PROGRAM(S) REGISTERING FOR:

Paradise Hills Community Center

2014-2015

☐ Parky's Pals

Has your child attended in previous years?
☐ **Yes** ☐ **No**

Free/Reduced date of application_____
Pre-approved Free___Reduced___ Mgr Name_____
Admin. Apprd _____Disapprd _____Free _____Red_____

(Please Print) **FIRST CHILD**

Name:
Last First Middle

School: Grade: Age:

Birth Date: ☐ Male ☐ Female

Does the child have a health condition(s) that our staff needs to be aware of? ☐ **Yes** ☐ **No If yes, fill out medical information**

Does the child have a disability that requires accommodation?
☐ **Yes** ☐ **No If yes, please identify:**

If yes, contact the Department Inclusion Manager at 314-0414.

(Please Print) **SECOND CHILD**

Name:
Last First Middle

School: Grade: Age:

Birth Date: ☐ Male ☐ Female

Does the child have a health condition(s) that our staff needs to be aware of? ☐ **Yes** ☐ **No If yes, fill out medical information**
Does the child have a disability that requires accommodation?
☐ **Yes** ☐ **No If yes, please identify:**

If yes, contact the Department Inclusion Manager at 314-0414.

(Please Print) **THIRD CHILD**

Name:
Last First Middle

School: Grade: Age:

Birth Date: ☐ Male ☐ Female

Does the child have a health condition(s) that our staff needs to be aware of? ☐ **Yes** ☐ **No If yes, fill out medical information**

Does the child have a disability that requires accommodation?
☐ **Yes** ☐ **No If yes, please identify:**

If yes, contact the Department Inclusion Manager at 314-0414.

(Please Print) **FATHER/GUARDIAN**
Authorized to pick-up child/children ☐ yes ☐ no

Name: Employer:

Home Address: Business Phone:

City/State: Zip: Home Phone:
Cell:

(Please Print) **MOTHER/GUARDIAN**
Authorized to pick-up child/children ☐ yes ☐ no

Name: Employer:

Home Address: Business Phone:

City/State: Zip: Home Phone:
Cell:

(Please Print) **MEDICAL INFORMATION**

Child's Name:

Child has the following condition(s):

Current medication and time taken, special diet, allergies, treatment :

Other Information:

Describe any behaviors that might be affected or caused by the above:

Child's limitations:

If there are any changes in a child's health status during the year, parents must notify BCPR immediately.

(Please Print) **EMERGENCY CONTACT**
*****LIST SOMEONE OTHER THEN THE PARENT/GUARDIAN*****

Name:

Relationship:

Home Phone: Work Phone:

Cell Phone:

Hospital: Doctor:

Insurance Company:

B.C.P.R. CUSTODIAL CARE INFORMATION

My Child/Children are under the custodial care of: (Check one) ☐Both Parents ☐Mother only ☐Father only ☐Other

I authorize the following people (other than the people listed on the front) to pick up my Child/Children. PLEASE NOTE: *ALL authorized individuals must be at least 15 years old to sign out a program participant.* Identification is <u>required</u>.

1._____
Name Relationship Home Phone Work Phone

2._____
Name Relationship Home Phone Work Phone

3._____
Name Relationship Home Phone Work Phone

4._____
Name Relationship Home Phone Work Phone

5._____
Name Relationship Home Phone Work Phone

6._____
Name Relationship Home Phone Work Phone

7._____
Name Relationship Home Phone Work Phone

8._____
Name Relationship Home Phone Work Phone

Please list any persons who might attempt to pick up your Child/Children but are <u>not</u> authorized to do so: ***<u>*Supporting documentation is required. (Restraining Order's, divorce decree's, etc….) *</u>***

1._____
Name Relationship

2._____
Name Relationship

3._____
Name Relationship

4._____
Name Relationship

****If there are any changes to these arrangements you must notify the community center *<u>immediately</u>*.**

Please Sign:_____**Date:**_____

PLEASE READ & SIGN

I will **<u>not</u>** hold Bernalillo County Parks & Recreation Department or its staff, including directors, managers, agents, representatives, or employee's responsible for any injuries and liabilities that may occur while participating in any activities held at the site, on field-trips or special events. I will not hold Bernalillo County responsible for any injuries, which may be sustained during *travel* between the site and an activity or other location. I further state that my child/children are capable and **can** participate in **all** BCPR activities.

Parent's Signature_____**Date**_____

Please provide an email address for up to date information on "What's Happening" at the Paradise Hills Community Center.

Email Address #1:_____ Email Address #2:_____

Bernalillo County Parks and Recreation Anti-Bullying Disclosure Form

Bernalillo County Parks and Recreation is committed to providing caring, friendly and safe environment in a relaxed and secure atmosphere. Bernalillo County Parks and Recreation will be a **zero tolerance establishment** and ***will not tolerate any type of bullying*** in our facilities field, parks or programs.

What Is Bullying?

Bullying is unfair and one-sided behavior. It happens when someone keeps hurting, frightening, threatening, or leaving someone out on purpose, in person or via multi-media.

Bullying can be:

- Physical- hitting, kicking, spitting, pushing, inappropriate gestures, taking person belongings
- Verbal- taunting, teasing, name calling, gossiping, making threats
- Social- spreading rumors, manipulating, excluding/isolating, intimidation, interfering with friendships of others, cyber bullying, sexting

Procedures

1. Report bullying incidents to staff, either verbally or by leaving calling, emailing or texting the Anti-Bullying help line at 505.933.1113.
2. Staff will investigate the allegation by talking to all of the parties separately.
3. Staff will use the Hierarchy of Responses-Consequences Guideline Chart.
4. The staff will then determine what level of action needs to be taken and will let all parties know the actions taken and what future actions could be if the behavior does not stop.
5. For minors, parents will be contacted for Level 2 or higher or if Level 1 incidents have occurred on more than one occasion. (Levels and Explanation on back of sheet)
6. If a criminal action has taken place law enforcement will be contacted.

Responses For Ages over 18

1. The person who is acting aggressively will be given a verbal warning and asked to genuinely apologize or leave the premises.
2. After the incident/incidents have been investigated and dealt with, each case will be monitored to ensure repeated bullying does not take place.
3. After any incident of bullying an incident report WILL BE created and filed with management.
4. In serious cases or second offenses exclusion will be enacted for up to 1 year and may be reported to law enforcement.

Bernalillo County Commitment

1. If staff witnesses someone bullying another person, they will intervene immediately and address the behavior in that moment.
2. Target and aggressor will always be talked to separately.
3. Bystanders will be asked about what happened as well as what they did to intervene.
4. Both target and aggressor will be offered support.

I, _____, parent/guardian, of _____ (child's name), will ensure that I and my child are aware of and abide by the Bernalillo County Parks and Recreation Anti-bullying policy

_____

Parent/Guardian DATE

Level 1 Behaviors	Level 1 Responses
Pushing/kicking/hitting **Spitting** **Gossiping/spreading rumors** **Embarrassing or making someone look foolish** **Mocking or mimicking** **Name-calling** **Dirty looks** **Taunting** **Teasing about clothing or possessions** **Threatening to reveal personal information** **Graffiti** **Publicly challenging to do something** **Defacing property or clothing** **Playing a dirty trick**	*Any of the following responses:* Group meeting on appropriate and expected behaviors with everyone, not singling anyone out Loss of privileges Verbal warning Parent notified Time-out (5-15 minutes asked to separate themselves from the group) Pattern of Level 1 offenses may result in Level 2 response

Any of the above could be used, but at minimum the following steps must be followed:

Procedures

Under 18

1) Level I- Verbal Warning or Loss of Privileges
   a. Specific inappropriate behavior is pointed out to the participant and they are given an explanation why this behavior is inappropriate. They will be asked to correct it. A verbal warning is given not to repeat the behavior. Level II -Removal from Group

   b. After repeated verbal warning has been given with ***no change*** in the behavior, the participant is removed from the group in a "time out" fashion for 5-15 minutes. After this time out period, the participant is asked whether he/she wishes to rejoin the group and *change their behavior*. If yes, participant rejoins the group. If no, a supervisor is called. Level II Code of Conduct violation and above automatically results in the behavior being documented using an Incident Report. It is placed in the participant's file. Parent's will be called and informed of the situation

2) Level III- Parent Conference
   a. Verbal warnings and removal from the group have proven *unsuccessful*. At this level, parents will be called in for an *immediate* conference. Both parties' parents' will be notified. However, the participants will NEVER be asked to "mediate" or talk about the situation in the same room if bullying is identified as a possible problem. If the participant is over 13 and parents are not able to be contacted the participant can sign the behavior contract. One or all of the Center's Administrative Team may participant in this meeting along with the participant and possibly the staff person on shift when the incident occurred.

   b. An Action Plan will be developed at that time. It will include the following:
      i. specific behavior that needs to be corrected
      ii. how this will be accomplished
      iii. time frame in which specified behavior must be changed

Level 2 Behaviors	Level 2 Responses
Defacing Property **Stealing** **Demeaning physical acts that are not physically harmful** **Locking in a closed or confined space** **Ethnic slurs** **Setting up to take the blame** **Humiliating publicly** **Excluding from group** **Social rejection** **Teasing about appearance** **Intimidating telephone calls** **Taking possessions** **Extortion** **Sexual or racial taunting**	Parent contacted and any of the following responses: Loss of privileges (progressively more severe than Level 1) Making amends: Repairing, cleaning and replacing item (natural consequences) Writing a report on the topic Community service or monetary retribution Separation from other youth during activities Short-term suspension from program Pattern of Level 2 offenses may result in response for Level 3 responses.

   c. *All notes/documentation from this meeting, with signatures, will be placed in the participant's file.

3) Level III- Suspension or Termination
   a. After the above steps have been attempted, with no change in behavior, the Manager will suspend the participant for 1-30 days or terminate their involvement at the center. The Director or Assistant Directors for Bernalillo County Parks and Recreation may review this action. Prior to the participants returning to the center, a parent-participant-staff conference will be scheduled and a *revised* action plan will be established.

Level 3 Behaviors	Level 3 Responses
Physical violence/inflicting bodily harm **Threatening with a weapon** **Maliciously excluding** **Manipulating social order to achieve rejection** **Malicious rumor mongering** **Threatening with total isolation by peer group** **Verbal threats of aggression against property or possessions** **Verbal threats of violence or of inflicting bodily harm** **Threats of using coercion against family and friends** **Coercion**	Required parent conference with coach/or staff member and any of the following responses: Behavior plan (outline expected behaviors in writing with next steps) Referral to one-on-one or small-group intervention sessions Short-term suspension for one to ten days from program Expulsion Criminal behavior will be referred to law enforcement for further action.

Please note: In cases of behavior being ***more severe or criminal in nature***, the participant may well skip other levels and be suspended or terminated from participation of some or all activities at BCPR facilities.

Bernalillo County Media Services Talent Release

Minor's Name(s): _____

Legal Guardian's Name: _____

I hereby grant consent, without compensation, to Bernalillo County to use photographs/videotapes/recordings of my minor child in print or online material, including social networking sites such as Facebook or Myspace.

At ____PHCC_____ in ____August 2014 – May 2015____ by____Bernalillo County_____
(Recording Location) (Year)

Legal Guardian's signature_____

Address _____ City _____

State _____ Zip code _____

Date: _____/_____/_____

Movie Preview Permission Section

Paradise Hills Community Center requires parental permission for your child/children to view movies that are seeing while participating at our community center, that are rated PG. Be assured that we will use proper discretion when showing full-length movies.

Child/Children's Name_____
(Please list all children's names)

____ Yes, I give my son/daughter permission to view PG rated movies

____ No, I do not give my son/daughter permission to view this movie.

_____ _____
Guardian Signature/Date Phone Number