition payments are DUE BY SUNDAY for the following week of care.** Failure to pay tuition on time may result in late fees or the disruption of services. Any week where 3 days or more of services are offered are billed as a full week.
- I understand tuition is based on enrollment in the program and not on attendance. Tuition is not adjusted for inclement weather closures.
- I understand breakfast and lunches will be provided through the USD 263 summer lunch program EXCEPT on field trip days. I am responsible for sending a sack lunch on field trip days. I have been provided with a full calendar and am responsible for knowing when my child will need a sack lunch.
- I understand that if my child needs to be absent for more than 1 week, I have the option to terminate the contract or give 2 full weeks' notice to the Youth Program Director to keep my child enrolled.
- I understand that I need to maintain open communication with MRC Summer Rec regarding any changes in the home that might affect my child's well-being.
- I understand the MRC and Summer Rec Program reserve the right to reevaluate fees as necessary and to increase fees at any time with 30 days' notice.
- I understand and agree to follow all rules and regulations set forth by MRC Summer Rec's Fee Schedule and Contract and Policy and Regulations Handbook. I have read and understand the terms of the MRC Summer Rec Parent Handbook.
- I understand MRC and Summer Rec are not responsible for lost, stolen, or damaged items, including any technology (laptops, phones, game consoles, etc.) brought onto the premises.
- See Conduct Clause, Model Release, Medical Release, and Liability Release on the back of this form.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**MRC Summer Rec Program Responsibilities**

- 1. MRC Summer Rec Programs must maintain a current license from the Kansas Dept. of Health and Environment.
- 2. MRC Summer Rec Programs must be in compliance with KDHE.
- 3. MRC Summer Rec Programs must provide a safe, caring environment to meet the needs of the children in our care, and to assist them in their individual emotional, social, and intellectual growth.
- 4. MRC Summer Rec Program will accommodate children’s needs concerning allergies and intolerances to the best of our ability.

MRC Summer Rec Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

**Both parties reserve the right to terminate this contract without notice if the other party is in substantial violation of this contract/or the health/safety of the child is endangered.**

Otherwise, termination for the purpose of unenrollment requires two weeks written notice.

**Model/Media Release:** The undersigned and participant authorize the MRC to use at its discretion any photograph(s) taken of the participant while participating in any activity and waive all claims that the participant or the undersigned or their heirs, executors, administrators, or assign may have or claim to have resulting from such photograph(s) or reproductions thereof.

**Release:** I acknowledge that by my signature below, the registrant listed above is participating in the MRC programs at his/her/their own risk. MRC, Mulvane USD 263, City of Mulvane, successors, and assigns shall not be held liable for any accidents, illness, injury, or damage to property. MRC does not provide any medical insurance for participants. Parents/Guardians are responsible for insurance. Parents must sign for children under 18 to enter the program.  
*Registration is not valid without a signature.*

**Medical Release:** In case of a medical emergency, and I cannot be contacted, I give my permission for an MRC representative to act in my place and to make medical decisions concerning emergency treatment for the participant. I understand that the MRC is not allowed to administer any medications or make any medical diagnosis.

**Behavior/Conduct:** The undersigned and participant agree to abide by all the policies and guidelines set forth by the MRC regarding the program, and violations could result in being expelled from the activity or program with no refund. I further agree to follow the Parents’ Expected Positive Behavior as outlined in the MRC Cat Pack/Summer Rec Handbook.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Fee Schedule:**

Tuition Fees are invoiced on a weekly basis and are due on Sunday prior to the start of the following week.

WEEKLY TUITION: \$120/wk

CLOSURES: Thursday July 4, 2024  
Friday July 5, 2024



**AUTHORIZATION FOR EMERGENCY MEDICAL CARE**

Written permission for emergency medical treatment must be on file at the facility. Consult with the local emergency medical facility to be sure this form is acceptable. Reference K.A.R. 28-4-127(b)(1)(A). School Age Programs reference K.A.R. 28-4-582(e)(2).

<b>Name of facility exactly as stated on the license.</b>	<b>License #</b>
Mulvane Recreation Center	76960

I authorize MRC Staff/Directors (caregiver/staff) who is (are) representative(s) of the above-named facility to give consent for any and all necessary emergency medical care for my child or youth \_\_\_\_\_ (child's first and last name) while child or youth is in the facility's custody between \_\_\_\_\_ and \_\_\_\_\_ MM/DD/YYYY and MM/DD/YYYY.

Is child covered by health insurance?  Yes  No

If yes, complete the following:

Health Insurance Policy Name \_\_\_\_\_ Policy Number \_\_\_\_\_  
Medical Assistance Program \_\_\_\_\_ Card Number \_\_\_\_\_  
Military Medical Care I.D. Number \_\_\_\_\_

If known, date of last Tetanus inoculation: \_\_\_\_\_ MM/DD/YYYY

List any known allergies or other information about the medical conditions of this child or youth pertinent in case of emergency:

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<b>Signature of Parent or Guardian</b>	<b>Date Signed</b>
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<b>Witness to Parent's or Guardian's signature if required by the local hospital or clinic.</b>	<b>Date Signed</b>
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Notarization of Parent's or Guardian's signature if required by local hospital or clinic.

State of <u>Kansas</u>
County of _____
Signed or attested before me on _____ by _____
MM/DD/YYYY Name of Person
(Seal, if any.)
_____ Signature of notarial officer
_____ Title (and Rank)
My appointment expires: _____

The Medical Record/Assessment Form (Or Health Status History form for School Age Programs) and the authorization for Emergency Medical Care must be taken to the emergency room. Both forms must also be in a vehicle when the child or youth is transported by the facility.



**MEDICAL RECORD FOR ALL CHILDREN IN CHILD CARE FACILITIES,  
INCLUDING PROVIDER'S OWN CHILDREN**

**Parents are to complete the Medical Record and the History of Immunizations for each child in licensed child care facilities. The Medical Record, History of Immunizations, and Child Health Assessment are transferable when the child moves to another licensed child care facility.**

Child's First Day in Child Care \_\_\_\_\_ Name of Child Care Facility Mulvane Rec Center Cat Pack

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_  
First Last MM/DD/YYYY M/F

**Parent/Guardian Information**

**Parent/Guardian Information**

Name \_\_\_\_\_ Name \_\_\_\_\_  
Home Address \_\_\_\_\_ Home Address \_\_\_\_\_  
Street City Zip Code Street City Zip Code  
Home Phone Number \_\_\_\_\_ Home Phone Number \_\_\_\_\_  
Employer \_\_\_\_\_ Employer \_\_\_\_\_  
Work Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_  
Cell Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_  
E-mail Address \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Best way to contact \_\_\_\_\_ Best way to contact \_\_\_\_\_

**Persons authorized to pick up the child or to notify in case of emergency (other than the parents):**

Name \_\_\_\_\_ Name \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone Number \_\_\_\_\_

Hospital Preference (for emergencies) \_\_\_\_\_

Has your physician approved the use of any non-prescription medications for your child such as acetaminophen, cough syrup, or ointments that can be given by the child care provider?  No  Yes, as follows: \_\_\_\_\_

Any known allergies or medical conditions of child:  
\_\_\_\_\_  
\_\_\_\_\_

Any major changes at home that might affect your child in care:  
\_\_\_\_\_  
\_\_\_\_\_

Please provide additional information or special instructions that will help the person caring for your child:  
\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## History of Immunizations

Required for all children in child care facilities, including the provider's own children. A Kansas Certificate of Immunizations (KCI) may be substituted for this form and attached to the completed Medical Record.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First Last MM/DD/YYYY

**Section I. For a recommended schedule of immunizations, refer to the current schedule published by the Advisory Committee on Immunization Practices (ACIP).**

Vaccine	Record the Month, Day and Year that each Dose of Vaccine was Received					
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>
Diphtheria, Tetanus, Pertussis (DTaP)						
Poliomyelitis (IPV/OPV)						
Measles, Mumps, Rubella (MMR)						
Hepatitis B (HepB)						
Varicella (VAR)			Hx of Disease: Physician Signature		Date of Illness:	
Hemophilus Influenzae Type B (Hib)						
Pneumococcal Conjugate (PCV)						
Hepatitis A (HepA)						
Rotavirus **Recommended <8 mo of age; not required						
Influenza(Flu) ** Recommended annually >6 mo of age; not required						

**Section II.**

Complete this section only if your child is exempted from the law requiring immunizations [K.S.A. 65-508(g)].

The following two options are the **ONLY** exemptions allowed by law. **Please check either (A) or (B) below and complete as required:**

**(A) Certification from licensed physician stating that immunization would endanger child's life:**  
 Exempt from following immunizations:

DTaP/DT    Tdap/TD    Pertussis Only    Polio    MMR    HepA    HepB    Hib  
 PCV    Varicella    Other

**Physician's Signature** (required): \_\_\_\_\_ **Date:** \_\_\_\_\_

**(B) My child is exempt under the law from immunizations. As the Parent or Legal Guardian, I state that I am an adherent of a religious denomination whose teachings are opposed to immunizations.**

**Section III.**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**HEALTH HISTORY FOR CHILDREN AND YOUTH ATTENDING SCHOOL AGE PROGRAMS**

As required by K.A.R. 28-4-590(d) (1), each operator shall obtain a health history for each child or youth, on a form supplied by the department or approved by the secretary. Each health history is to be maintained in the child's or youth's file on the premises. As required by K.A.R. 28-4-590(d)(2), each operator shall require that each child or youth attending the program has current immunizations as specified in K.A.R. 28-1-20 or has an exemption for religious or medical reasons.

**Complete one form for each child or youth attending the School Age Program.**

<b>First and Last Name of the Child or Youth</b>	<b>Gender (M or F)</b>	<b>Date of Birth (MM/DD/YYYY)</b>	<b>First day at this program: (MM/DD/YYYY)</b>
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<b>First and Last Name of the Child's or Youth's Mother or Guardian</b>
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<b>Mother/Guardian's Home Street Address</b>	<b>City</b>	<b>Zip Code</b>	<b>Home Phone # ( )</b>
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<b>Mother/Guardian's Work Place Name &amp; Street Address</b>	<b>City</b>	<b>Zip Code</b>	<b>Work Phone # ( )</b>
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<b>First and Last Name of the Child's or Youth's Father or Guardian</b>
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<b>Father/Guardian's Home Street Address</b>	<b>City</b>	<b>Zip Code</b>	<b>Home Phone # ( )</b>
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<b>Father/Guardian's Work Place Name &amp; Street Address</b>	<b>City</b>	<b>Zip Code</b>	<b>Work Phone # ( )</b>
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<b>Names and ages of other children in the Child or Youth's Family (Attach additional page if needed.)</b>
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<b>Person(s) authorized to pick up the Child or Youth in case of emergency. Include first and last name and Street Address. Attach additional page if needed.</b>	<b>City</b>	<b>Zip Code</b>	<b>Phone Number (during program hours):</b>
1.			
2.			
3.			

<b>First and Last Name of Physician &amp; Street Address</b>	<b>City</b>	<b>Zip Code</b>	<b>Phone Number ( )</b>
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<b>Name of Hospital Preference in case of emergency.</b>
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<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Complete the following information about medications for this child or youth.</b>
			Will this child or youth need to take any nonprescription or prescription medication during their time at the program?
			If yes above, is there signed permission on file?

Circle any of the following conditions or difficulties that affect this child or youth.

Allergies	Frequent sore throats/ colds	Ear Infections or Aches	Heart or Lung Conditions
Skin Problems	Asthma	Headaches	Diabetes
Vision	Speech/Communication	Hearing	Emotion/Behavior
Other: Please describe.			

If you circled any of the above conditions, please provide additional information that will help the staff members meet the child's or youth's needs while attending the program. (Attach additional page, if needed.)

Provide additional information about your child or youth that might affect him/her while at the School Age Program including any special needs, restrictions to activities, major changes at home or special instructions. (Attach additional page, if needed.)

Complete the following information about this child's or youth's immunization status.

Yes	No	
		Did this child or youth attend a public or accredited non-public school in Kansas, Missouri or Oklahoma the previous year?
		If yes, are this child's or youth's immunizations current?
X	X	If yes to both of these questions, you do NOT need to complete the immunization history below. If no to either of the above questions, you must complete the immunization history below for this child or youth or attach a copy of the child's or youth's immunization history.

Please give dates in the space below for ALL immunization series completed by this child or youth. Record MM/DD/YYYY.

		1	2	3	4	5
	DPT, DT*, TD (*DT only if child is allergic to DTP)	/ /	/ /	/ /	/ /	/ /
	POLIO	/ /	/ /	/ /	/ /	
	MMR	/ /	/ /			
Single Dose Only	RUBEOLA (MEASLES)	/ /	/ /			
	MUMPS	/ /	/ /			
	RUBELLA (GERMAN MEASLES)	/ /	/ /			
	HIB (Hemophilus Infl. B) *RECOMMENDED	/ /	/ /	/ /	/ /	
	HBV (Hepatitis B Vaccine) *RECOMMENDED	/ /	/ /	/ /		
	VAR (Varicella-Chicken Pox) *RECOMMENDED	/ /				

Print the First and Last Name of the Person Completing this Health History form	Relationship to the Child/Youth	Date Completed

If the Health History form was completed by a person other than a Parent/Guardian, who provided you with this information?	What is that person's relationship to the child/youth?

I attest, under penalty of perjury, that to the best of my knowledge, the information provided on this form is true and correct.

Signature of person completing this form	Date Signed





**PARENTAL PERMISSION FORM FOR OFF-PREMISES TRIPS**

<b>Name of the Facility (exactly as stated on the license)</b> Mulvane Recreation Commission			<b>License #</b> 76960	
<b>Street Address of the Facility</b> 632 E Mulvane St	<b>City</b> Mulvane, KS	<b>Zip Code</b> 67110	<b>County</b> Sedgwick	

\_\_\_\_\_ may go to the following locations off the premises **with** adult supervision:

**First and Last Name of Child or Youth**

<b>Place</b> Derby Plaza Theater	<b>Street Address</b> 1300 N Nelson Dr	<b>City</b> Derby	<b>By Vehicle</b> X	<b>Walk/Bike</b>
<b>Signature of Parent or Guardian</b>			<b>Date Signed</b>	

<b>Place</b> Sedgwick County Zoo	<b>Street Address</b> 5555 W Zoo Blvd	<b>City</b> Wichita	<b>By Vehicle</b> X	<b>Walk/Bike</b>
<b>Signature of Parent or Guardian</b>			<b>Date Signed</b>	

<b>Place</b> Urban Air	<b>Street Address</b> 8545 W Irving St	<b>City</b> Wichita	<b>By Vehicle</b> X	<b>Walk/Bike</b>
<b>Signature of Parent or Guardian</b>			<b>Date Signed</b>	

<b>Place</b> Riverfront Stadium	<b>Street Address</b> 275 S McLean Blvd	<b>City</b> Wichita	<b>By Vehicle</b> X	<b>Walk/Bike</b>
<b>Signature of Parent or Guardian</b>			<b>Date Signed</b>	

<b>Place</b> MRC Annex/MGS	<b>Street Address</b> 411 SE Louis Dr	<b>City</b> Mulvane	<b>By Vehicle</b>	<b>Walk/Bike</b> X
<b>Signature of Parent or Guardian</b>			<b>Date Signed</b>	

<b>Place</b> Mulvane Public Pool	<b>Street Address</b> 10702 S Webb Rd	<b>City</b> Mulvane	<b>By Vehicle</b> X	<b>Walk/Bike</b>
<b>Signature of Parent or Guardian</b>			<b>Date Signed</b>	

<b>Place</b> Mulvane Public Library	<b>Street Address</b> 408 N Second Ave	<b>City</b> Mulvane	<b>By Vehicle</b>	<b>Walk/Bike</b> X
<b>Signature of Parent or Guardian</b>			<b>Date Signed</b>	

<b>Place</b> Exploration Place	<b>Street Address</b> 300 N McLean Blvd	<b>City</b> Wichita	<b>By Vehicle</b> X	<b>Walk/Bike</b>
<b>Signature of Parent or Guardian</b>			<b>Date Signed</b>	

<b>Place</b> Derby Bowl	<b>Street Address</b> 444 S Baltimore	<b>City</b> Derby	<b>By Vehicle</b> X	<b>Walk/Bike</b>
<b>Signature of Parent or Guardian</b>			<b>Date Signed</b>	

<b>Place</b> Mulvane Middle School	<b>Street Address</b> 915 N Westview Dr	<b>City</b> Mulvane	<b>By Vehicle</b> X	<b>Walk/Bike</b>
<b>Signature of Parent or Guardian</b>			<b>Date Signed</b>	

<b>Place</b> Rock River Rapids	<b>Street Address</b> 1900 E James St	<b>City</b> Derby	<b>By Vehicle</b> X	<b>Walk/Bike</b>
<b>Signature of Parent or Guardian</b>			<b>Date Signed</b>	

<b>Place</b> Main Street Park/Splash Pad	<b>Street Address</b> Main Street	<b>City</b> Mulvane	<b>By Vehicle</b>	<b>Walk/Bike</b> X
<b>Signature of Parent or Guardian</b>			<b>Date Signed</b>	

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**FOR SCHOOL AGE CHILDREN OR YOUTH ONLY**

I hereby authorize my **school age child** \_\_\_\_\_  
**First and Last Name of Child or Youth** **Birth Date MM/DD/YYYY**

To walk/bike to and from the following location(s) **without** adult supervision:

<b>Place</b>	<b>Street Address</b>	<b>City</b>	<b>By Vehicle</b>	<b>Walk/Bike</b>
<b>Signature of Parent or Guardian</b>			<b>Date Signed</b>	

<b>Place</b>	<b>Street Address</b>	<b>City</b>	<b>By Vehicle</b>	<b>Walk/Bike</b>
<b>Signature of Parent or Guardian</b>			<b>Date Signed</b>	

<b>Place</b>	<b>Street Address</b>	<b>City</b>	<b>By Vehicle</b>	<b>Walk/Bike</b>
<b>Signature of Parent or Guardian</b>			<b>Date Signed</b>	

<b>Place</b>	<b>Street Address</b>	<b>City</b>	<b>By Vehicle</b>	<b>Walk/Bike</b>
<b>Signature of Parent or Guardian</b>			<b>Date Signed</b>	



## Authorization for Dispensing Medications to Children and Youth Long-Term Medications (Prescription and Non-Prescription)

Prescription medications must be in their original containers labeled with the child's/youth's first and last name; the name of the licensed physician, physician assistant (PA), or advanced practice registered nurse (APRN) who ordered the medication; the date the prescription was filled; the expiration date of the medication; and specific, legible instructions for administration and storage of the medication. Administer the medication only to the child designated on the prescription label in accordance with the instructions on the label. Non-prescription medications can be given with written permission and direction from the parent or legal guardian. Administer nonprescription medication from the original container labeled with the first and last name of the child/youth and according to the instructions on the label.

First and Last Name of Child/Youth		Date of Birth	
Name of Medication (only one medication per authorization)		Prescription OR Non Prescription	
Reason for Medication			
Dose	Time to be Given	Start Date	Stop Date**
Name of Licensed Physician, PA or APRN prescribing the medication		Phone # of Physician, PA or APRN	
I allow the above medication to be given to my child/youth by the designated person.			
Parent's Signature		Date Signed	

\*\*Stop date not to exceed one year from the start date. A new authorization is to be completed any time the medication, dosage, times to be given, or instructions from the parent or health care provider change from the information included on this form. Additional copies of this form may be attached to this page if more space is needed to record the administration of the medication for up to one year if there are no changes in instructions. Above information must be completed on each page but the parent's signature is required only once per year.

THIS FORM IS TO BE USED TO DOCUMENT ADMINISTRATION OF ONLY THE MEDICATION IDENTIFIED ABOVE. Designated Person to note any comments or remarks about the child's/youth's appearance and/or condition on the back of the form.

Date mm/dd/yy	Time	*Initials	Date mm/dd/yy	Time	*Initials	Date mm/dd/yy	Time	*Initials

\*Each designated person administering medication is to sign on the back side of this form and identify initials used above.





MRC Summer Rec 2024 Parent Handbook Agreement

I (guardian name-please print) \_\_\_\_\_, the legal guardian of (child's name-please print) \_\_\_\_\_ have read, understand, and agree to the policies and procedures outlined in the MRC Summer Rec Parent Handbook.

*Initial by each statement that applies:*

\_\_\_\_\_ *My child may participate in high-risk activities such as swimming, trampoline, etc.*

\_\_\_\_\_ *My child may have MRC-provided sunscreen applied as needed. (If not, must provide own labeled with child's full name)*

\_\_\_\_\_ *My child may have MRC-provided bug spray applied as needed. (If not, must provide own labeled with child's full name)*

\_\_\_\_\_ *I have read and understand the discipline policy for the MRC Youth Programs.*

\_\_\_\_\_ *I have read and understand the Late Pick-Up Policy*

\_\_\_\_\_ *I have read and understand the MRC Tuition Payment Policy.*

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_ Staff Initials

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# MRC SUMMER REC PARENT/PARTICIPANT HANDBOOK

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Mulvane Recreation Center  
632 E. Mulvane St.  
Mulvane, KS 67110  
316-777-0858  
[www.mulvanerec.com](http://www.mulvanerec.com)

Mulvane Recreation Center 2  
411 SE Louis Dr.  
Mulvane, KS 67110  
316-777-0857  
[www.mulvanerec.com](http://www.mulvanerec.com)

## MRC Staff

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## MRC Board Members

**Ron Hladik**

**Brian Comer**

**Debbie Kendrick**

**Theresa Papon**



## MRC Mission Statement:

To serve the citizens of USD 263 by providing quality, affordable recreation programs that *invite participation, build relationships, and enhance lives.*

The Mulvane Recreation Commission Supports its Mission by:

### Inviting Participation

- Meet community needs and assure quality through continual evaluation of programs, services, facilities, and mission.
- Offer programs and activities for the entire community by planning and implementing a year-round program of diverse opportunities for all ages.

### Building Relationships

- Cooperate with school, city, and other agencies, both public and private, regarding planning, programming, and facilities.
- Include all citizens of USD 263 in leisure programming, eliminating any discrimination based on race, sex, religion, ability, or economic status.
- Through commission supervision, ensure that programs are conducted in a safe manner and facilities are maintained.

### Enhancing Lives

- Organize opportunities for citizens to strengthen existing relationships while creating new relationships through the implementation of programs for individuals, groups and families thus promoting a stronger community bond.
- Promote productive leisure time activities that spark interest, educate minds, and enrich lives.

## Youth Program Mission Statement:

To provide the children of USD 263 and surrounding areas opportunities for education and recreation using recreation/leisure modalities in a safe and secure environment.

### Disclaimer:

MRC Youth Childcare Program is licensed by the Kansas Department of Health and Environment and is open to children enrolled in kindergarten through 5<sup>th</sup> grade. The MRC prohibits discrimination based on race, ethnicity, national origin, sex, religion, age, or disability in its services, programs, and activities. Anyone who believes he or she has been discriminated against may file a written complaint with the MRC Board by mail addressed to MRC Board, 632 E. Mulvane St., Mulvane, KS 67110. The MRC does not carry insurance to cover participants. Involvement in any activity is done at the participant's own risk.

## About the Staff:

Our directors have Bachelors' Degrees or comparable experience in recreation, education, or a related field. Many of the group leaders are teachers or paraprofessionals. The program has been planned and implemented by the full-time director, assistant director, and group leaders. The group leader and assistant leaders are responsible for administering the MRC Childcare Program day to day. All staff members are required to attend training each year in compliance with the Kansas Department of Health and Environment regulations, including Active Kids, Active Supervision. The training includes First Aid and CPR, recognizing communicable diseases and signs and symptoms of child abuse and neglect.

## Registration and Payment for Summer Rec Program:

Registration is completed through Mulvane Recreation. Questions regarding registration can be directed to the Program Director at 777-0858 x113.

MRC Summer Rec Program Registration - One week of fees at the time of registration. **Weekly tuition is due the Sunday BEFORE the week of services.** Failure to pay tuition on time may result in late fees and or disruption of your child's enrollment.

### 2024 Summer Closure Schedule:

- July 4-5, 2024

### **FEES ARE BASED ON ENROLLMENT NOT ATTENDANCE.**

If you wish to change your child's enrollment status, two weeks written notice is required.

Tuition rates are not adjusted due to inclement weather closures.

## KDHE Required Paperwork:

To be in compliance with the regulations of the Kansas Department of Health and Environment, the following forms must be completed in full and returned no later than five calendar days before attendance so that necessary corrections can be made.

- **KDHE Health History for Children**
  - All people of interest and places of employment must include street addresses, including persons authorized to pick up children, and physician's name, address, and phone number.
  - If you circle any conditions on the back page, you MUST provide additional information in the designated box.
  - If you check "yes" to both questions about immunization, you do NOT need to include shot records.
  - \*Remember to print, sign, and date the bottom lines.
- **KDHE Authorization for Emergency Medical Care**
  - It does not need to be notarized but MUST be signed by a witness (not a member of the MRC staff).
  - List any known allergies or pertinent medical information.
  - Include insurance information (at the very least, the name of the insurance)
  - DON'T FORGET THE CHILD'S NAME
- **KDHE Off-Site Trips Permission Forms**
  - DON'T FORGET THE CHILD'S NAME AT THE TOP
  - Sign and date all fields on both sides, especially MGS/MRC Annex and Mulvane Library
- **Participation in High-Risk Activity Waiver (If Applicable)**
- **Authorization to Pick-Up Child Form**
  - Must be 16 years or older to pick up a participant from the program.
- **KDHE Authorization for Administration of Medications (If Applicable)**
  - For ANY prescription medication, OTC medication, or medicated creams/ointments
  - Must see the Program Director to ensure the correct form is filled out.
  - If a child comes to MRC with an inhaler and no medical form, they will not be allowed to stay.

## Hours of Operation/Financial Assistance:

The Summer Rec Program tuition is based on the student's enrollment. Fees are due the Sunday prior to attendance.

Summer Rec is open from 6:30am--6:00pm Monday through Friday (With exception of Federal Holidays)

Summer Rec Parent Contracts are required to be on file for every family. Contracts include payment information, student schedule and other responsibilities for parents and the MRC.

### Financial Assistance:

Currently, MRC is a provider for DCF and Kaw Nation, please contact the Youth Program Director or Assistant Director for more information. Our DCF EBTEdge Provider ID# is **E639317**. Call toll free number on back of EBT card and follow instructions for payment.

### Tax Information:

The Federal Identification Number for MRC is 48-6091814. You will need this number if you claim the cost of MRC Childcare Programs on your income tax return.

## Attendance:

Summer Rec requires notice anytime a student is absent for any reason. If a student is absent for more than 1 week the option to terminate the contract is available. Providing two full weeks notice to the Program Director will allow the student to remain enrolled.

### *Participants Must Be Signed In/Out Each Day:*

Kansas Department of Health and Environment requires that each participant must be signed in/out each day. Notice of individuals NOT on a students Authorized Pick Up List coming to pick up a student is required. Individuals not on the students Authorized Pick Up list will be asked to show ID before the student can be released to the individual. **MRC Staff cannot sign a child in or out for a parent.**

## Late Arrivals/Early Departures:

Participants should not be dropped off at MRC if Summer Rec is on a scheduled field trip. If your child needs to arrive late or depart early, it may be necessary for you to bring and/or pick up your child at the field trip location. Should you need to arrange for a late arrival/early departure, please let Summer Rec staff know of your plans.

## Late Pick-Up Policy:

MRC staff will give each family one (1) warning without charging for a late pick-up. This warning will be documented and placed in the participant's file. After this initial warning, the following charges will be applied:

\$1.00 per family for every minute after program end time will be charged to the parent/guardian.

This will include all participants. If a parent/guardian has not contacted the Program Director to inform him/her of their situation, and the child is not picked up within 30 minutes of program end, the police will be notified.

### *Repeat Offenders*

The second time a parent/guardian does not notify the Program Director they will be late picking up their child; a meeting will be scheduled with the Program Director to address the problem.

If the problem continues after this meeting, The Program Director has permission to expel the child from MRC Childcare Program. Expulsion does not constitute a refund!

## Children Walking/Biking Home

Children who are in grades 4<sup>th</sup> through 5<sup>th</sup> are permitted to walk home with written notification on file from a parent. This allows the parents to authorize the release of their child to walk home or to a designated destination. To assure the safety of the child, the following conditions must be met in order to release the child:

1. The child must be in grades 4<sup>th</sup> through 5<sup>th</sup>. Any younger siblings that attend the Cat Pack programs will not be allowed to join their older sibling.
2. Written permission from the parent/guardian must be on file before the child can be released.
3. It is the responsibility of the parent /guardian to determine that the child has the necessary maturity to understand the safety procedures before authorizing their release.
4. MRC cannot be held accountable for any situations that occur once the child is dismissed to walk/ride bike home.

## Parental Involvement:

Parents/Guardians are always welcome visitors. If a parent/guardian wishes to attend a field trip, he or she should contact the MRC's Program Director for details. Parent attendance is dependent upon the contract for each specific field trip. The visiting adult will be required to pay any admission and/or applicable fees. If there is room on the bus, the parent/guardian may ride along. Every attempt is made to keep parents/guardians informed of changes in schedules and plans.

## Personal Property:

Participants are not allowed to bring unauthorized personal property to Summer Rec. This includes cell phones, iPods, iPads, toys, trading cards, etc. In the event a cell phone is brought to Summer Rec, that phone will be required to be in a backpack or locker. Parents can call the MRC at 777-0858 x113 if they need to talk with their child. **Please do not send money with your child to the MRC.** If you have any questions about this policy, please contact the Program Director.

MRC and Summer Rec are not responsible for the loss, theft or damage of technology or personal items brought to the program or onto the property.

## What to Wear/What to Bring:

MRC is not responsible for lost or stolen personal items. Please wear comfortable clothing for indoor and outdoor activities. Please wear shoes designed for playing. A swimming suit and towel will need to be provided for your child each day of Summer Rec.

Hats may not be worn in the building, students who wear hats may leave them in their lockers and take them for outdoor activities.

No flip flops, sandals, open toed shoes, cowboy boots, crocs, etc. are allowed for play in the gym. Please send tennis shoes, gym shoes, running shoes, or sneakers for students to wear in the gym. Students may leave a pair of socks and shoes in their locker and change into appropriate shoes before gym.

## Field Trips:

Field trips are a fun part of MRC Childcare Services that provide a learning experience. Admission charges are included in tuition and cover the cost of transportation and admission. **Please do not send money with your child on field trips.** MRC is not responsible for any lost or stolen personal items your child brings, including money. MRC will not allow children to go to gift shops or to buy drinks or snacks while on a field trip. A permission form is required for all children to go on field trips, this will be provided for you to sign. The field trip permission form will accompany the group during the trip. If you bring your child to or pick up your child from the field trip location, you **MUST** find the Staff Member and sign your child in or out. **Please send a sack lunch with your child!**

## Safety Procedures:

MRC has an emergency plan for fire, tornado, storm and/or flood and crisis. Emergency evacuation procedures will be posted in MRC as required by code/statutes and discussed with children. Monthly drills are conducted, and the dates and times of those drills are posted. During tornado watches and warnings,

outdoor field trips may be postponed. If severe weather happens while the children are on the bus, the bus driver will locate a safe location for the children, if necessary.

## Restroom Policy:

All groups will be allowed time for restroom use during rotation periods. Group and Assistant Group Leaders will check to make sure that no one from the public is in the restroom and will serve as a monitor. In the event a child needs to use the restroom during other times, children will be sent to the restroom in twos escorted by a staff member who will ensure that no one from the community is in the restroom. Once the restroom is clear the staff member will allow the child to use the restroom while the other child waits with the staff member. Hand washing is encouraged.

## Food Prep and Safety:

MRC childcare programs will follow safe food prep and sanitary guidelines when dispersing snacks or meals.

1. All MRC employees involved in dispersing food will wash their hands with soap and running water before dispersing snack/meal.
2. All participants will be encouraged to wash their hands with soap and running water before eating a snack/meal.
3. Employees who will be handling food or utensils will have on gloves and use utensils as needed to distribute food.
4. If the snack or meal is not prepackaged, staff will also tie back long hair/wear hair nets.
5. No employee will handle snack/meal if he or she has been suffering from an illness. If concerns are raised about an employee's health, a written doctor's note may be required from the employee.
6. All necessary table service will be provided for students at snack/mealtimes.
7. Students will be asked to assist with cleaning up the lunch area when finished eating. This includes throwing trash away, wiping down tables and may involve sweeping floors.

## Snacks:

All snacks will be provided by the MRC. Documented allergies will have safe alternatives.

## Playground Supervision Plan:

### General Duties Leaders are Responsible for:

1. Warning and informing
2. Providing proper instruction and supervision
3. Providing safe facilities and equipment
4. Providing prompt and appropriate first aid

### Presence and Attentiveness:

1. Inspect the playground before participants start playing.
2. Stay in reasonable proximity to the areas of activity and be able to monitor the activity.
3. Ensure the participants are being properly supervised.
4. NOT become distracted from assigned duties.

### Participant Behavior Monitoring and Intervention:

1. Rules, policies, and procedures are being enforced.
2. Participants are restricted from roughhousing, horseplay, and other inappropriate behavior on or near an apparatus.
3. Control the play environment.
4. Keep in mind the child's behavior before allowing him/her to enter the play area (Was the child just disciplined for something? Is the child feeling ill or is there some other obvious reason for hostility? Is the student prone to violent behavior?)

### Hazard Surveillance and Intervention:

1. Check the playground daily and address ground and equipment hazards.
2. Look for hazards after weekends, holidays or break periods.
3. Know that use of playgrounds after hours can result in damaged or vandalized equipment. (It can also lead to foreign objects being left on the grounds or in play boxes)
4. Correct a hazard if you can, otherwise, report all hazards, no matter how small, because small hazards uncorrected can and will lead to larger hazards.
5. Check equipment for broken pieces, sharp edges, worn parts, etc.
6. Check wood equipment for splinters, rotten wood, and cracks.
7. Check the grounds for large holes, broken glass and other foreign objects that may injure a student.

### Respond Appropriately to Emergencies:

Every supervisor must follow the MRC Emergency Procedure Plans and act according to the emergency. Be always alert. Act promptly and decisively.



## Accident/Incident Reports:

All accident and/or incident reports will be documented at MRC and kept on file. Parents are notified of any accident and/or incident involving their child and may request a copy of the report. All accident and/or incident reports must be forwarded (copies) to the Program Director and the Executive Director within 24 hours of the occurrence for review.

### In Case of Injury

When you registered your child, you provided MRC with a medical release form giving MRC staff permission to seek emergency care for that child. These are the procedures:

A staff member will provide immediate First Aid.

A staff member will notify a parent/guardian.

If a parent/guardian cannot be contacted, or if immediate action is required, MRC staff will contact the local EMS and remain with the child until the parent/guardian arrives. A staff member who accompanies a child to the hospital will take along the Emergency Medical Release form and the child's medical record given at registration.

### In Case of Illness/Abuse

If your child has a contagious illness or a temperature above normal, please do NOT allow him/her to attend the day's activities. Children in attendance who exhibit any signs or symptoms as described in the Exclusion Policy for Sick Children will be isolated and monitored until a parent/guardian can arrive to take the child home.

#### ***If you discover your child has a contagious disease***

**Please call the MRC immediately. The KDHE requires we notify all participants when this occurs. A note will be posted with the sign in/out sheets.**

Every staff member has received training in observing the symptoms of illness, neglect and/or child abuse. Each child's physical condition will be observed and any evidence of neglect or unusual injuries including bruises, contusions, lacerations, and burns will be noted by the program leaders and reported to MRC Directors. All licensed childcare agencies are required to report any evidence of suspected child abuse or neglect. These reports are made to the Kansas Department for Children and Families.

# Exclusion Policy of Sick Children

Kansas Department of Health and Environment

## Stay Home If:

- **Auxiliary (armpit) temperature is 99.6 or higher**
- **Severe cough child red or blue in face; making high pitched “croupy” or “whooping” sounds**
- **Diarrhea (2 watery stools in a 4-hour period or 1 large volume water with mixed blood)**
- **Vomiting or upset stomach (2 episodes in a 4-hour period)**
- **Yellowish tint to skin or eyes and/or unusually dark, tea-colored urine**  
**Red, matted or draining eye(s)**
- **Infected areas of skin with crusty, yellow, gummy, dry area, or rash (i.e., impetigo, ringworm, chickenpox)**
- **Severe itching of body or scalp and/or constantly scratching (i.e., lice or scabies)**
- **Fainting seizures (other than pre-existing conditions) general signs of listlessness, weakness, drowsiness, flushed face, headache, or stiff neck**
- **Unusual behavior (cranky, listless, obvious general discomfort, loss of appetite)**

## Come Back When:

- Free from fever for 24 hours w/o reducing medications
- Symptom free or Physician’s written approval to return.
- Free of diarrhea (watery stools for 24 hours)
- Free of upset stomach and vomiting for 24 hours and able to take food.
- Symptom free of Physician’s written approval to return
- All discharge from eye(s) has stopped or Physician’s written approval to return
- Skin sores are healed or 24 hours after treatment is started or Physician’s written approval to return
- After treatment and free of lice and nits
- Symptom free or Physician’ written approval to return
- Symptom free

## Participants Expected Positive Behavior

To maintain a safe, educational, and fun atmosphere for all MRC participants, staff are responsible for consistently enforcing the established rules and regulations of the program.

**Please read over the following MRC Childcare Program rules with your child and be sure that he/she has a clear understanding of their positive behavioral expectations while participating in the program.**

1. Participants' cell phones may not be out during any of MRC's childcare programs. Please advise your child to keep his/her phone in their locker during MRC programs. If your child needs to call you, he/she may use MRC's landline.
2. Students are responsible for any belongings he/she brings to the MRC childcare programs. MRC strongly advises students to leave expensive electronics, toys, etc. at home. MRC is not liable for any lost or stolen items.
3. Always be courteous and respectful of the rights of others and their property.
4. Always use good manners and respectful language. No profanity.
5. When in classrooms and hallways use inside voices.
6. Be honest and fair when playing a game or participating in an activity. Booing, bullying, or other rude behaviors will not be tolerated.
7. Never approach another participant in a threatening manner. Keep your hands, feet, and mouth to yourself.
8. Hitting/kicking another participant is NEVER allowed. Keep hands and feet to yourself. Alert staff immediately if this occurs.
9. Horse play is not allowed (defined as – "rowdy, boisterous play, including but not limited to shoving, hyperactivity, negative behavior, etc.)
10. Listen and follow directions given by the staff at all times.
11. Be silent on signal by staff – (they may use a whistle, flip the light switch, raise their arm, etc.)
12. Running in any of the facility rooms except for the Gym is not allowed.
13. NEVER LEAVE AN ACTIVITY AREA WITHOUT PERMISSION. Always request permission to use the restroom. Hanging out in the restroom is not allowed.
14. Always sit properly at the tables. No standing or sitting on tabletops.
15. Everyone helps clean up after using any supplies, materials, games, and after eating snacks and lunches.
16. Shoes and clothing must be worn at all times. Dress codes of USD 263 will be followed.
17. Report all problems to MRC staff as soon as possible.

## Discipline Policy and Procedures

MRC Childcare Programs support the Kansas Department of Health and Environment's definition of discipline as the on-going process of helping children develop their inner control so they can manage their own behavior in a socially approved manner. Physical handling of the child is forbidden except when necessary to protect the child's safety or self-defense.

Discipline that is humiliating, frightening or harmful to the child, is not allowed. Prohibited methods of discipline include:

- Corporal Discipline such as spanking, swatting, or yanking of arms.
- Verbal abuse, threats or derogatory remarks about the child or the child's family
- Binding to restrict movement or enclosing in a confined space such as a closet or box.
- Withholding or forcing foods
- Placing substances which sting or burn on the child's tongue or mouth or other parts of the body.

### Participants Progressive Discipline Procedures

Procedures following behavior problems will include the following:

1. The Leader and child speak one on one about the behavior to ensure the child understands what went wrong.
2. If unacceptable behavior continues, the child will be placed in time out. This is a quiet time free from interruptions and distractions. The child or youth shall remain in time out only long enough to regain self-control. Each child or youth in time out shall remain under visual staff supervision.
3. Continued behavior problems can result in a loss of activities (swimming, and/or field trips.)
4. Continued behavior problems will result in a visit to the office for further attention. At this point, the Youth Program Director may phone the parent/guardian. Visits to the office will be documented and noted in the child's file.
5. Persistent behavior problems may require a conference between child, parent, and staff.
6. When all efforts fail, and child's behavior continues to disrupt the program or threatens to harm another child physically/emotionally, he/she may be dismissed from the program. Every effort will be made to solve the problem and enlist the child's cooperation to ensure continued attendance. The MRC provides a fair, safe, and positive environment for children.
7. Fighting, violent physical contact, theft, and vandalism may result in suspension for a specified period as decided by the executive staff.
8. Weapons, drugs and/or alcohol will not be tolerated and will constitute immediate expulsion from the program.

## Problem Behavior

Children attending the MRC Childcare Programs are expected to follow certain building and safety rules as well as guidelines for having a good relationship with other children and camp staff. In a multi-age group every effort should be made to keep like ages together, but some inter-age activity should be expected. For this reason, cooperation and respect are important.

Behavior problems include, but may not be limited to

1. Destroying, defacing, or stealing property that belongs to another participant or staff member of the MRC.
2. Using improper, obscene, vulgar, or profane language.
3. Demonstrating rude, discourteous, or disrespectful behavior along with actions, words, or gestures to participants and/or staff.
4. Bringing improper, vulgar, obscene, or profane materials to the center.
5. Threatening or performing bodily harm on participants and/or staff.
6. Bringing matches, lighters, cigarettes, or fireworks to the center.
7. Racial or sexual slurs and/or innuendoes.
8. Acts of vandalism and graffiti.
9. Causing a false fire alarm or bomb threat.
10. Possession of a weapon, including BB, Paintball, etc.
11. Leaving the group and avoiding the supervision of program leaders.
12. Willfully disobeying instructions and restrictions.
13. Rowdy, disruptive actions on the bus or at a field trip destination.
14. Failure to follow the rules of the swimming pool and the directions of the Lifeguards.
15. Loud, boisterous behavior during quiet and/or learning activities.
16. Violent outbursts of anger and failure to control temper.

Positive behavior will be stressed always. Rules such as running in the halls will be explained in terms of safety considerations. Rules for good behavior will be discussed prior to field trips. Cooperation and respect will be emphasized and expected. Failure to comply with these rules will result in disciplinary action by all MRC Childcare Program employees.

## Participants Dismissal Policy

On occasion, when a child's behavior is unacceptable and is deemed unsafe for the program's mission, the following disciplinary procedures will be implemented:

1. **No Individual Shall be guilty of a physical attack as an aggressor upon any other individual.**

Minimum Penalty: Parents will be contacted, possible police involvement, and a possible 3-day suspension.

Maximum Penalty: Parents and Police will be contacted. Dismissal from the MRC Childcare Programs.

2. **No Individual Shall use profane, obscene, or vulgar language.**

Minimum Penalty: Parents will be contacted and a possible 1-day suspension.

Maximum Penalty: Parents will be contacted. Dismiss from the MRC Childcare Programs.

3. **No Individual Shall be guilty of stealing from other individuals, the facility site, or any off-site facility.**

Minimum Penalty: Parents will be contacted, possible police involvement, and a possible 1-day suspension.

Maximum Penalty: Parents and police will be contacted. Dismissal from the MRC Childcare Programs.

4. **No Individual Shall be guilty of vandalism, defacing of facility, or personal property.**

Minimum Penalty: Parents will be contacted, possible police involvement, and a possible 1-day suspension.

Maximum Penalty: Parents and Police will be contacted. Dismissal from the MRC Childcare Programs.

## Termination policy:

Parents must notify MRC in writing/email 2 weeks or ten business days prior to leaving the program.

Thank you for taking time to learn about the program your child will be attending!

## Parents Expected Positive Behavior

**Any attempt by a parent/guardian for any reason to disrespect, use profanity with, berate, intimidate, or bully any Cat Pack staff member will not be tolerated. Such behavior will result in the parent being asked to immediately leave the facility, and further communication will be scheduled when the facility Executive Director can be present.**

Parent MRC Summer Rec Handbook Agreement:

I (print parent's name) \_\_\_\_\_, the parent/legal guardian of  
(print child's name) \_\_\_\_\_ have read, understood, and  
agreed to the policies outlined in the Mulvane Recreation Center Cat Pack Parent Handbook.

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

MRC Representative Signature \_\_\_\_\_

Date \_\_\_\_\_