



RALEIGH

**Parks,
Recreation and
Cultural Resources**

parks.raleighnc.gov



Raleigh Parks, Recreation and Cultural Resources Department
4201 Wade Avenue, Raleigh, NC 27607

919-996-6640

Parks.raleighnc.gov

CAPS

Community After School Programs



Raleigh Parks, Recreation and Cultural Resources Department
919-996-6640 parks.raleighnc.gov

CAPS

Community After School Programs

The City of Raleigh Parks, Recreation and Cultural Resources Department is offering our Community Afterschool Program (CAPS) at several local community centers in the City of Raleigh.

This school-age program is **free**. We provide recreation activities, homework assistance, and crafts. CAPS is for children kindergarten-6th grade and follows the Wake County traditional school calendar.

Program times may vary. For more information please contact a participating center.

Biltmore Hills

2615 Fitzgerald Dr. 27610
(919)831-6895

Carolina Pines

2305 Lake Wheeler Rd 27603
(919) 831-6435

Chavis

505 MLK Jr. Blvd 27601
(919) 831-6989

Hill St

2307 Hill St. 27604
(919) 996-5300

Lions Park

516 Dennis Ave. 27604
(919) 831-6995

Method

514 Method Rd 27607
(919) 831- 6606

Peach Rd

911 Ileagnes Rd. 27603
(919) 807-8545

Ralph Campbell

756 Lunar Dr. 27610
(919) 250-2757

Roberts Park

1300 E. Martin St 27610
(919) 831-6830

Sanderford Rd

2623 Sanderford Rd. 27610
(919) 831-1898

Sgt. Courtney Johnson

1801 Proctor St. 27610
(919) 831- 6719

Tarboro Rd

121 N. Tarboro Rd 27610
(919) 831-6505

Worthdale

1001 Cooper Rd. 27610
(919) 250-2730

Babysitting Policy

Any babysitting arrangements with present or former staff of the Raleigh Parks, Recreation and Cultural Resources Department are separate and independent from any Departmental program. These arrangements must be based on the independent responsibility and judgment of the parent or guardian. The City of Raleigh Parks, Recreation and Cultural Resources Department shall not be responsible for any claims or liability in connection with such babysitting activities.

Lost Items

The Raleigh Parks, Recreation and Cultural Resources Department is not responsible for any personal items lost or stolen at our programs.

Release and Indemnity Agreement

I understand that participating in the recreational program selected involves risk of injury. These risks include inclement weather, accidents while traveling, equipment problems or failures, contacts with and actions of other participants, slips/trips/falls, and musculoskeletal injuries, among others. I choose for myself or for my child to participate in the selected programs despite the risks. By signing the Participant Information form, I acknowledge all risks of injury, illness, and death and affirm that I have assumed all responsibility of injury, illness, or death in any way connected with participation in the program. I also agree for myself and for any child participant to follow all rules and procedures of the program and to follow the reasonable instructions of the teachers and supervisors of the program. In return for the opportunity to participate in this program, I agree for myself and for my heirs, assigns, executors, and administrators to release, waive, and discharge any legal rights I may have to seek payment or relief of any kind from the City, its employees or its agents for injury, illness, or death resulting from this program. If I am registering a child for a program, I agree that I am a parent, legal guardian, or am otherwise responsible for the child whose application I am submitting and that I release, waive, and discharge any legal rights that I may assert on behalf of the child participation in the program. I also agree not to sue the City, its employees, or its agents and agree to indemnify the City for all claims, damages, losses, or expenses, including attorney's fees, if a suit is filed concerning an injury, illness, or death to me or to my child resulting from participation in the program.

Confidentiality Policy

Raleigh Parks, Recreation and Cultural Resources is dedicated to protecting the confidentiality of all program participants. All participants are encouraged to respect the confidentiality of other participants by not disclosing personal information in public displays such as Facebook, etc. Raleigh Parks, Recreation and Cultural Resources staff policy states that employees are not to share personal information or pictures about any participants or staff in any public display area such as Facebook, etc. or discuss any personal information about participants outside of the workplace.

Photography/Video Waiver

Pictures or video clips may be taken of any program participant while involved in City of Raleigh Parks, Recreation and Cultural Resources activities and may be used for marketing materials or staff training. Photos or video clips may be used in program activities. Participant's names will not be published when photo or video clips are used.

2013-2014 CAPS Policies

Illness/Injury

Any participant should remain home from all CAPS if they have had any of the following in the past twenty-four (24) hours:

- Contagious conditions (i.e. fever- 100 degrees or higher without fever reducing medication, diarrhea, vomiting, sore throat, undiagnosed rash, chicken pox, pink eye, ring worm, head lice, etc)

- Physical Injury that does not allow the participant to safely participate in the program.

If a participant demonstrates any of the above while in the program, the parent/guardian will have one hour to pick up the participant from the center location.

If the participant becomes sick while at the program, he/she will be separated from the other participants while the parent/guardian is called to come and pick them up. After 24 hours, if the participant is symptom free or written documentation has been received from a doctor stating the participant is not contagious or can safely participate, they may return to the program. If you suspect that your child has a contagious condition that may be spread to others, please notify your center director as soon as possible. Please do not bring the participant back to the program until the center director has been contacted.

Inclusion Services

The Raleigh Parks, Recreation and Cultural Resources Department welcomes the participation of all individuals in our programs, including those with disabilities. We are fully committed to complying with the ADA and providing reasonable accommodations to facilitate participation in our programs. Inclusion Services supports access to typical programs for participants with special needs by offering reasonable and appropriate resources to the participant. Resources may include, but are not limited to, parent and/or service provider interviews, supportive materials, program site specific training and/or additional staff support for the group. Participants who indicate a disability or special need on the registration form may be contacted by Inclusion Services to determine if any of the above resources are necessary for participation. Those participants requiring a more intensive level of support may consider having their own care provider at the program. To ensure that adequate resources are in place, registration should be received at least two weeks prior to the start date of the program. Please contact Inclusion Services at 807-5428 for more information.

Non-Discrimination Policy

The Raleigh Parks, Recreation and Cultural Resources Department does not discriminate on the basis of race, color, national origin, sex, sexual orientation or disability in employment opportunities or the provision of service, programs or activities. A participant alleging discrimination on the basis of any of the afore mentioned areas may file a complaint with either the Director of the Raleigh Parks, Recreation and Cultural Resources Department or the Office of Equal Opportunity, US Department of the Interior, Washington, DC 20240.

Late Pick Up Policy

Participants that are picked up late from the closing time of the program will be charged a late fee. The fee is as follows: Once the parent/guardian is up to 10 minutes late a \$5 fee will be charged per participant. An additional \$1 per participant will be added for every minute past 10 minutes late. Payment is due at time of late pick-up. Continual late pick ups may lead to dismissal from program in relation to excessive late pick-up policy forms.

Participant Registration

Site: _____

Last Name _____ First Name _____ Preferred Name _____

Address _____ City/State/Zip _____ Home Phone _____

Date of Birth _____ Age _____ Grade (2013-2014) _____ Gender _____

School _____ If year-round school, provide Track # _____

Parent/Guardian Information (please indicate person who is the main contact)

Mother/Guardian Last Name _____ First Name _____

Home # _____ Work# _____ ext. _____ Mobile # _____

Address _____ City/State/Zip _____

Father/Guardian Last Name _____ First Name _____

Home # _____ Work# _____ ext. _____ Mobile # _____

Address _____ City/State/Zip _____

** I authorize my child to walk home from the program at _____ pm. _____ initials

Emergency Contact and Release Authorization

Please list in order additional names other than the parent/guardian listed above, 16 or older, that are authorized to be contacted in case of an emergency and allowed to pick-up the participant. Authorized individuals will be required to show a picture ID. Please print all names.

Name _____ Relationship to child _____

Home # _____ Work# _____ ext. _____ Mobile # _____

I authorize staff to disclose information about the participant's behavior and other activities at camp.

Name _____ Relationship to child _____

Home # _____ Work# _____ ext. _____ Mobile # _____

I authorize staff to disclose information about the participant's behavior and other activities at camp.

Name _____ Relationship to child _____

Home # _____ Work# _____ ext. _____ Mobile # _____

I authorize staff to disclose information about the participant's behavior and other activities at camp.

By signing below, I acknowledge the following:

That the City of Raleigh provides no insurance coverage for participants; that I have read, understand, and agree to the City of Raleigh Parks, Recreation and Cultural Resources Community After School Program (CAPs) Policies, that I understand I am waiving my legal rights (please refer to camp policies), that in the event of a medical emergency, every effort will be made to contact parent(s)/guardian(s). I authorize the City of Raleigh staff to seek appropriate medical care if a parent/guardian cannot be reached; that Raleigh Parks, Recreation and Cultural Resources staff will only allow the parent/guardian whose signature appears on this registration form to make changes to the form and staff will only release information about the participant to those person(s) listed; and that I have selected an appropriate program for the interests and abilities of the participant and that the information I have provided on the Participant Information Form is current and accurate. **Signature is required to complete the registration process.**

Parent/Guardian Signature _____ Date _____

Participant Registration

Participant Name _____

Health Information

The Raleigh Parks, Recreation and Cultural Resources Department welcomes the participation of all individuals in our programs, including those with disabilities. We are fully committed to complying with the ADA and providing reasonable accommodations to facilitate participation in our programs. To ensure that adequate resources are in place, registration should be received at least two weeks prior to the start of a program. The City of Raleigh recommends that parents or guardians consult their participant's pediatrician or health care professionals to assess their participant's fitness to take parting in the program. It is requested that parents or guardians provide in writing any additional instructions for the specific condition or special need of their participant.

Please answer yes or no to ALL items. Please use space below to provide additional details on boxes checked Yes.

yes <input type="checkbox"/> no <input type="checkbox"/> Autism Spectrum Disorder	yes <input type="checkbox"/> no <input type="checkbox"/> ADHD / ADD
yes <input type="checkbox"/> no <input type="checkbox"/> Diabetes	yes <input type="checkbox"/> no <input type="checkbox"/> Allergies- Food: _____
yes <input type="checkbox"/> no <input type="checkbox"/> Down Syndrome	yes <input type="checkbox"/> no <input type="checkbox"/> Allergies- other: _____
yes <input type="checkbox"/> no <input type="checkbox"/> Emotional / Behavioral Problem (not related to ADHD/ADD)	yes <input type="checkbox"/> no <input type="checkbox"/> Asthma
yes <input type="checkbox"/> no <input type="checkbox"/> Seizures / Epilepsy	yes <input type="checkbox"/> no <input type="checkbox"/> Dietary Restrictions: _____
yes <input type="checkbox"/> no <input type="checkbox"/> Developmental Disability	yes <input type="checkbox"/> no <input type="checkbox"/> Hearing/ vision impairment: _____
yes <input type="checkbox"/> no <input type="checkbox"/> Motor Impairment	yes <input type="checkbox"/> no <input type="checkbox"/> - other: _____

Please give detailed information for anything checked yes above (including special instructions a for allergic reactions)

Medical Information

Only medications which are medically necessary and cannot be scheduled outside the hours of the recreation program will be given during the program. No program participant should be in possession of non-prescription or prescription medication of ANY kind without the knowledge of the program staff. Any participant who must receive medication during the program must have on file the Assisted Administration of Medication: Parks, Recreation and Cultural Resources staff maintain, provide and monitor consumption of both prescription and non-prescription medication.

Please list any medication the participant is currently taking (including inhalers for asthma):

2013-2014 CAPS Policies

2013-2014 Community After School Programs Policies

Registration Information

This booklet contains all of the information and materials needed for registration. Please read the following instructions thoroughly before completing the registration form. For additional after school information, please call the phone number associated with the After School Program you would like in this booklet.

Waitlists Notification

If your participant clears the waitlist, you will be notified by telephone. You will have 48 hours to accept and turn in the appropriate paperwork. If notification is not received within 48 hours you will forfeit your after school placement.

Attendance Policy

Because our program is free, participant attendance is very important. The participant must come a minimum of three days during the week unless tracked out. If you know your child is going to be out due to illness or vacation for more than 5 days, please contact us to let us know. Failure to contact us within 10 business days will result in your child's spot in the program to be give to another participant. If the participant is continually absent it will be at the Facility Director's discretion for grounds of dismissal from the program.

Discipline Policy

We utilize and encourage the practice of praise and positive reinforcement as effective methods of behavior management. We believe that when participants receive positive and understanding interaction, they can develop good self concept, problem-solving abilities and self-discipline.

Behavior Management Policy

The City of Raleigh Parks, Recreation and Cultural Resources Department supports and practices the following Behavior Management Policies:

1. Quiet Reprimand/Verbal Warning.
2. If Behavior persists after verbal warning, a Behavior Action Plan will be implemented to identify specific behaviors and work with the participant and parent/guardian to develop appropriate behavior management solutions.
3. After repeated behavior problems, a first written incident report will be given to the parent/guardian.
4. Additional behavior problems will constitute a second written incident report given to parent/guardian and a possible two (2) full day suspension from the program.
5. If negative behavior persists, a third written incident report constitutes that the participant may be suspended from the program. A two (2) full day suspension will be issued to the participant while incidents are being reviewed.
6. For severe offenses, such as but not limited to fighting, theft, vandalism, possession of weapons or drugs, severe verbal threats, sexual misconduct, or any other safety related behavior, the participant may be suspended or dismissed from the program immediately, bypassing any of the steps above.