



**HIGH VELOCITY SPORTS DAYCARE
PARENT INFORMATION PACKET**

HVS DAYCARE PROGRAM PHILOSOPHY

High Velocity Sports Daycare was created to provide the children of our valued families a supervised place to attend during this unprecedented pandemic. With schools going virtual or partially virtual and parents needing to work (from home or at their office), we have created an environment to help ease the stress of back to school. HVS staff will follow CDC and state guidelines to ensure the cleanliness of the facility and equipment along with updated hand washing and sanitizing practices.

HVS DAYCARE SCHEDULE OF OPERATION

High Velocity Sports Daycare will offer child care services from 7:15 am-6 pm, Monday-Friday except for Thanksgiving, Christmas Eve, Christmas Day, New Year's Eve, and New Year's Day if the holidays fall on a weekday from the Tuesday after Labor Day to the end of the school year. The schedule will be as follows:

Time Blocks are made up of Fluid/Flex time dependent on Individual Children's Virtual Learning Schedule.	
7:30 - 8:45 AM	Arrival
8:25 - 8:47 AM	Breakfast/ Free Time
8:47 - 9:30 AM	Virtual Learning
9:30 - 9:40 AM	Movement Break
9:35 - 10:25 AM	Virtual Learning
10:10 - 10:40 AM	Morning Snack/ Outdoor Recreation
11:00 - 11:40 AM	Virtual Learning
11:45 AM - 12:00 PM	Lunch
12:00 - 12:40 PM	Outdoor Recreation/ Personal Electronic Time
12:30 - 1:35 PM	Virtual Learning
1:50 - 2:00 PM	Afternoon Snack/ Outdoor Recreation
3:00 - 4:00 PM	Virtual Learning
4:00 - 5:50 PM	Physical Learning
	STEAM Learning
6:00 PM	Departure

HVS DAYCARE ADMISSION & WITHDRAWAL POLICY, FEE POLICY

Enrollees are permitted to attend daily or weekly. There is no contract or minimum schedule requirement. Children may be enrolled and withdrawn as needed. The cost per day is \$55 and weekly rate is \$250.

HVS DAYCARE TYPICAL DAILY SCHEDULE

Again, the High Velocity Sports Daycare will be adaptable. Kids will need to bring their own devices and headsets for virtual learning along with a daily schedule of classes and a log-in and password sheet. HVS will provide a Study Hall area in the concession area where kids can social distance yet receive assistance from staff when needed to log into programs for virtual learning. Our staff will also help with any assignment questions when possible. (Please note we will NOT be teaching material.) In between online courses, HVS staff will run physical education

NEW ARRIVAL AND DEPARTURE PROCEDURES

Please note that we have switched our drop-off process to CURBSIDE DROP-OFF ONLY! This means we cannot accept walk-ups or parents in the building in the mornings. Simply pull up to the front doors, an HVS employee will take your child's temperature and confirm some wellness questions with you, and we will help your child into the building.

- 1. ALL CAMPERS MUST BE PRE-REGISTERED AND PREPAID!**
- 2. All HVS Employees and Campers will receive temperature checks prior to entering the building. Anyone with a temperature over 100 degrees will not be allowed to enter. HVS will have additional staff on call to cover any employee that cannot work due to potential illness. All coach to camper ratios will be adhered to. Campers must wear a face covering at all times unless participating in a high intensity sporting activity.**
3. If you have questions or need to speak to an HVS employee, you may do so at the designated check-in tent outside HVS or call (734) 487-7678.

4. Medications should be in a plastic sealed bag with the child's name on the medication, when the medication should be administered, and what the medication is for. This can be given to an HVS staff member at drop-off.
5. When picking up your child—park in a designated parking spot and come in to check out your child. If there is a time crunch, call ahead and we will have your child ready to go, but our policy still states that a parent or guardian must park and come in to check him or her out. We will have four windows with sneeze guards to help keep parents distanced at pick-up. No parents will be allowed past the front lobby. Adults are required to wear a mask upon entering HVS. An HVS employee will send your child up to the front with his or her belongings. **ALL ADULTS ENTERING HVS WILL BE REQUIRED TO WEAR A FACE COVERING OR PURCHASE A DISPOSABLE MASK FOR \$1.**

PARENT NOTIFICATION

Parents will be called if:

- 1) a child is injured more than a simple scratch, bump, or bruise. If a child shows any signs of a possible strain, sprain, or broken bone, a concussion, an allergic reaction or a burn. In the event of a severe injury such as a confirmed broken bone, the child is unconscious, or staff must perform CPR, 911 will be called first, then the parent/guardian. All High Velocity Sports All-Sports Coaches and Managers are CPR/First Aid/AED certified and familiar with how to use epi pens, however all medications (both over the counter and prescription) are required to be checked in at drop off in a sealed Ziploc bag before camp with a label including the child's name, what the medication is for, how much and how often is required to administer, what possible reactions the child may have with or without the medication, and instructions on how to use items like an epi pen.
- 2) a child appears ill or shows signs of fever, chills, or vomits. **CHILDREN MUST BE FEVER FREE WITHOUT THE USE OF ANY MEDICATION (FEVER REDUCERS) FOR 72 HOURS PRIOR TO RETURNING TO HVS. ANYONE WITH A FEVER OR POSSIBLE COVID-19 SYMPTOMS WILL ISOLATED IN A DESIGNATED ISOLATION ROOM UNTIL HE OR SHE IS PICKED UP. ALL ITEMS THAT A SUSPECTED ILL CHILD HAS USED WILL BE WASHED AND SANITIZED.**
- 3) a child hits anyone, uses hostile language or threatens anyone, or is continuously disruptive and disrespectful to staff and other children.
- 4) Please note that if a child is not feeling well or is injured, he or she will be excluded from any physical activities.

- 5) If the center becomes aware that any employee or child in care has contracted a communicable disease, then parents will be notified immediately and informed of the disease, the symptoms, and prevention measures as recommended by the CDC (U.S. Centers for Disease Control and Prevention) <https://www.cdc.gov/DiseasesConditions>. Any child or staff member suspected or confirmed having contracted or come in contact with a communicable disease will be excluded from attending or participating due to illness.

IF YOUR CHILD OR ANYONE IN YOUR HOUSEHOLD IS SHOWING SYMPTOMS OF ILLNESS INCLUDING FEVER, VOMITING, OR DIARRHEA OR HAS COME IN CONTACT WITH SOMEONE THAT HAS OR MAY HAVE ACQUIRED THE COVID-19 VIRUS, YOU MAY NOT BRING YOUR CHILD TO DAYCARE THAT DAY. CHILDREN MUST BE SYMPTOM FREE FOR 72 HOURS WITHOUT MEDICATION AND WITH PERMISSION FROM A PHYSICIAN AFTER 14 DAYS OF ISOLATION TO ATTEND DAYCARE AFTER CONTRACTING THE VIRUS.

CODE OF CONDUCT/DISCIPLINE POLICY

In order for the High Velocity All-Sports Summer Daycare Program to be fun and safe, HVS has implemented a list of rules and expectations for each participant. It is each child's responsibility to follow the policies listed below. Please review them with your child and sign the bottom of the form.

- Follow directions at all times.
- Take turns and share with others.
- Solve problems positively.
- Be a friend. Include and help others.
- Keep hands and feet to yourself at all times.
- Use polite words in an appropriate voice.
- Respect all property.
- Care for and encourage one another.
- Clean up and keep area neat for others.
- Accept consequences.
- **THERE IS A ZERO TOLERANCE POLICY FOR HITTING AND BULLYING.**

The above rules are necessary for the program to be a positive environment for all. The rules of the High Velocity All-Sports Daycare Program are to ensure that everyone has a good time and remains safe. If a camper has trouble following the above rules, he/she will be referred immediately to the Program Director.

The Program Directors will determine the appropriate course of disciplinary action and parents will be notified however the typical protocol is:

1. First offense-verbal warning.

2. Second offense-child will have to sit out for an appropriate amount of time.
3. Third offense-incident report is issued for parent, child is brought to the office.
4. Any further offense will require the child to be sent home.

FOOD SERVICE OPTIONS

At HVS Daycare, a snack break is taken from 10:10-10:40 am and from 1:50-2 pm both based on each child's schedule. At this time, children may use the restroom, drink water or Gatorade/Powerade, and eat a light, healthy snack.

Please make sure your child brings a refillable water bottle or sports drink so he/she can stay hydrated. Snacks are important to keep up energy. Please do not send sugary or heavy snacks.

If you do not have time to pack a snack or drink, your child may purchase items from our vending machines. Snacks are typically \$1 each and 20oz. drinks are \$2. High Velocity can provide a snack for your child for \$1 fee that can be paid at the end of the day.

Lunch will be served 11:45am-12:40pm (again depending on each child's schedule). See the menu on the next page for breakfast and lunch options if your child does not want to bring a sack lunch. Breakfast will be served at 8:25 am.

DAILY MENUS

Choose One Entrée, One Side, One Drink per meal. \$5/each.

Day of Week	Breakfast Choices	Sides	Drinks	Lunch Choices	Sides	Drinks
Monday	Cereal French Toast Sticks	Banana Yogurt Granola Bar Muffin	OJ Milk Choc. Milk Water	Cheese or Pepperoni Pizza	Apple Chips Cookies Carrots	Fruit Punch Lemonade Milk Choc. Milk Juice Box Water
Tuesday	Cereal French Toast Sticks	Banana Yogurt Granola Bar Muffin	OJ Milk Choc. Milk Water	Cheese or Pepperoni Pizza Hamburger	Apple Chips Cookies Carrots	Fruit Punch Lemonade Milk Choc. Milk Juice Box Water
Wednesday	Cereal French Toast Sticks	Banana Yogurt Granola Bar Muffin	OJ Milk Choc. Milk Water	Cheese or Pepperoni Pizza Hot Dog	Apple Chips Cookies Carrots	Fruit Punch Lemonade Milk Choc. Milk Juice Box Water
Thursday	Cereal French Toast Sticks	Banana Yogurt Granola Bar Muffin	OJ Milk Choc. Milk Water	Cheese or Pepperoni Pizza Grilled Cheese	Apple Chips Cookies Carrots	Fruit Punch Lemonade Milk Choc. Milk Juice Box Water
Friday	Cereal French Toast Sticks	Banana Yogurt Granola Bar Muffin	OJ Milk Choc. Milk Water	Cheese or Pepperoni Pizza Chicken Tenders	Apple Chips Cookies Carrots	Fruit Punch Lemonade Milk Choc. Milk Juice Box Water

MEDICATION POLICY

All medications must be checked in and logged at drop-off. The log will include what the medication is for, the dosage, and frequency. Daily medications may be stored at HVS. All medications must arrive in their original containers. Prescription medications must contain a pharmacy label with the physician's name, the child's first and last name, instructions, name and dosage of the medication, and can only be administered according to those instructions. Please write your child's name on the medication with permanent marker and bring in a plastic bag that seals. All prescription and non-prescriptions medications must be administered by an HVS childcare staff member only unless otherwise instructed in writing by a parent. Topical nonprescription medications including but not limited to triple antibiotic, hydrocortisone, and sunscreen may be applied as needed unless otherwise instructed by parents.

PEST MANAGEMENT POLICY

On a monthly basis, High Velocity Sports receives a preventative professional service for pest management. For September, 2020 this service has already taken place. For future dates, we notify parents ahead of time via email and will post signage on the front doors prior to the application.

NOTICE OF LICENSING BOOK

Parents have access to the High Velocity Sports Daycare Licensing Notebook at any time. This binder will include inspections, special investigation reports (none at this time), and any corrective action plans for the past 5 years. This binder is available for parents to view during regular business hours at the main office. Parents can also view any inspections, special investigation reports and corrective plans online at www.michigan.gov/michildcare.



CHILD RELEASE FORM

In the event that a parent or guardian is not available to pick up your child, please list below to whom your child may be released to. If there is an emergency in which none of the people on the list below are able to pick up your child, you must call High Velocity Sports at (734) 487-7678 and give us the name of the person picking up your child. At that time a few security questions will be asked to verify that you are indeed the parent and the person picking up your child will have to show identification verifying who they are. A copy of the ID will be kept on file at HVS. Please complete the form below

Child's Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Child lives with: BOTH PARENTS IN SAME HOUSEHOLD or WITH MOM WITH DAD

Child may be released to (please include yourself):

_____ Name	_____ Relationship to Child	_____ Phone
_____ Name	_____ Relationship to Child	_____ Phone
_____ Name	_____ Relationship to Child	_____ Phone

Is there anyone that you child should absolutely NOT be released to? If yes, please list the person(s) name below and explain the situation and what our staff is to do if that person tries to pick up your child from camp. _____

Parent's Signature Date: _____

CHILD INFORMATION RECORD

State of Michigan - Department of Licensing and Regulatory Affairs - Child Care Licensing

Instructions: Unless otherwise indicated, all requested information must be provided. If the information is not known or does not apply, "unknown" or "none" is the required response. A blank field, a line through a field or "N/A" are not acceptable responses.

For Provider Use Only:		Date of Admission	Date of Discharge
Name of Child (Last, First, Middle Initial)			Child's Date of Birth
Address (Number and Street, Building/Apartment Number)		City	State Zip Code
Parent/Legal Guardian's Name	Home Phone ()	Parent/Legal Guardian's Name (Optional)	Home Phone ()
Home Address (if not child's address)	Cell Phone ()	Home Address (if not child's address)	Cell Phone ()
City	State	Zip Code	City State Zip Code
Email Address (optional)		Email Address	
Employer Name	Work Phone ()	Employer Name	Work Phone ()
Name of Child's Physician or Health Clinic		Physician's or Health Clinic's Phone Number ()	
Hospital Preferred for Emergency Treatment (optional)			
Allergies, Special Needs and Special Instructions (Attach additional sheets, if necessary.)			

BCAL-3731 (Rev. 7-18) Previous edition 6-17 may be used.

See Reverse Side

Emergency Contact & Release of Child: List all individuals, including parents/legal guardians, in order of preference, to be contacted in an emergency. If possible, include at least one person other than the parents/legal guardians to be contacted in an emergency and to whom the child can be released. The second phone number column can be left blank. (If more individuals, attach additional sheets.)

1.	()	()
2.	()	()
3.	()	()

Release of Child Only: List all individuals, other than the parents/legal guardians, to whom the child may be released. (If more individuals, attach additional sheets.)

1.	()	2.	()
3.	()	4.	()

Parent/Legal Guardian Initials:

_____ I give permission to _____, licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical treatment for the above named minor child while in care.

I certify that I accurately completed this form and if anything changes, I will notify the provider by updating this form.

Signature of Parent or Guardian _____ Date Signed _____

Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials

LARA is an equal opportunity employer/program.

AUTHORITY: 1973 PA 116
COMPLETION: Required
PENALTY: Rule Violation Citation.

BCAL-3731 (Rev. 7-18) Previous edition 6-17 may be used.



**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK,
AND INDEMNITY AGREEMENT ("Agreement")**

In consideration of being permitted to be present at, attend, observe, and participate in activities at the facilities of, or provided by, High Velocity Sports Group Recreation, LLC (the "Activities") I, for myself for and for my child(ren) (collectively referred to herein as "me" "I" or "my"), personal representatives, assigns and heirs:

1. Acknowledge, agree, and represent that I understand the nature of the Activities and that I am qualified, in good health, and in proper physical condition to participate in them. I further agree and warrant that if at any time I believe conditions to be unsafe, or if at any time my health suffers, I will immediately discontinue participation, and leave if appropriate.
2. Authorize High Velocity Sports Group Recreation, LLC, its respective owners, investors, members, managers, shareholders, agents, directors, officers, volunteers, employees, landowners, subsidiaries, and affiliated companies (collectively, "Releasees") and medical care provider(s) to carry out any emergency medical transport or medical care for me, as may be necessary in their sole discretion, and agree to be fully responsible for any costs associated with such transport and care.
3. Understand that it is my responsibility to comply with all posted and published procedures, including safety and hygiene procedures and protocols intended to lessen the likelihood of the spread of disease among participants and staff. I further understand that it is my responsibility to comply with all laws and other requirements imposed by federal, state, and local authorities.
4. **UNDERSTAND THAT THE ACTIVITIES INVOLVE INHERENT AND OTHER RISKS AND DANGERS**, including but not limited to falling or loss of balance; striking padded or unpadded surfaces; being injured by equipment; being injured by the actions or inactions of other participants and bystanders; collisions with other participants; falls due to slick or uneven surfaces; equipment failures of any kind; equipment misuse by myself or others; potential exposure to communicable disease (including but not limited to coronavirus/COVID-19, other viruses, bacteria, and all other infectious pathogens and disease vectors); physical injury or illness as a result of physical activity or being on the premises where the Activities take place; which risks may result in **SERIOUS INJURY, ILLNESS, EMOTIONAL DISTRESS, AND DEATH** (collectively, "Risks"). I understand that the Risks may be caused or contributed to by my own actions or inactions, the actions or inactions of other participants, bystanders or staff, the conditions and settings in which the Activities take place, or the alleged or actual **NEGLIGENCE** of the Releasees. I understand that the description and list of Risks in this Agreement is not complete, and that I will encounter Risks not described herein, known and unknown, inherent and otherwise, in connection with the Activities. With a full understanding of the foregoing, I **VOLUNTARILY AGREE TO ASSUME ALL INHERENT AND OTHER RISKS OF INJURY, ILLNESS, EMOTIONAL DISTRESS, AND DEATH AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES** I incur as a result of, or in connection with, the Activities.
5. **RELEASE, DISCHARGE, HOLD HARMLESS, AND AGREE NEVER TO SUE RELEASEES FOR ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ARISING FROM OR RELATED TO ACTIVITIES, INCLUDING INJURY, ILLNESS, EMOTIONAL DISTRESS, OR DEATH CAUSED IN WHOLE OR IN PART BY THE ALLEGED OR ACTUAL NEGLIGENCE OF THE RELEASEES.** I further agree that if, despite this Agreement, I or anyone acting on my behalf makes a claim against any of the Releasees, I will **DEFEND, INDEMNIFY, AND HOLD HARMLESS** each of the Releasees from any attorneys' fees, losses, liability, damage, or expenses which Releasees may incur as the result of such claim.
6. I understand that this Agreement will apply every time I am on the premises or participate in the Activities. I agree that this Agreement is a contract which will be enforced to the fullest extent allowed by law and will be binding on me, my assignees, subrogors, heirs, assigns, executors, and personal representatives. If any part of this Agreement is deemed to be unenforceable, the remaining terms shall be enforceable.

I HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND AND AGREE TO BE BOUND BY ITS TERMS. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL LEGAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE.

Printed Name of Participant: _____

Address: _____ (Street) (City) (State)(Zip)

Phone: _____

Participant's Signature (only if age 18 or over):

Date: _____

MINOR RELEASE

By signing on behalf of a minor child participant, I represent that I am that minor child's parent or legal guardian, that I am authorized to sign this Agreement on the minor child's behalf, and agree that I will defend, indemnify, and hold harmless Releasees against any claims arising from the minor participant's presence at _____ or participation in the Activities. I acknowledge that the minor participant is bound by all the terms of this Agreement, and understand that the minor participant would not be permitted to be at _____ or take part in the Activities unless I agree to all terms of this Agreement.

Printed Name of Parent/Guardian: _____

Address: _____ (Street) (City) (State) (Zip)

Phone: _____

PARENT/GUARDIAN SIGNATURE (only if participant is under the age of 18):

Date: _____



CAMP CHECK-IN QUESTIONNAIRE

- 1) Does your child have any physical impairments that may limit his/her ability to participate in sporting activities? _____

- 2) Does your child have any mental or emotional impairments, social delays, aversions, etc. that our staff should be aware of? _____

- 3) Is there any other medical information that may help our staff better relate to your child that we should know about? _____

- 4) Does your child have any allergies, and if yes, what are they? _____

- 5) Does your child require any medication for allergies, asthma, or any other medical conditions and does he or she know how to administer medication? _____

- 6) Is your child up to date with the State of Michigan requirements for immunizations? _____
Has your child ever had a tetanus shot? Yes No

Parents:

If HVS staff is to be responsible for the possible administration of medication to your child, please properly label the medication and include directions, an emergency phone number, and any other information that may be helpful. If your child requires cognitive assistance to administer medications, please sign here to indicate permission to treat your child based on the medications and instructions you provide: _____ (Everyone must sign here).

Please include any other information you think may be helpful to our staff:

I agree that all the information above is accurate and that nothing has been falsified or purposely omitted. With my signature below I give my child permission to participate in All-Sports Camp activities except where otherwise indicated on this form.

Parent Signature: _____ Date: _____



With my signature below, I acknowledge that I have been provided with a Parent Packet from High Velocity Sports Daycare including:

- 1) Criteria for admission and withdrawal
- 2) Schedule of Operations including days that the facility may be closed
- 3) Fee policy
- 4) Discipline policy
- 5) Food service policy
- 6) Program policy
- 7) Daily routine
- 8) Parent notification policy
- 9) Medication policy
- 10) Exclusion policy for child illness
- 11) Center Notebook notification

Received on _____ (today's date)

Printed Name: _____

Signature: _____

Child's Name: _____

Age: _____

Grade: _____

Virtual Learning
Login: _____

Virtual Learning
Password: _____

Additional
Comments: _____

Please ✓ to Indicate when your child will need to be online for their school's virtual learning sessions

Time	Check
Before 8:00 AM	
8:00 AM	
8:30 AM	
9:00 AM	
9:30 AM	
10:00 AM	
10:30 AM	
11:00 AM	
11:30 AM	
12:00 PM	
12:30 PM	
1:00 PM	
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