



Chef Club: SPECIAL NEEDS AFTERNOON PROGRAM (S.N.A.P) **POLICIES & PROCEDURES**

Fill out and sign the information below, Policy and Procedure, and the Emergency Form.

Return *all three* forms, with payment, to SNAP, Attention: Susan Marangelli.

For further information, please call Sue at (650) 780-7313 or e-mail at smarangelli@redwoodcity.org.

CHEF' CLUB / Wednesdays / 5:30-8:30PM / \$135 Per Session

On-Going, starting Wednesday, March 6, 2024. Designed for teens and adults ages 14+ with differing abilities, this club is perfect for anyone who has an interest in planning and cooking healthy meals. Each week participants will plan a meal from start to finish and enjoy the fruits of their labor! After dinner, participants will engage in social activities. To register, please call Susan Marangelli at (650) 780-7313.

RESIDENCY

Both residents and non-residents of Redwood City will be welcomed to the Chef Club program. There is no price differential between residents and non-residents. Enrollment will be based on a first come, first served basis.

ENROLLMENT

All participants must meet the enrollment requirements for each program they are registered for. Newcomers are required to meet with a staff member prior to starting the program. This meeting is intended to answer any questions participants and/or guardians may have, in addition to providing the staff with the opportunity to get to know you.

Completed forms and payments must be received to complete registration.

CHEF CLUB

This program is an on-going year-round program, based on enrollment. Payment is due monthly.

GENERAL PICK UPS

For those participants 17 years of age and younger and/or those participants who are deemed non-independent by their guardians on their emergency forms can only be picked up by the designated individuals listed on participant's emergency forms. Please note that anyone picking up a participant must be 18 years or older and provide proper identification (Driver's License / State Issued ID). The pickup person must enter the facility and sign out the participant. Underaged or non-independent participants are not permitted to walk to cars or sign themselves out. This is for participant's safety.

Participants that are legal adults over the age of 17 who are independent may arrive and leave the program on their own (driving, public transportation, etc.), however, staff are not responsible for participant's safety once they sign out of the program.

PICK-UP TIMES

Wednesday Chef Club: 8:30 p.m.

PICK-UP LOCATIONS:

Veterans Memorial Senior Center / Redwood Room

1455 Madison Avenue, Redwood City

Information will be provided if the new building opens before June 26.



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LATE PICK UPS

Guardians are expected to pick up participants on time. The late fee for pick-ups is \$5.00 per participant for each 15 minutes, or fraction thereof, that you are late. A participant may lose their space in the program if they are frequently picked up late. Thank you for respecting staff's time commitments and the program time structure.

ABSENTEES / ILLNESS

Staff should be notified at least 24 hours in advance when a program participant is going to be absent. Staff can be contacted by calling (650) 780-7313.

Participants should not attend programs if they are sick and contagious. Once they are no longer contagious, they may return. Please keep your child home if they show any of the following symptoms:

- *A fever of 100.4 or higher
- *Vomiting and/or*Diarrhea
- *Undiagnosed rash
- *Head lice
- *Any symptoms that prevent children from participating in our daily routines
- *Thick green discharge from the eyes, ears or nose

Participants are to be symptom free for at least 24 hours before they can return. We also may require a note from their doctor releasing them to the program. When a participant gets ill at the program, the guardian will be notified and expected to pick up the participant. If the guardian cannot pick up the child, they may designate an emergency contact to pick-up the child.

PARTICIPANT'S BELONGINGS

Participants should have their name on their belongings, such as backpacks, rain gear and jackets. We prefer that participants do not bring extra belongings such as toys. Staff cannot be held responsible for lost or damaged toys or other belongings. It is a good idea to label everything that comes from home.

MEDICATION

Staff will give medication to a participant during program hours provided the requirements are followed below. Staff will hand the medication to the participant, and he/she will take it himself/herself. Injection based medication such as insulin cannot be administered.

Permission slip must be signed and dated by a parent or legal guardian noting the medication (use full name), dosage, and times to be given, the participant's full name, and that permission is given to the Redwood City Afternoon Program staff to give the participant the medication.

Medication: We require at least a one-week supply in the original pharmacy bottle.

PAYMENTS / REGISTRATION

Payments are due by the 1st working Monday of each month. It is each family's responsibility to send payments by the monthly due dates. If payments are not received by the due date or payments are one or more months behind, the participant's spot may be terminated. Program fees will not be prorated. Payments should be turned in through one of the ways listed below.

Methods of payment/ registration:

ONLINE:

Log on to: www.redwoodcity.org/parks

Go to "online registration" You will need to set up an account and receive approval.

Approvals are processed Monday-Friday 8:30AM-5PM

You may then log on and register / make payments 24 hours a day, 7 days a week.

MAIL-IN:

Payments can be made by check or credit card (Mastercard or Visa)

Please do not send cash!

Veteran's Memorial Senior Center

Attn: SNAP Program

1455 Madison Avenue

Redwood City, CA 94061

WALK-IN:

Payment methods: cash, check or credit card (Mastercard or Visa)

Registration Hours:

Monday-Friday 8:30AM-4PM at Red Morton Center, 1120 Roosevelt Avenue, Redwood City

REFUND AND CREDITS

If you withdraw from a class 1 week prior to the class start date, a class credit or refund less a \$5 processing fee will be issued. If you withdraw less than one week prior to the start date, you will receive a department credit which may be applied to any future recreation department activity, less the \$5 cancellation fee. In general, no refunds or credits will be used after the class begins. Full refunds are given for classes cancelled by the Recreation Department.

LIFTING AND TOILETING

Staff will not be held responsible for lifting anyone and/or anything over 40 lbs.

Participants must be fully toilet trained to join the program. Staff will not change diapers. Staff can not assist with toileting, wiping, etc. If a participant soils themselves, a guardian will be called to pick up the participant.

Participants who may be inclined to have accidents should provide a change of clothes that will be kept at Afternoon Program. Clothes need to be brought in a bag with the participant's name clearly marked on it. Participants are responsible for changing their clothes. They will wait for pick up in these clothes, and soiled clothes will be bagged.

AGGRESSIVE BEHAVIORS

Aggressive behavior can be defined as hitting, kicking, self-abuse, biting, spitting, pushing, pinching, and any other behavior that the staff deems unsafe and/or non-appropriate. If participants show these behaviors, staff will document it and guardians will be notified. If there are up to three incidents of minor aggression, the participant's program space *could be terminated* at the discretion of the staff. Extreme acts of aggression and/or violence as determined by staff may result in **immediate** dismissal from the program. This is for the safety of everyone, including the participant themselves, other participants, the staff, and the program coordinator.

REDWOOD CITY CHEF CLUB PROGRAM – EMERGENCY FORM (RETURN THIS FORM)

PARTICIPANT'S NAME _____

ADDRESS _____ CITY _____ ZIP CODE _____

HOME PHONE (_____) _____ - _____ BIRTH DATE _____ - _____ - _____
Month Day Year

EMAIL: _____

EMERGENCY CONTACT #1: _____ (_____) _____ - _____ /
NAME PHONE NUMBER #1

Relationship to participant: _____ (_____) _____ - _____
PHONE NUMBER #2

EMERGENCY CONTACT #2: _____ (_____) _____ - _____ /
NAME PHONE NUMBER #1

Relationship to participant: _____ (_____) _____ - _____
PHONE NUMBER #2

EMERGENCY CONTACT #3: _____ (_____) _____ - _____ /
NAME PHONE NUMBER #1

Relationship to participant: _____ (_____) _____ - _____
PHONE NUMBER #2

LIST FOOD ALLERGIES/ FOOD RESTRICTIONS:

LIST DISABILITIES AND/OR DISORDERS:

DOES THE PARTICIPANT REQUIRE MEDICATION TO BE GIVEN DURING PROGRAM HOURS YES ____ NO ____
If yes, please refer to our Afternoon Program Policy concerning medication.

IS THE PARTICIPANT OVER THE AGE OF 17 **AND** INDEPENDENT? YES ____ NO ____
If yes, participant will be allowed to sign themselves out of the program without guardian's permission

PROGRAM/SCHOOL INFORMATION (if applicable)

PROGRAM/SCHOOL ATTENDING _____ TEACHER _____

PROGRAM/SCHOOL'S PHONE NUMBER (_____) _____ - _____

TRANSPORTATION COMPANY _____

COMPANY'S PHONE NUMBER (_____) _____ - _____

CONSENT:

I hereby absolve and hold harmless the City of Redwood City, their respective officers, employees, and instructors, from all injuries, claims, or liabilities that may result from my participation or my son/daughter's participation in this program. I give my consent to my son/daughter's participation. I am aware the activities may involve risk and assume all risks for injuries received. I agree to use of participant's photo for City program publicity.

SIGNATURE _____ DATE _____
Participant

SIGNATURE _____ DATE _____
Parent or Legal Guardian (if participant is under 17 and / or not independent)

PARTICIPANT'S NAME _____ Birthday _____

Special Needs Afternoon Program (S.N.A.P.) POLICY OUTLINE agreement (RETURN THIS FORM)

Residency

Emergency and Comfort Kits

Enrollment

General Pick Ups

Late Pick Ups

Payments

Refund and Credits

Absentees

Illness

Participant's Belongings

Lifting

Toileting

Medication

Aggressive Behaviors

I have read and understand the Redwood City Afternoon Program Policies. I also understand that policies can change, and I will receive advance notification of changes.

Participant Name:

Please Neatly Print Your Full Name _____

Participant Signature

Date _____

Parent/Guardian Name:

Please Neatly Print Your Full Name _____
(If participant is under the age of 17 or needs assistance)

Parent/Guardian Signature

Date _____

REDWOOD CITY AFTERNOON PROGRAM
Pick Up List 2023-2025 (RETURN THIS FORM)
(Only to be completed if participant is under the age of 17 and/or not independent)

PICK-UP LIST

Please list individuals who are at least 18 years of age that has your permission to pick up.

NAME	RELATIONSHIP	
ADDRESS	CITY	ZIP CODE
PHONE # 1	PHONE # 2	

NAME	RELATIONSHIP	
ADDRESS	CITY	ZIP CODE
PHONE # 1	PHONE # 2	

NAME	RELATIONSHIP	
ADDRESS	CITY	ZIP CODE
PHONE # 1	PHONE # 2	

NAME	RELATIONSHIP	
ADDRESS	CITY	ZIP CODE
PHONE # 1	PHONE # 2	

NAME	RELATIONSHIP	
ADDRESS	CITY	ZIP CODE
PHONE # 1	PHONE # 2	

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____

PRINTED NAME _____