

2025

# Summer Recreation Application



CHILD'S NAME: \_\_\_\_\_

D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

AGE: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION:

PARENT/GUARDIAN NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

WORK NUMBER: \_\_\_\_\_ CELL: \_\_\_\_\_

WORK NUMBER: \_\_\_\_\_ CELL: \_\_\_\_\_

## EMERGENCY CONTACT: (LIST ANY ADDITIONAL PERSON(S) AUTHORIZED TO SIGN IN/OUT OF PROGRAM.)

1. NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

2. NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

3. NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

IS YOUR CHILD ALLERGIC TO ANY MEDICATION AND/OR FOODS? (PLEASE CIRCLE ONE)

YES

NO

IF YES" PLEASE LIST:

DOES YOUR CHILD REQUIRE AND SPECIAL ACCOMMODATIONS? (PLEASE CIRCLE ONE)

YES

NO

IF YES" PLEASE LIST:

MY SIGNATURE AUTHORIZES MY CHILD TO BE TREATED BY THE FIRST AVAILABLE MEDICAL FACILITY AND PHYSICIAN NEED ARISE AND AUTHORIZES EMERGENCY CONTACT LISTED ABOVE TO PICK UP MY CHILD FROM THE PROGRAM AND MAKE DECISIONS REGARDING MY CHILD IF, I AM NOT AVAILABLE AND UNDERSTAND THAT EVERY EFFORT WILL BE MADE TO CONTACT ME IN THE EVENT OF SUCH AN EMERGENCY SHOULD TAKE PLACE. AND THAT MY CHILD WILL ABIDE BY ALL RECREATION PROGRAM AND DULCE COMMUNITY CENTER RULES.

PARENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

## **2025 Summer Recreation Rules**

1. All children must participate in all scheduled activities. Bad behavior will not be tolerated. Parent/Guardian will be called upon if child does not want to cooperate or participate.
2. Parent/Guardian, please make sure your child is dressed comfortable for an active day.
  - a. Hand Carried Shoes
  - b. Refillable Water Bottle (*No Sugar Drinks ie., Energy Drinks, Soda*)
3. Children will **NOT** be allowed to bring electronics to the program unless on Field Trip. (*NO ipads, earpods, etc.*)
4. Children with cell phones may only use their phones to call Parent/Guardian. If caught for any other reason, phone will be taken away and returned to at the end of the day.
5. Recreation Program will be MONDAY – THURSDAY, 9:00am – 4:00pm.
  - a. Children have until 9:30am to show up, any time after 9:30am will be count as absent.
  - b. Children that have three (3) unexcused absences will be dropped from the program.
6. Parent/Guardian, please be aware, activity calendar and/or breakfast & lunch menus may change some days.
7. The DCC Staff will not be responsible for any accidents that may occur while child is waiting for program after 4:00pm, when program is over.
8. Once your child is in the program, they will not be allowed to leave the premises without a Parent/Guardian signature. (*Your child will need a note if walking to destination after program is over.*)
9. Children may bring money for concessions, a recommended amount of no more than \$20.
10. If your child is going to be absent for a period of days due to dental, tribal ceremonies, etc., please let us know a week in advance by note or call.
11. Field Trips:
  - a. All children must have a signed permission slip.
  - b. Children may have no more than \$40.00 in their possession.
  - c. Children leaving with Parent/Guardian must turn in a written notice a day before the trip is taken place if it is the day of the trip your child will not be allowed to leave and must return with the program.
  - d. Please keep in mind, if your child attends a field trip, they may be asked to skip the next scheduled field trip so that everyone gets a chance to participate.



12. Breakfast is OPTIONAL for your child whether they want to eat or not. Breakfast will be provided from 8:00am – 9:00am. Lunch will be provided from 12:00pm -1:00pm. Snacks & Drinks will also be available in between meals throughout the day.
  13. Lastly, bullying (*fighting and/or verbal*) will NOT be tolerated. Child will get a one-time warning and sent home with a note. If continued, your child will be dropped from the program.
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**By signing below, I have read, therefore understand and agree for my child to abide to all rules and regulations of the Jicarilla Recreation Program & Dulce Community Center.**

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