

SIGNATURE CAMPS

CHANDLER
PARENT GUIDE

DISCOVER.

IMAGINE.

GROW.

with **Chandler Recreation**

Revised: 09/28/2022



CHANDLER'S SIGNATURE CAMPS

COMMUNITY CENTER

- 125 East Commonwealth Ave. Chandler, AZ 85225
- ☑ Mail Stop 501, P.O. Box 4008 Chandler, AZ 85244-4008
- Customer Service Counter | 480-782-2727
- 🖶 Fax | 480-782-2734
 - hchandleraz.gov/community-center

CHANDLER NATURE CENTER

- 4050 E. Chandler Heights Road Chandler, AZ 85249
- Mail Stop 420, P.O. Box 4008 Chandler, AZ 85244-4008
- Customer Service Counter | 480-782-2890
- 🖶 Fax | 480-782-2888

chandleraz.gov/cnc

SNEDIGAR RECREATION CENTER

- 4500 S. Basha Road Chandler, AZ 85248
- ✓ Mail Stop 502, P.O. Box 4008 Chandler, AZ 85244-4008
- Customer Service Counter | 480-782-2640
- Fax | 480-782-2644

hchandleraz.gov/snedigar

TUMBLEWEED RECREATION CENTER

- 745 E. Germann Road Chandler, AZ 85286
- ✓ Mail Stop 503, P.O. Box 4008 Chandler, AZ 85244-4008
- Customer Service Counter | 480-782-2900
- Fax | 480-782-2929

hchandleraz.gov/tumbleweed

Dear Parents and Guardians,

Welcome to the City of Chandler's Signature Camps! We have worked very hard to create educational, enjoyable, and memorable programs while your kids are out of school. To ensure the success of these programs and the safety of our campers, we ask that all parents and campers read through the information provided in this guide.

Though each week of camp and sites are unique unto themselves, our overriding policies and guidelines are not. In this parent guide you will find a list of policies and guidelines that we ask all parents, campers, and staff to follow. Please take a few moments to read it over and then sign the Policy Acknowledgement and Emergency Forms provided in this guide.

If you have any questions please contact me directly.

Thank you for your cooperation and we look forward to another fun session of camp!

Sincerely,

Marissa Barreras

Chandler Signature Camps Coordinator 480-782-2912 marissa.barreras@chandleraz.gov



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POLICIES AND PROCEDURES



REFUNDS

- If the Recreation Division cancels a session, a full refund or transfer will be issued.
- Program fees paid by credit card, check, or cash will be refunded within two to four full business weeks after approval by the Program Coordinator.
- Refunds will be made only to the original payee or credit card holder.
- Participants are enrolled in the program on a weekly basis.
- 100% refunds will only be granted if requested 48 hours, or more, in advance of program start. This policy is enforced so that we can plan supplies and activities properly.

ABSENCES

Refunds are not available for vacations, special events, short-term illnesses of four days or less, or other personal commitments that prevent attendance.

INCLUSION AND PARTICIPATION

The Department welcomes the participation of children and adults, including those with disabilities. A reasonable accommodation should be requested two (2) weeks in advance. Contact Collette Prather at 480-782-2709 via voice or AZ Relay at 711. Staff is not able to provide services of a personal nature, such as assistance in eating, toileting, or dressing. Participants are welcome to bring a caregiver or aide, if they need assistance with these activities.

PHOTOGRAPHY

- Photographs and videotaping of participants in the program is discouraged by parents/guardians, and/or visitors due to the confidentiality of the child(ren) present.
- Photographs and video footage taken of your child(ren) as a result of participation in activities of the program may be used in promotional materials. Please inform program staff before your child attends, if you do not want your child's photo or video to be taken.

CODE OF CONDUCT AND SAFETY

The City of Chandler Community Services Department strives to maintain an atmosphere of camaraderie, courtesy, and respect. To ensure the safety and enjoyment of everyone in our recreational facilities, classes, programs, and activities, participants are expected to conduct themselves in an appropriate manner, at all

Appropriate behavior includes the ability and willingness to follow instructions and to interact positively with other individuals. Staff will discuss behaviors of concern with a participant and his/her family, when necessary.

Unsafe or unacceptable behavior will not be tolerated from anyone visiting a facility or participating in any City of Chandler class, program, or activity. Any person acting inappropriately may be subject to Progressive Discipline Action Steps, which may include revocation of the privilege of using department facilities or participating in departmental activities, classes, or programs for a period of time (including a permanent ban), as determined by staff, based on the circumstances of a specific incident.

Please inquire at the front desk to view the Code of Conduct and Safety in its entirety.

SAFETY CONCERNS

- · Parents/Guardians are responsible for the welfare of their child(ren) prior to and after the program in which the child is
- Participants should not be dropped off before the program start time nor should the parent/guardian leave the participant past the end of the program hours.

COMMUNICATION WITH PARENTS

- The program staff is committed to communicating with parents about their child's positive and/or negative behaviors. There may be a form attached to your sign-out sheet at the end of the day.
- If at anytime you do not understand the comments on the form, please talk with the Program Coordinator or program staff about the incident.

PROGRAM DRESS CODE

- Participants should wear comfortable clothing such as a t-shirt and jeans. We play active games and explore the outdoors. Your child may get dirty, wet, painted, and/or messy. Do not send them in their best clothes.
- Athletic or soft soled shoes (NON-MARKING with CLOSED TOED, LACED, BUCKLED, OR VELCRO CLOSED) are required for all program activities. NO sandals, flip flops, or Crocs.
- To reduce the amount of lost and found, please have your child(ren)'s clothing marked with their name on it.

RESTROOM

Participants must be able to use restrooms independently. Staff is not permitted to assist a child in the bathroom. After three accidents, the participants will be removed from the program.

BEHAVIOR POLICY

- Our purpose is to provide recreation for youth of various ages. Since we're here to have fun, we take problems seriously.
- We log all behavior incidents, and if incidents are serious and/ or frequent, we will talk to the parent/guardian, either on the phone or in person.
- After each incident that warrants parent/guardian contact, we will consider it a "strike." After a first strike, a Behavior Contract will be established and/or reviewed. After three strikes, participants will be asked to leave the program for the session and will not be given a refund. At the discretion of the program coordinator, campers who are asked to leave the program may not be permitted to enroll in future sessions.
- Incident Report of Child Abuse-Arizona State Law/Code Section 13-3620, 8-201 states mandatory reporting required by a physician, resident, dentist, chiropractor, medical examiner, nurse, psychologist, social worker, school personnel, peace officer, parent, counselor, clergy/priest. The Recreation Division will notify the Chandler Police Department Victim Services Unit at 480-782-4535 of all issues relating to the Arizona State Law of Child Abuse.
- This policy is set in place in order to ensure safety and to prevent behavior problems for all participants and staff members. If you have any questions, please speak to camp staff.

MEDICATION ADMINISTRATION

- Recreation staff and representatives are not trained or permitted to provide medication administration services to program participants.
- If you require assistance with medication administration during participation in one of our programs, you will need to make arrangements to have a caregiver provide such services for you.
- Participants' self-administration of medications will be permitted only in accordance with an approved, in advance, Request for Reasonable Accommodation.
- Medications covered by this policy include, but are not limited to, all prescription and over-the-counter drugs, inhalers, and epinephrine auto-injectors (e.g., EpiPens).
- Any questions regarding the administration of medications should be directed to your site's Program Coordinator.

HEALTH

- If your child is experiencing a fever, cough, muscle aches, runny nose, or sore throat please keep him/her home until they have no symptoms. If a child comes to camp with any of these symptoms, a parent will be contacted and required to pick up the child immediately.
- If you, or your child, test positive for COVID please notify the coordinator to discuss participation options for return, withdrawal, or refund to the program.
- A refund may be available for an extended illness of five or more consecutive program days: and a doctor's note and written note from the parent or guardian explaining the situation must be received within eight working days from the first day of absence. Upon review, participants may receive a prorated refund for the unused days.

LOST AND FOUND

Lost and found is located at the Guest Services Counter. Two weeks after the program ends, unclaimed lost and found items will be given to charity. The program is not responsible for any items lost during the program.

NO TOYS OR ELECTRONICS PERMITTED IN CAMP!

Toys, electronic games, and cell phones are distracting to the program. If they need a cell phone, it should remain in a backpack and no one should know they have it. Staff will confiscate items for parent pick-up ONLY!

PARTICIPANT DROP-OFF & PICK-UP

- Our signature camps are a drop-in program. Children may come and go under their own volition.
- Please refer to your camp site's detail pages for specific drop-off and pick-up times.
- A participant may be dropped off or picked up any time between their scheduled program times, depending on the session for which they are registered for.
- · After three incidents of late pick-ups, your child will be removed from the program with no refund.

DROP-OFF

- · Parents are to walk their children in and out of the building during drop-off and pick-up.
- Staff will have a table with sign in/out forms inside of the camp facility. Please sign each child in and out properly.

LATE DROP-OFF/EARLY PICK-UP

- Please notify the Program Coordinator when you will be dropping off your camper after the start time or picking up prior to the established pick-up hours.
- Although we try to have someone in the office at all times, occasionally we are away from the sign-in area.
- For late drop-offs you will be asked to remain with your child until the group returns or arrangements can be made to meet up with the group. For early pick-ups there may be a delay.

ALTERNATE PICK-UPS

- If someone will be picking up your participant who is not a parent or legal guardian, we ask that you list that person as an "alternate pick-up" on the Emergency contact form.
- All employees reserve the right to ask for identification and refuse a pick-up to unauthorized individuals.

LUNCH/SNACK

- Please make sure your child(ren) eat a well-balanced meal. The program does not provide breakfast, lunch, or snack.
- · Participants must provide their own non-perishable lunch and two snacks. Please refer to each site's daily schedule for lunch and snack times.
- · Refrigeration and microwave use is NOT available for individual lunches.
- Please notify staff of **any food allergies** your child(ren) may have.



FIELD TRIPS (Select seasons only)

- · The City of Chandler would like to have the parents as informed as possible. If ever a question or problem arises, please feel free to contact or talk to the program coordinator or any of the program staff. We try to improve the program each year using your
- Staff is not responsible for the each child's personal belongings.
- If you elect to not send your child on a field trip you must make arrangements to have them picked up prior to departure of the field trip. NO STAFF will be left behind to watch children who are not attending the field trip or swim day.



TRANSPORTATION

- On trips and/or pool days, 14 passenger buses are used to transport participants to the location.
- · All drivers have completed defensive driver training with the City of Chandler.
- The buses have lap seat-belts that must be worn by all passengers.
- · These buses do not require booster seats for children who would typically require one in a smaller vehicle.
- · Wheelchair transportation can be provided with at least two weeks in advance notice.

SWIMMING (Select seasons only)

- Open swim dates, times, and seasons are site specific. Please refer to your camp site's detail pages for specific information.
- All participants must bring a swimsuit, towel, and sunscreen.
- All participants will be required to complete a swim test provided by the aquatic staff prior to swimming at the pool. Participants who do not pass will be restricted to swim in the zero depth area.
- Masks, snorkels, fins, water wings, vests, and swim toys are not allowed. Goggles are not required but encouraged.
- Participants have the opportunity to change into their swimsuits prior to swimming. If your child wears their swimsuit to the program, please have them bring their undergarments to change into after swimming. Wet swimsuits are not advisable for participants to stay in all day due to health concerns.

SUNSCREEN

- · Please send your child to the program with waterproof sunscreen (25 SPF or higher), with their name clearly marked on it. The program does not dispense sunscreen due to different needs and allergies.
- Helpful suggestion: Try applying all day waterproof sunscreen on your child(ren) before they leave for the program.
- Our counselors will help participants that cannot apply sunscreen by themselves with a signed approval form.

EMERGENCY CONTACT

	SEL	ECT THE S	SEASON
Summer	Fall	Winter	Spring

Child's Name Program child will be participating in 1	l,	, the parent/legal guar	dian of the participant(s) listed below:
2		-	am child will be participating in
4	1		
4	2		
4	3		
give permission for emergency medical service to be administered to my child/participant listed above. I understand that the City of Chandler does not carry accident insurance for these programs. I agree to indemnify and hold harmless the City of Chandler from all losses or injuries sustained during my child's/ypts participation. I also give permission for any photo/video taken of my child/participant to be used by the City of Chandler. Parent/Guardian Signature:			
Parent/Guardian email address: In case of emergency, please contact: (Please print) PARENT/GUARDIAN CONTACT Name: Cell Number: Home Number: Home Number: Relationship: Relationship: The City of Chandler intends to comply with the Americans with Disabilities Act (ADA). To request a reasonable accommodation, please contact Collette Prather at (480) 782-2709 at least two weeks in advance. List any physical or learning disabilities/conditions: List any dietary restrictions, allergies to food, and/or medications: Doctor's Name: Phone Number: Staff cannot administer any medication. The City of Chandler will not store medication and is not responsible or liable for any medication your child requires. Alternate Pick-ups: (Please list the names and contact information for people permitted to pick-up your child.) If someone other then myself will be picking my child up from class I will notify staff in writing and that person will be required to show photo ID before my child will be released. Name Relation to Child Phone Number:	that the City of Chandler does not carry accident in harmless the City of Chandler from all losses or inj	surance for these program uries sustained during my	ns. I agree to indemnify and hold child's/youth's participation. I also give
In case of emergency, please contact: (Please print) PARENT/GUARDIAN CONTACT Name: Cell Number: Home Number: Relationship: In case of emergency, please list child's address: The City of Chandler intends to comply with the Americans with Disabilities Act (ADA). To request a reasonable accommodation, please contact Collette Prather at (480) 782-2709 at least two weeks in advance. List any physical or learning disabilities/conditions: List any dietary restrictions, allergies to food, and/or medications: Doctor's Name: Phone Number: Staff cannot administer any medication. The City of Chandler will not store medication and is not responsible or liable for any medication your child requires. Alternate Pick-ups: (Please list the names and contact information for people permitted to pick-up your child.) If someone other then myself will be picking my child up from class I will notify staff in writing and that person will be required to show photo ID before my child will be released. Name Relation to Child Phone Number Relation to Child Phone Number	Parent/Guardian Signature:		Date:
PARENT/GUARDIAN CONTACT Name:	Parent/Guardian email address:		
Name:			
Cell Number:	<u>- </u>		
Home Number:			
Relationship:	Cell Number:	Cell Number:	
In case of emergency, please list child's address: The City of Chandler intends to comply with the Americans with Disabilities Act (ADA). To request a reasonable accommodation, please contact Collette Prather at (480) 782-2709 at least two weeks in advance. List any physical or learning disabilities/conditions: List any dietary restrictions, allergies to food, and/or medications: Doctor's Name: Phone Number: Staff cannot administer any medication. The City of Chandler will not store medication and is not responsible or liable for any medication your child requires. Alternate Pick-ups: (Please list the names and contact information for people permitted to pick-up your child.) If someone other then myself will be picking my child up from class I will notify staff in writing and that person will be required to show photo ID before my child will be released. Name Relation to Child Phone Number 2.	Home Number:	Home Number:	
The City of Chandler intends to comply with the Americans with Disabilities Act (ADA). To request a reasonable accommodation, please contact Collette Prather at (480) 782-2709 at least two weeks in advance. List any physical or learning disabilities/conditions: List any dietary restrictions, allergies to food, and/or medications: Doctor's Name: Phone Number: Staff cannot administer any medication. The City of Chandler will not store medication and is not responsible or liable for any medication your child requires. Alternate Pick-ups: (Please list the names and contact information for people permitted to pick-up your child.) If someone other then myself will be picking my child up from class I will notify staff in writing and that person will be required to show photo ID before my child will be released. Name Relation to Child Phone Number 1. 2.	Relationship:	Relationship:	
To request a reasonable accommodation, please contact Collette Prather at (480) 782-2709 at least two weeks in advance. List any physical or learning disabilities/conditions: List any dietary restrictions, allergies to food, and/or medications: Doctor's Name: Phone Number: Staff cannot administer any medication. The City of Chandler will not store medication and is not responsible or liable for any medication your child requires. Alternate Pick-ups: (Please list the names and contact information for people permitted to pick-up your child.) If someone other then myself will be picking my child up from class I will notify staff in writing and that person will be required to show photo ID before my child will be released. Name Relation to Child Phone Number Relation to Child Phone Number	In case of emergency, please list child's address: _		
List any dietary restrictions, allergies to food, and/or medications: Doctor's Name: Staff cannot administer any medication. The City of Chandler will not store medication and is not responsible or liable for any medication your child requires. Alternate Pick-ups: (Please list the names and contact information for people permitted to pick-up your child.) If someone other then myself will be picking my child up from class I will notify staff in writing and that person will be required to show photo ID before my child will be released. Name Relation to Child Phone Number 1. 2. ——————————————————————————————			
Doctor's Name:Phone Number:	List any physical or learning disabilities/conditi	ons:	
Doctor's Name:Phone Number:			
Staff cannot administer any medication. The City of Chandler will not store medication and is not responsible or liable for any medication your child requires. Alternate Pick-ups: (Please list the names and contact information for people permitted to pick-up your child.) If someone other then myself will be picking my child up from class I will notify staff in writing and that person will be required to show photo ID before my child will be released. Name Relation to Child Phone Number 1	List any dietary restrictions, allergies to food, a	nd/or medications:	
Staff cannot administer any medication. The City of Chandler will not store medication and is not responsible or liable for any medication your child requires. Alternate Pick-ups: (Please list the names and contact information for people permitted to pick-up your child.) If someone other then myself will be picking my child up from class I will notify staff in writing and that person will be required to show photo ID before my child will be released. Name Relation to Child Phone Number 1	Do storde November	Dhara Alived	
Alternate Pick-ups: (Please list the names and contact information for people permitted to pick-up your child.) If someone other then myself will be picking my child up from class I will notify staff in writing and that person will be required to show photo ID before my child will be released. Name Relation to Child Phone Number 2			
If someone other then myself will be picking my child up from class I will notify staff in writing and that person will be required to show photo ID before my child will be released. Name Relation to Child Phone Number 2	is not responsible or liab	le for any medication your	child requires.
2	If someone other then myself will be picking my ch be required to show photo ID before my child will be	ild up from class I will noti t be released.	fy staff in writing and that person will
	1		
3.	2		
	3.		











POLICY ACKNOWLEDGEMENT

PARENTS: Please read the attached information regarding our program policies. When you have read them, please sign this acknowledgement sheet.

L.	, the parent/legal guardian of the participant(s)
listed below:	
1	
3	
4	
policy, Health, Drop-off/Pick-up poli	Guide, Inclusion and Participation, Code of Conduct and Safety, Behavior cy, and the Refund policy. My child(ren) and I will adhere to these policies/ ram. I attest to the fact that my child is of the appropriate age to attend the camp I
Parent/Guardian Signature:	Date:













COMMUNITY CENTER (CC) **SITE SPECIFIC ADDITIONAL DETAILS**

DAILY SCHEDULE

YOUTH PROGRAM (Ages 5-12 yrs)		
7–7:55 a.m.	Free Play	
8–8:25 a.m.	Large Group Activity	
8:30-9:20 a.m.	Morning Breakout Session One	
9:25–10:15 a.m.	Morning Breakout Session Two	
10:20–10:35 a.m.	Snack Break	
10:40–11:30 a.m.	Morning Breakout Session Three	
11:35–11:55 a.m.	Large Group Activity	
Noon-12:55 p.m.	Lunch/Free Play	
1–1:25 p.m.	Large Group Activity	
1:30-2:20 p.m.	Afternoon Breakout Session One	
2:25-3:15 p.m.	Afternoon Breakout Session Two	
3:20-3:35 p.m.	Snack Break	
3:40-4:30 p.m.	Afternoon Breakout Session Three	
4:35-4:55 p.m.	Large Group Activity	
5–6 p.m.	Free Play	

PARTICIPANT DROP-OFF & PICK-UP

Youth Program will meet in the Multipurpose Room #109.

ARRIVAL AND DEPARTURE TIMES

	FULL DAY
Doors Open	7 a.m.
Latest Pick-Up	6 p.m.



CHANDLER NATURE CENTER (CNC)

SITE SPECIFIC ADDITIONAL DETAILS

DAILY SCHEDULE

CAMP DAILY SCHEDULE (Ages 5-12 yrs)		
7-8:30 a.m.	Drop-off and Free Play	
8:30-9 a.m.	Daily Introduction	
9–10:30 a.m.	Morning Session One	
10:30–10:45 a.m.	Snack Break	
10:45 a.m.–noon	Morning Session Two	
Noon-1 p.m.	Lunch and Movie	
1–3 p.m.	Afternoon Session One	
3–3:15 p.m.	Snack Break	
3:15-4:30 p.m.	Afternoon Session Two	
4:30-6 p.m.	Pick-up and Free Play	

PARTICIPANT DROP-OFF & PICK-UP

- Campers will meet in Painted Desert Classroom Room #112.
- The CNC will allow parents to utilize the bus drop off location, just south of the main facility entrance for drop-off and pick-up only. For an accurate depiction of this location, please see the map.

ARRIVAL AND DEPARTURE TIMES

	NATURE CAMP
Doors Open	7 a.m.
Latest Pick-Up	6 p.m.



SNEDIGAR RECREATION CENTER (SRC) - SPORTS CAMP

SITE SPECIFIC ADDITIONAL DETAILS

DAILY SCHEDULE

YOUTH PROGRAM (Ages 5-12 yrs)		
7–8:30 a.m.	Free Play	
8:35–9:10 a.m.	Morning Breakout Session One	
9:15–9:55 a.m.	Morning Breakout Session Two	
10–10:30 a.m.	Snack Break	
10:35–11:10 a.m.	Morning Breakout Session Three	
11:15 a.m.–noon	Morning Breakout Session Four	
Noon–1 p.m.	Lunch	
1:05–1:50 p.m.	Afternoon Breakout Session One	
1:55-2:40 p.m.	Afternoon Breakout Session Two	
2:45-3:15 p.m.	Snack Break	
3:20-4:05 p.m.	Afternoon Breakout Session Three	
4:10-5 p.m.	Afternoon Breakout Session Four	
5–6 p.m.	Free Play	

PARTICIPANT DROP-OFF & PICK-UP Campers will meet in Room #506.

ARRIVAL AND DEPARTURE TIMES

	FULL DAY
Doors Open	7 a.m.
Latest Pick-Up	6 p.m.



TUMBLEWEED RECREATION CENTER (TRC)

SITE SPECIFIC ADDITIONAL DETAILS

DAILY SCHEDULE

YOUTH PROGRAM (AGES 5-12)		
7–7:55 a.m.	Free Play	
8-8:25 a.m.	Large Group Activity	
8:30-9:20 a.m.	Morning Breakout Session One	
9:25–10:15 a.m.	Morning Breakout Session Two	
10:20–10:35 a.m.	Snack Break	
10:40–11:30 a.m.	Morning Breakout Session Three	
11:35–11:55 a.m.	Large Group Activity	
Noon-12:55 p.m.	Lunch/Free Play	
1–1:25 p.m.	Large Group Activity	
1:30-2:20 p.m.	Afternoon Breakout Session One	
2:25-3:15 p.m.	Afternoon Breakout Session Two	
3:20-3:35 p.m.	Snack Break	
3:40-4:30 p.m.	Afternoon Breakout Session Three	
4:35-4:55 p.m.	Large Group Activity	
5–6 p.m.	Free Play	

CLUB TRC PROGRAM (AGES 10-13)		
7:30-8:25 a.m.	Free Play	
8:30-8:55 a.m.	Large Group Activity	
9-9:50 a.m.	Morning Breakout Session One	
9:55-10:10 a.m.	Snack Break	
10:15–11:05 a.m.	Morning Breakout Session Two	
11:10 a.mnoon	Morning Breakout Session Three	
Noon-12:55 p.m.	Lunch/Free Play	
1–1:25 p.m.	Large Group Activity	
1:30-2:20 p.m.	Afternoon Breakout Session One	
2:25–3:15 p.m.	Afternoon Breakout Session Two	
3:20-3:35 p.m.	Snack Break	
3:40-4:30 p.m.	Afternoon Breakout Session Three	
4:35-5:30 p.m.	Free Play	

ARRIVAL AND DEPARTURE TIMES

YOUTH CAMP	FULL DAY
Doors Open	7 a.m.
Latest Pick-Up	6 p.m.
TWEEN CAMP	FULL DAY
Doors Open	7:30 a.m.
Latest Pick-Up	5:30 p.m.

PARTICIPANT DROP-OFF & PICK-UP

- Youth Program will meet in the Cotton Room South
- Tween Program will meet in the Classroom D.

FACILITY MEMBERSHIP/PASSES

- Enrollment in the camps program does not entitle the parent(s) or child(ren) use of the Tumbleweed Recreation Center facility for any purposes other than the program.
- Participants and/or parent(s) may purchase daily passes as needed at the Guest Services Counter for youth ages 8 and older. Participants under the age of 8 may not remain in the building without adult supervision.
- To become a pass holder at the TRC, please call Guest Services Counter at 480-782-2900.