

# L.E.A.P SUMMER CAMP 2020 Extended

Starting Monday,  
August 3, 2020 –  
until In Person  
Learning begins.



**STARTING MONDAY, AUGUST 3, 2020,  
L.E.A.P SUMMER CAMP WILL BE EXTENDED  
UNTIL IN PERSON LEARNING BEGINS.**

**All K-8 Liberty Elementary School District Students Welcome!**

## **LAS BRISAS ACADEMY**

18211 W. Las Brisas Dr. Goodyear, AZ 85338      623-696-7371

**HOURS: M-F (ALL DAY) 6:30 AM-6:30 PM**

**\*SUMMER CAMP 2020 RATES:**

**COSTS: \$150 Weekly**

\*Tuition must be paid in advanced before **the** week begins.

## **SPACES ARE LIMITED!**

More information will be provided upon registration.

To register or for any questions contact Ruby Acuña at  
623-474-6623 or [racuna@liberty25.org](mailto:racuna@liberty25.org).

# L.E.A.P SUMMER CAMP 2020 Extended

Starting Monday,  
August 3, 2020 –  
until In Person  
Learning begins



Las Brisas Academy 18211W. Las Brisas Dr. Goodyear, AZ 85326

## \*SUMMER CAMP 2020 RATES:

Cost: \$150 Weekly

\*Tuition must be paid in advanced before the week begins

Week 1: August 3rd-7th

Week 2: August 10th-14th

Week 3 Aug.11th-17th  
**To be determined!**

Week 4 Aug.24th-28th  
**To be determined!**

Childs Name: \_\_\_\_\_ Grade \_\_\_\_\_

Childs Name: \_\_\_\_\_ Grade \_\_\_\_\_

Childs Name: \_\_\_\_\_ Grade \_\_\_\_\_

Parent Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

LEAP will provide  
breakfast & snack

Please bring a sack  
lunch & water bottle.

Food Service will  
open on Aug. 5th.  
Lunch will be availa-  
ble for purchase.



CDC/SGH# or name: \_\_\_\_\_

**Arizona Department of Health Services  
Bureau of Child Care Licensing  
Emergency, Information and Immunization Record Card**

<b>Child's Name:</b>	<b>Date Enrolled:</b>	Updated:
<b>Home Address (#, Street, City, State, Zip Code):</b>		<b>Date Disenrolled:</b>
<b>Home Phone:</b>	<b>Date of Birth:</b>	<b>Sex:</b> <input type="checkbox"/> male <input type="checkbox"/> female

<b>Parent or Guardian Name:</b>	<b>Home Address (#, Street, City, State, Zip Code):</b>
Cell Phone (optional):	<b>Contact Telephone Number:</b>

<b>Parent or Guardian Name:</b>	<b>Home Address (#, Street, City, State, Zip Code):</b>
Cell Phone (optional):	<b>Contact Telephone Number:</b>

**I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:  
(Pursuant to R9-5-304.B, at least two contact persons are required.)**

<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>

If Medical care is necessary, call:

<b>Health Care Provider*</b>	<b>Name:</b>	<b>Contact Telephone Number:</b>
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\*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety.

<b>In case of injury or sudden illness, I request that this individual be called first:</b>	
-------------------------------------------------------------------------------------------------	--

The following individual(s) may NOT remove my child from the facility:

<b>Name(s):</b>
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Custody papers have been provided and are on file at the facility.  yes  no

Telephone Authorization Code (optional): \_\_\_\_\_

**Immunization Information**

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:

[www.azdhs.gov/phs/immun/index.htm](http://www.azdhs.gov/phs/immun/index.htm) or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

**Medical Information**

<p>Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:</p>
<p>Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, specify procedure:</p>
<p>Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Additional comments:</p>
<p>Other special instructions:</p>

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:
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**Arizona Department of Health Services  
Bureau of Child Care Licensing**

**MEDICATION CONSENT FORM**

First & Last Name of <b>CHILD</b> :			
Type/Name of Medication:	Prescription #:	Dosage:	Route (method)*:
Start date:	End Date:	Times & frequency:	
REASON:			
I give permission for the administration of the medication, according to the instructions listed, to the child listed above.			
Date of authorization:		Signature (parent/guardian):	

**POSSIBLE SIDE EFFECTS TO WATCH FOR WITH THIS MEDICATION:**

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**\* Injections: Attach health care provider's written authorization.**

\*\*\*\*\*

FOR STAFF REVIEW PRIOR TO ADMINISTERING MEDICATION:	YES	NO
Is the medication consent form complete?	<input type="checkbox"/>	<input type="checkbox"/>
Is the original prescription label on the medication container or prepackaged and labeled for use by manufacturer?	<input type="checkbox"/>	<input type="checkbox"/>
Is the full name of the child on the container?	<input type="checkbox"/>	<input type="checkbox"/>
Is the prescription or over-the-counter medication current?	<input type="checkbox"/>	<input type="checkbox"/>
Is the dose, name of drug, frequency of administration given on label consistent with instructions above?	<input type="checkbox"/>	<input type="checkbox"/>
Staff initials: _____		

***Please use the second page to document administration of the medication.***





**LEAP/Extended Day Program  
Media Consent Form**

This Media Consent Form allows Liberty Elementary School District to videotape and photograph your child with his/her teacher this school year. The purpose of the video and/or photograph is to provide a resource of reflection.

Child's Name	Grade	Teacher's Name

**Web/Internet Publishing**

1. Image - Make one selection only:

- I will allow my child's image (including photo- graph and video) to be published on the school and/or District website.
- I will **not allow** my child's image to be published on the school and/or District website

2. Schoolwork– Make one selection only:

- I will allow my child's schoolwork (including photograph and video) to be published on the school and/or District website.
- I will **not allow** my child's schoolwork to be published on the school and/or District website

3. District Publishing (for use by the District) - Make one selection only:

- I will allow my child's image (photo, audio and video), to be used by the District for promotional purposes. Photos may be published in the form of print, electronic presentations or video materials created for District use and/or community-wide distribution.
- I will **not allow** my child's image to be used by the District for promotional pur- poses.

***Please read, sign below and return to your child's school. Thank you.***

*I understand that, in the event the school or district uses photographs and/or video footage of my child, that no compensation will be made to me for this use. I also understand that this form is applicable only for the duration of my child's enrollment at the school mentioned below and that I will be required to complete a new form to make changes or when my child enters a new school. I acknowledge by my signature below that I understand the above stated information.*

\_\_\_\_\_  
Parent/Guardian Name (Printed)

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

\_\_\_\_\_  
Date



## LEAP/Extended Day Program Movie Consent Form

On occasion LEAP Extended Day will be showing PG rated movies that are age appropriate. Movies to be shown on the given day will be posted at the sign-in desk along with the movie rating. The below form gives your child permission to view PG rated movies. If you turn in the form below and decide there is a movie you do not want your child to watch, please notify a staff member. We will find an alternative activity for your child to do during this time.

I \_\_\_\_\_ give permission for my child(ren)

- |       |                                                 |
|-------|-------------------------------------------------|
| _____ | <input type="checkbox"/> Can watch PG movies.   |
| _____ | <input type="checkbox"/> Cannot watch PG movies |
| _____ | <input type="checkbox"/> Can watch PG movies.   |
| _____ | <input type="checkbox"/> Cannot watch PG movies |
| _____ | <input type="checkbox"/> Can watch PG movies.   |
| _____ | <input type="checkbox"/> Cannot watch PG movies |
| _____ | <input type="checkbox"/> Can watch PG movies.   |
| _____ | <input type="checkbox"/> Cannot watch PG movies |

\_\_\_\_\_  
Parent/Guardian Name (Printed)

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

\_\_\_\_\_  
Date





**LEAP/ Extended Day Program  
ACKNOWLEDGEMENTS AND VERIFICATIONS**  
This form must be returned to your LEAP Site within 10 days.

**School/LEAP SITE** \_\_\_\_\_

**Date** \_\_\_\_\_

**Child's Name (Print)** \_\_\_\_\_

**Child's Name (Print)** \_\_\_\_\_

**Child's Name (Print)** \_\_\_\_\_

**Child's Name (Print)** \_\_\_\_\_

**Parent/Guardian's Name (Print)** \_\_\_\_\_

By signing below you acknowledge and verify that you have received and taken the responsibility to review the LEAP/Extended Day Program Parent Handbook. The procedures were designed to create an orderly environment that is safe for all children and the staff. The rules are reasonable and fair and they are the same at all of the LEAP/Extended Day sites. We ask that you read this handbook carefully.

Please note: Federal privacy laws prohibit LEAP/Extended Day staff from naming students involved in disciplinary actions and from revealing the consequences of those actions to the parents of other students.

**Signature of Parent/Guardian** \_\_\_\_\_

**Signature of Child** \_\_\_\_\_

**Signature of Child** \_\_\_\_\_

**Signature of Child** \_\_\_\_\_

**Signature of Child** \_\_\_\_\_

ARIZONA DEPARTMENT OF ECONOMIC SECURITY  
 Child Care Administration

**BEST OF CARE**

This confidential form is to help your child care provider support the growth and development of your child while creating a safe, stable and healthy environment for all children. By providing complete information about your child, you will be assisting us in creating a positive experience for your child while in child care.

**Instructions:** This form is to be completed by a parent/guardian and must be on file at the child care facility on or before a child's first day of attendance. If additional space is needed, attach a separate sheet of paper.

CHILD'S NAME	DATE OF BIRTH
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PARENT/GUARDIAN COMPLETING THIS FORM	WHAT IS YOUR PREFERRED METHOD OF COMMUNICATION?
--------------------------------------	-------------------------------------------------

PROVIDER/CENTER NAME

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Has your child attended child care in the past?  Yes  No

*If yes, what type of setting(s) was your child in? (Family child care, group care, etc.)*

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What did you like most about your child's previous child care setting?

What did you like least?

Other comments:

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What is important to you about your child's care?

Who is important to your child?

---

Does your child prefer to play alone or with other children?  Alone  Other children

Does your child have a favorite toy or comfort object?  Yes  No

*If yes, what?*

---

What is your child's current sleep schedule?

Does your child fall asleep easily?  Yes  No

What is his/her mood upon waking?

---

What does your child like?

What does your child dislike?

---

See reverse for EOE/ADA/LEP/GINA disclosures

CHILD'S NAME

Special things you say or do to comfort your child are?

How do you know when your child is:

*Happy?*

*Sad?*

*Mad?*

*Tired?*

*Other?*

How does your child react when:

*Something unexpected happens?*

*Something happens he/she doesn't like?*

*He/She is scared?*

*Other?*

Does your child have any health issues?  Yes  No

*If yes, please explain:*

Does your child have any other special needs?  Yes  No

*If yes, please explain:*

Events at home often influence a child's behavior, for example: changes in the family, such as a new sibling, separation or divorce, or moving to a new home. Knowing about these transitional times will allow us to provide special attention, understanding, and care that your child needs.

Has anything happened recently in your child's life that might have an effect on him/her?  Yes  No

*If yes, please explain:*

Is there anything else you would like to share about your child that you feel would help us create a positive environment and relationship for your child?

Parent/Guardian declined to complete

Parent/Guardian Signature

Date

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact 602-542-4248; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. • Disponible en español en línea o en la oficina local.

The safety and well-being of our students, families, and staff is our number one priority. We have made a few adjustments in our program and will follow the information and guidance provided by the U.S. Centers for Disease Control and Prevention (CDC), the World Health Organization (WHO), as well as the AZ Department of Health Services. ***Acknowledgement required on page 5.***

## **Social Distancing Measures**

Groups will have ratios of no more than 9 children to 1 staff member.

## **Parent Drop-Off and Pick-Up Procedures**

Outdoor drop-off and pick up has been implemented to minimize the number of individuals entering the facility and allow adherence to social-distancing measures. *Only LEAP staff and students will be allowed to enter the facility.*

When possible, the same parent or caregiver should drop off and pick up your child every day. (It is recommended that elderly caregivers or those with serious underlying medical conditions, which may put them at an increased risk for severe illness related to COVID-19, refrain from dropping off/picking up children from LEAP.)

There will be two designation stations for both drop off and pick up. Please follow these guidelines to ensure both safe and efficient drop off and pick up practices.

Drop off times will be between 6:30 am and 8:30 am

Pick up time must be no later than 6:30 pm

### **Drop Off Station 1:**

- Parent or caregiver shall pull up to the curbside drop off station 1.
- Student will exit the vehicle.
- LEAP staff will conduct a daily health check routine
- Daily Health check routine:
  - Each child will have their temperature taken upon arrival followed by a brief health screening.
  - Parent/Guardians will be asked the following questions:
    - Do you live with anyone or have had close contact with anyone who has been diagnosed with COVID-19 within the past 14 days?
    - Does your child or anyone in your household have a fever, cough and/or shortness of breath?
    - Does your child or anyone in your household have any other signs of communicable illness such as a cold or flu?
    - **Individuals who have a fever of 100.4°F or above or other signs of illness will not be admitted into the facility.**

- Upon entering the building students will be escorted to the nearest bathroom (sink) where they will wash and sanitize hands prior to joining the group.

Drop Off Station 2:

- Parents will then pull up to the sign/in sign out station. The **Sign in/out book** will be left outside on a table for parents to sign children in.
- A basket marked “clean pens” will be available for sign in. Parents are asked to place their used pen into the basket marked “used pens”. All used pens will be sanitized daily.
- **(Please print full first and last name) (Must be legible)**. Parents may use their own pens to sign in.

Pick Up Station 1:

- **Please call Las Brisas LEAP cell phone 623-696-7371** to notify LEAP staff of your arrival to pick up child.
- Parent or caregiver shall pull up to the curbside pick up station 1. **Parents cannot enter the facility.**
- A LEAP staff member will bring your child out to you. Doing so will limit direct contact and help us to maintain social distancing.

Pick Up Station 2:

- Parents or caregiver will then pull up to the sign/in sign out station. The **Sign in/out book** will be left outside on a table for parents to sign children out. **(Please print full first and last name) (Must be legible)**
- A basket marked “clean pens” will be available for sign out. Parents are asked to place their used pen into the basket marked “used pens”. All used pens will be sanitized daily. Parents may use their own pens to sign out.

Based on the most recent information and guidelines from the CDC, any persons who are considered **High Risk** should not drop off or pick up children

According to the CDC, individuals with certain conditions may have a higher risk for COVID-19 infections. Those conditions may include:

- |                            |                        |                                                      |
|----------------------------|------------------------|------------------------------------------------------|
| ● Age 65 and older         | ● Chronic lung disease | ● Asthma                                             |
| ● Serious heart conditions | ● Severe obesity       | ● Chronic kidney disease being treated with dialysis |
| ● Liver disease            | ● Immunocompromised    |                                                      |

**If your child, a member of your household, or you have been diagnosed with or exposed to Coronavirus, please notify the LEAP Program Specialist, Ruby Acuña**

[racuna@liberty25.org](mailto:racuna@liberty25.org) 623-474-6623. This includes if your place of employment is closed due to a positive or presumptive positive case.

The CDC continues to emphasize the risk of any illness is reduced with proper handwashing, staying away from others who are ill, and if you are ill, staying home until you are symptom free for 24 hours.

### **Cleaning And Disinfecting**

The LEAP Extended Day Program will continue to follow the CDC guidelines, local health agency recommendations for cleaning, sanitizing and disinfecting the facility.

- Staff will Intensify cleaning and disinfection efforts.
- Disinfect high-touch surfaces, such as door handles, light switches, faucets, toys and games and equipment.
- Staff will perform an enhanced deep cleaning every night in all areas, on all touched surfaces.
- Staff will clean equipment between uses.
- Staff will clean and disinfect the playground utilized.

### **Prevention**

- Field trips/Guest appearances are cancelled.
- Social Distancing: Staying 6 feet away from others when you must go into a shared space.
- Staff / Children will frequently wash hands (20 seconds) or use alcohol-based (at least 60% alcohol) hand sanitizer when soap and water are not available.
- Staff will wear cloth face coverings.
- Avoiding touching eyes, nose, and mouth
- Staying home when sick.
- Staff will clean and disinfect frequently touched objects, equipment and surfaces between uses.

### **Child and Staff Continued Health and Preventative Measures**

- Staff have received/and will continue to receive updates in training on COVID-19 symptoms as well as preventive measures, workplace disinfection and infection control.
- Children who start to experience symptoms of respiratory illness, including a fever of >100.4 while at child care, will be temporarily isolated and under staff supervision from other children until they can be picked up.
- Children will watch hand washing etiquette videos.
- Sharing of devices, phones, meals, or utensils will be restricted for staff and students.
- Staff members will check their temperature prior to the start of each shift and notify their supervisor if >100.4. Staff will self-monitor for signs and symptoms of COVID-19 and notify their supervisor if any develop.
- Students' temperatures may be monitored throughout the day.

- Staff will not be allowed to work if feeling ill or experiencing respiratory symptoms.
- Staff and students will regularly wash hands including upon entrance and exiting of the program, prior to eating and hourly.
- Alcohol-based (at least 60% alcohol) hand sanitizer will be made available when soap and water are not available.
- Ongoing preventative cautions will be exercised and encouraged for the benefit of staff and students, including:
  - cancellation of field trips and guest appearances
  - the use of social distancing within a shared space
  - wearing of cloth face coverings by staff
  - avoidance of touching eyes, nose and mouth
  - staying home when sick

### **Snacks and Meals**

- All surfaces will be disinfected before meal preparation and feedings using CDC- or EPA-approved products.
- All meals and snacks will be prepared in advance and prepackaged.
- All meals and snacks will be delivered to individual classrooms by Food Services personnel.
- All staff/students will wash hands before and after breakfast, lunch, and snack.
- LEAP staff will distribute meals wearing gloves.

### **Illnesses/Accidents**

We request that you please keep sick children at home.

If your child becomes ill during the Summer Camp Program, a staff member will contact a parent/guardian or authorized designee. If a parent/guardian cannot be reached, an authorized person listed on the child's Emergency Information Card will be notified to pick-up your child.

It is very important to update your child's Emergency Information Card if there are any changes to the current information.

Please keep your child home if they have the following symptoms or illnesses:

- Any contagious disease such as strep throat, pink eye, chicken pox, etc.
- Vomiting
- A persistent cough
- Muscle aches
- Diarrhea
- Fever over 100 degrees F

A child must be fever-free for 72 hours before they may return to the Summer Camp Program. In the case of a serious accident, injury, or emergency, parent/guardian or responsible persons listed on the child's Emergency Information Card will be notified immediately.

The LEAP Extended Day Summer Camp Primary Leader will call 911 to handle the emergency.

Thank you for your understanding and patience as we implement these new procedures. Our goal is to minimize disruption while at the same time keeping you, your family and our staff healthy and well.

Sincerely,

Ruby Acuña  
LEAP Program Specialist  
Liberty Elementary SD#25  
623-474-6623  
racuna@liberty25.org

Parent/Guardian Acknowledgement (Print)

Date

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Parent/Guardian Signature of Acknowledgement

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