



## PARTICIPANT HANDBOOK 2020

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Dear Parents, Guardians and Participants,

The City of Rancho Cucamonga Community Services Department, Camp Cucamonga and Camp Administration would like to welcome you and your child to Camp Cucamonga 2020. Camp Cucamonga is a fun and safe environment for your child. Camp activities foster growth and development by instilling self-confidence and respect for others. Participants will have an opportunity to meet new friends and explore a variety of new ideas through arts and crafts, games, and activities. It is our goal to be successful in offering our participants quality programming.

This Summer Camp Participant Handbook will serve as a reference guide on all Camp Cucamonga program information, guidelines, and procedures. It provides all the information you need before camp begins. Whether your child is new to the program or a seasoned veteran, it is very important that you read it thoroughly to be prepared.

Please feel free to communicate any ideas, suggestions and/or concerns; we have an open-door policy and welcome you.

The Camp Cucamonga Team looks forward to a fun-filled summer with you and your child.

Sincerely,

Janelle Draper  
City of Rancho Cucamonga  
Community Services Coordinator  
Youth and Family Programs  
909-774-2304



## Camp Cucamonga Mission Statement

Camp Cucamonga is a comprehensive socialization program that strives to offer a special and safe place where participants can discover new abilities, develop friendships and have fun. Camp Cucamonga provides an atmosphere that grants community youth the opportunity for personal growth, increased self-esteem, and friendship building, as well as social, emotional, and physical development. Participants can have fun and grow in a positive setting through well-planned activities, arts and crafts, and themed recreation. Summer camp staff is dedicated to influencing the lives of the youth using a quality interactive recreation program. Camp Cucamonga strives to reach out to the community with fun, enthusiastic and innovative summer camp programming, and to provide each child with a top-quality summer camp experience in a caring, safe, and fun environment.

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## Camp Cucamonga 2020 Goals

1. Create a happy, healthy, trusting, and safe environment for all participants
2. Keep open communication and maintain an open-door policy
3. Stay committed to the growth of our participants and always be enthusiastic about their development
4. Teach and showcase value and respect for individuals

## Camp Descriptions

### **Half Day Camp**

Ages 4 ½ - 5

Site: Lions Center East

All the fun of youth camp in a half day format. Fields trips are not included

Mon-Fri 7-12pm Ratio: 10:1

### **Youth Camp**

Ages 6 -12

Site: Lions Center East

Indoor and outdoor games, swim, field trips and crazy competitions!

If it's wild and crazy...It's Youth!!

Child/Staff Ratios: 15:1 onsite, 8:1 on field trips, 6:1 swim days



## Camp Cucamonga Policies and Procedures

### Camper Participation

For safety reasons, participants must participate in all activities unless a doctor's note is provided limiting the activity in question. If your camper is showing signs of illness and is not able to participate, they may be sent home.

### Sign in and Sign Out

Camp Cucamonga enforces a hand to hand drop off and dismissal procedure. Participants must be dropped off by an authorized adult stated on the child's emergency card. Parent/guardian will sign in their camper at **Lions Center East**. Camp staff will escort the participant to their assigned classroom. No youth camper is to be dropped off in front of the site at any time.

An authorized adult listed on the Emergency Card must sign out their child at the front desk, staff will then retrieve the camper from the classroom and hand them off to their parent or authorized adult. **Only authorized adults over the age of 18 with proper photo identification will be allowed to pick up a child. Remember that parents will also be required to show photo identification to pick up any camp participant.** If the person cannot provide appropriate photo identification, the child **will not** be released to that person. All drop offs and pickups will occur at Lions Center East. We thank you in advance for your understanding. ***Your child's safety is our top priority.***

### Snacks and Lunches

Campers will have breaks for a morning snack, lunch, and afternoon snack. Healthy lunches and afternoon snacks will be provided by USDA and sponsored by the Fontana Unified School District daily; campers also have the option to bring their own lunch and/or snacks. **Parents/guardians are highly recommended to pack additional snacks for their child.** Camp Cucamonga staff request that you do not bring food that needs to be heated and/or refrigerated. Participants with allergies will be accommodated. Please note all food restrictions or allergies on the Emergency Card and the Camp Cucamonga Meal Accommodation Forms.

Sack lunches will be provided on Field Trip and Swim days. If your child wants to bring their own lunch, it must be packed in a zip lock bag with camper's name written on the outside.

### Medications

Camp Cucamonga staff, contractors and/or volunteers are prohibited from dispensing medication without a doctor's prescription and a medical information form completed and signed by the parent/guardian.

All participants are required to have a parent/guardian read and sign the Camp Cucamonga Parent/Guardian Acknowledgement Form. **The Parent/Guardian Acknowledgement Form is to be turned in to the Camp Recreation Leader or Community Service Specialist on the first day a participant attends camp along with the Emergency Card.**



## Camp Cucamonga Policies and Procedures Continued

### Lost and Found

Please check the lost and found every day for any belongings your child/children may have misplaced. Due to health issues and limited space, lost and found items will be cleared out and donated weekly. **Camp Cucamonga is not responsible for any lost or damaged personal items.** Please write your child's full name on all personal items including water bottles.

### Late Pick-Up Fee

Camp Cucamonga ends at 6:00 p.m. If child is not picked up by 6:00 p.m. a late fee will go into effect immediately. The fees are as follows: 1-15 minutes late = \$10 and \$1 for each additional minute thereafter. If a parent/guardian is running late, it is imperative that they call the Lions Center East and let the camp staff know when they'll be arriving. A call **does not dismiss parents/guardians from having to pay the late fee.** The clock at the program site determines late time. Repeated late pick-ups may result in a camper being removed from the program.

### Camp Cucamonga Waitlist

If camp is full at time of registration, a waitlist will be formed. One waitlist is maintained per camp, per week. The Camp Office will notify the first participant on the waitlist when waitlisted Camp has an opening. Once notified, the parent/guardian has until 8:00 p.m. the day of notification to enroll in approved camp before the opening is offered to the next participant on the waitlist.

### Camp Cucamonga Refund Policy

Camp Cucamonga withdrawals need to be submitted in writing (email is acceptable) at least 2 weeks in advance in order to receive a full refund. All Camp Cucamonga payments can be refunded or credited to the payer's account. Registration paid with cash, money order or check will be refunded by mail in the form of a check in approximately four to six weeks. Registration paid with a credit/debit card is refunded within one week and applied to the card used.

**Deposits and transaction fees are non-refundable.**

### Emergency Card

Participants are required to have a completed Emergency Card on file at the Camp Office. Emergency Cards are due before the camper is signed in on the first day of Camp. Please document all medications, allergies or other conditions that should be brought to staff attention. **Please note any food restrictions on the emergency card as well.**

The Emergency Card authorizes emergency medical treatment for a child and designates adults that can pick a child up from camp. **Parents/guardians do not forget to list yourself on the emergency card!**

**Half Day Campers** must provide a certificate of completion or report card from school, along with the emergency card or at time of registration.





## Camp Cucamonga Policies and Procedures Continued

### **Emergency Procedures**

Non-Emergency - In a non-emergency situation (i.e. sick child, minor injuries, etc.) the parent/guardian will be notified immediately. In some cases, the parent/guardian may be called for assistance. For the safety of all children, Camp staff reserves the right to send a sick child home and not permit them to return until accompanied by a medical notice indicating that they may safely participate in the camp program.

Emergency - In case of a severe injury or illness, the parent/guardian or persons listed in order on the Emergency Card will be called immediately. If emergency medical treatment is necessary, the Camp staff will call the paramedics (even if a parent/guardian cannot be reached). The Emergency Card authorizes a camper to be treated by emergency medical personnel. Parents/guardians are responsible for all ambulance and medical costs.

Contagious Illness, Disease or Condition - If your child is ill, please do not bring them to camp. If a child contracts a contagious illness or condition (i.e. chicken pox or lice) contact the Camp Office immediately. Parents/guardians are then required to supply Camp staff with a doctor's note prior to child returning to camp. All contagious disease and illness issues are handled confidentially and are addressed on a case-by-case basis. All parents/guardians will be notified if there is a contagious illness, disease, or condition in the child's camp.



## Camp Cucamonga 2020 Payment Plan Schedule

Camp Week	Non-refundable Deposit	Automatic Payment Date
Week 1: June 1 – June 5	\$50	May 22, 2020
Week 2: June 8 – June 12	\$50	May 29, 2020
Week 3: June 15 – June 19	\$50	June 5, 2020
Week 4: June 22 – June 26	\$50	June 12, 2020
Week 5: June 29 – July 3	\$50	June 19, 2020
Week 6: July 6 – July 10	\$50	June 26, 2020
Week 7: July 13 – July 17	\$50	July 3, 2020
Week 8: July 20 – July 24	\$50	July 10, 2020

### Camp Cucamonga Payment Plan Agreement

**City of Rancho Cucamonga Camp Cucamonga will allow payment plans to those participants who will authorize Automatic Debits from their Credit or Debit card on file.**

The following is what you need to know to participate in this option:

- After making your **non-refundable deposit of \$50 per week**, your remaining balance for the enrolled week will automatically be charged 10 days prior to the start of the enrolled week.
- Payments must be made with a credit/debit card. You are required to notify the City of Rancho Cucamonga's Registration Office (909-477-2765) in person if you would like to switch your payments to a different credit/debit card.
- Each payment will be for the remaining amount (total camp cost minus \$50).
- If your credit/debit card is declined an additional \$35 will be charged per child per payment.
- It is your responsibility to withdraw from camp 14 days prior to the enrolled week of camp in which your Auto payments will cease.
- Sign Authorization Agreement on the lower portion of the Registration Form.
- Weekly fee due at time of registration. Payment plans may be available with auto payment agreement. Balance for each week will be due 10 days prior to start of scheduled date.
- Activity Scholarships are granted based upon funds available at the time of the request. (Residents only)
- New campers: Please bring a copy of birth certificate or immunization record.
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## Youth Camp Field Trip Procedures

- There will be a field trip every week on Wednesdays.
- Prorating or refunds are not available if your camper misses a day anytime during the week or if you choose to not participate in the field trip.
- Participants are required to wear camp t-shirt and wristband on field trips. Participants must follow the dress code requirements (provided in weekly newsletter) for each individual field trip.
- A \$15 replacement fee will be charged to your account for a new camp shirt and there is a \$3 replacement fee for a new wristband. Borrowing of shirts and wristbands is not available.
- Participants will be assigned to a group and camp counselor. Participants are required to stay with their assigned group throughout the field trip.
- On field trips, sack lunches will be provided; however, if a camper brings his/her own lunch it must be packed **in zip lock bags with camper's name** written on the outside, as these will be stored in a portable cooler. Parents will need to remove contents of lunch boxes arriving with participants on field trip day and place them into a Ziploc BEFORE sign-in.
- Participants are responsible for their own belongings. **Camp Cucamonga staff is not responsible for any lost or damaged personal items.**
- Please refer to the Camp Weekly Newsletter for specific field trip information regarding lunch, money and bus departure/arrival times.
- Camp Cucamonga Staff is prohibited from applying sunscreen onto your camper. We recommend sending a sunscreen spray bottle with your child's name on it. Camp Staff can assist in spraying participants with sunscreen. Participants are responsible for reapplying sunscreen (when needed).
- Participants cannot be signed out during any field trip activity, including Swim Days.
- Parents/Guardians or other family members are not permitted to participate in any Camp Cucamonga field trip.
- The Camp Specialist will carry a camp cell phone throughout all field trips. The Cucamonga Camp cell number is (909) 635-7519.
- 4 ½ - 5-year-old, half day camp does not participate in field trips





## Youth Camp Schedule

Dates	Wednesday Field Trips	Full Day Field Trip 6 -12 yrs	Half Day Kinder No Field Trip 4 ½ - 5 yrs
<b>Week 1</b> June 1 – June 5	Bowlero (Bowling, Arcade) Rancho Cucamonga	20816	20808
<b>Week 2</b> June 8 – June 12	Bonita Ranch, Lytle Creek	20817	20809
<b>Week 3</b> June 15 – June 19	Los Angeles Zoo	20818	20810
<b>Week 4</b> June 22 – June 26	Oak Canyon Nature Center, Anaheim	20819	20811
<b>Week 5</b> June 29 – July 3	Yucaipa Regional Park	20820	20812
<b>Week 6</b> July 6 – July 10	Aerosports Trampoline Park, Corona	20821	20813
<b>Week 7</b> July 13 – July 17	Natural History Museum, Los Angeles	20822	20814
<b>Week 8</b> July 20 – July 24	Terra Vista Movie Theater, Rancho Cucamonga	20823	20815

All Field Trips are subject to change

<p><b><u>Youth: Ages 6 – 12: Maximum 120</u></b></p> <p><b>15:1 Ratio on site  8:1 Ratio on Trips</b> Times: 7:00 a.m. – 6:00 p.m. Field Trips and Swim Days included in price</p> <p><b><u>Early Bird March 2<sup>nd</sup> -April 19<sup>th</sup></u></b> <b>Resident Fee:</b> \$227 per week <b>Non-Resident Fee:</b> \$241 per week</p> <p><b><u>Open Registration April 21<sup>st</sup> – July 20<sup>th</sup></u></b> <b>Resident Fee:</b> \$245 per week <b>Non-Resident Fee:</b> \$259 per week</p>	<p><b><u>Kinder: Ages 4 ½ - 5: Half Day Maximum 30</u></b></p> <p><b>10:1 Ratio</b> Times: 7:00 a.m. – 12:00 p.m. <b><u>Kinder Camp does not go on field trips</u></b></p> <p><b><u>Early Bird March 2<sup>nd</sup> – April 19<sup>th</sup></u></b> <b>Resident Fee:</b> \$115 per week <b>Non-Resident Fee:</b> \$129 per week</p> <p><b><u>Open Registration April 21<sup>st</sup> – July 20<sup>th</sup></u></b> <b>Resident Fee:</b> \$141 per week <b>Non-Resident Fee:</b> \$155 per week</p>
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## Camp Swim Day Procedures

- Swim Days are scheduled each week on Tuesdays at the Fontana Aquatics Center, Address: 15610 Summit Ave, Fontana, CA 92336.
- **All participants must arrive to camp in the morning ready for swim. Participants arriving with swim attire in a bag will need to be taken to the restroom by the parent/guardian to change before signing in.**
- If a camper does not have the proper swim attire, they will not be allowed to swim.
- **Athletic shorts, athletic shirts, denim clothing, dresses or cover ups, and undergarments are not allowed IN the pools.**
- To maintain camper to counselor ratios in the pool, participants that do not want to swim will need to sit in an area designated by camp staff.
- Participants cannot be dropped off or picked up at the Fontana Aquatics Center.
- All Participants must bring a towel, sun block (spray recommended), and their camp bracelet.
- Camp Cucamonga staff is prohibited from applying sunscreen onto your camper. We recommend sending a sunscreen spray bottle with your child's name on it. Camp Staff can assist in spraying participants with sunscreen.
- Girl Participants must wear their swim attire underneath their camp t-shirt and shorts. Boy Participants should wear their swim trunks to camp and camp t-shirt.
- Board shorts are allowed. Must be shorts with a tie or drawstring that are made from material that is designed for use in water. One & two-piece swimsuits made from material designed for use in the water are allowed.
- All personal items should be labeled with your child's name and placed in a bag with your child's name clearly marked on the bag. **Camp Cucamonga is not responsible for any lost or damaged personal items.**

### Pool Rules

- Participants who wish to swim in the deep end of the pool will have to swim the length of the pool without assistance. ***Lifeguards decide if camper has passed the swim test.***
- Participants cannot run in the pool area and cannot dive headfirst into the shallow end of the pool.



## Camp Cucamonga Rules for Participants

Camp Policies, Rules and Regulations are established so that participants and staff have an enjoyable and safe summer experience.

- All participants will follow directions given by the Camp staff.
- All participants must stay with their team and assigned counselors at all times. This means all participants must get permission, and be escorted everywhere, including to the restroom.
- All participants will show respect and a positive attitude to all fellow participants and staff.
- All participants must wear their appropriate youth camp t-shirt and wristband at all times. A \$3 replacement fee will be charged for lost wristbands. A \$15 fee will be charged for t-shirt replacements. Camp Cucamonga policy prohibits borrowing camp shirts without payment.
- All participants will keep their hands and feet to themselves at all times.
- Pushing, shoving, hitting, kicking, etc., will not be tolerated.
- Name-calling and foul language will not be tolerated.
- Electronic games and devices are NOT permitted at camp and will be confiscated. Campers can bring cell phones; however, they may not use it unless in an emergency.
- Personal items must have your name written on them. **Camp Cucamonga will not be held responsible for lost personal items.**
- Weapons or ANY toy that looks like a weapon is not allowed at camp and will be confiscated and given to the parent at sign out.
- Sharing or trading lunches is not allowed.
- Participants must walk and use their indoor voices inside the building.
- Most importantly, participants MUST HAVE FUN!

*We ask that you encourage these rules at home.*



## Camp Cucamonga Discipline Policy

### **Discipline Philosophy**

Camp Cucamonga staff strive to meet the needs of children in our care without ignoring the demands of any one individual. It becomes necessary when organizing a large group of participants to set limitations and guidelines for proper behavior. The overall safety of the participants is always the highest concern to maintain a safe and fun environment.

### **Adjustment Steps**

Minor incidences of disruptive behavior are usually handled immediately by talking to the camper about the expected behavior of camp. When disruptive behavior occurs, the following steps are taken:

#### **Step 1– Reasoning**

Every effort is made to help the camper understand the acceptable behaviors and rules at camp and how to resolve conflict. Depending on the severity of the behavior a, “Tomorrow’s a New Day” report may be filled out to inform the parent/guardian when the camper is signed out. The report is a brief description of the incident and the action taken.

#### **Step 2– Removal from a Specific Activity- “Redirection”**

If reasoning does not redirect the unwanted behavior, the child will be moved to another activity. A parent/guardian is notified of child’s behavior and staff’s attempts at the redirection. At this time a, “Behavior Modification Report” will be filed and given to the parent/guardian at pick up.

#### **Step 3– Child/Parent/Camp Specialist Conference**

At this time, the parent/guardian becomes formally involved in the disciplinary process. The Camp Specialist and a parent/guardian will discuss which specific behaviors need to be addressed with the child. A “Positive Behavior” agreement will be drafted outlining which specific behaviors need to be altered and a time frame for these goals to be achieved.

#### **Step 4– Removal from the Program**

This occurs in cases of repeated or severe behavioral problems. Staff will do their best to work with the parent/guardian and the child to overcome any difficulties. However, Camp Cucamonga staff does reserve the right to remove any child from the program when their behavior causes continuous disruption to the camp.

### **Behavior Exceptions in Effect at all Times**

For cases such as but not limited: to bullying, biting, hitting, spitting, or foul language to any camper or staff person, the parent/guardian will be notified immediately for pick up. Participants that exhibit harmful or destructive behavior will be sent home. Refunds are not issued for participants sent home because of inappropriate behavior. Camp Cucamonga staff is confident that with the camp rules that have been established and with the support of all parents in enforcing proper behavior, all participants and staff will have a safe and positive experience at Camp Cucamonga.



## Parent/Guardian Acknowledgement Form

**Please sign the Parent/Guardian Acknowledgment Form and Emergency Card, no later than your first day of Camp.**

\_\_\_\_\_  
Camper's Last Name

\_\_\_\_\_  
Camper's First Name

\_\_\_\_\_  
Half Day or Youth Camp

I \_\_\_\_\_, certify that I have read the Camp Cucamonga Parent and Participant Handbook in its entirety. I also acknowledge that I understand and agree to abide by all guidelines and procedures of the Camp Cucamonga Program including, but not limited to, the following:

- All camp participants must be signed in and signed out by the authorized adult that is stated on the child's Emergency Card. All authorized adults, including parents/guardians must present proper identification when picking up a Camp Cucamonga camper.
- Camp Cucamonga is not responsible for any lost or damaged personal items. Your camper's name must be written on all personal items. Please check our Lost and Found Box during sign out for misplaced items.
- Camp Cucamonga closes at 6:00 p.m., Monday through Friday. If a participant is picked up after the closing time, a late fee will be charged. I understand that I am responsible for paying all late fees within 24 hours of its occurrence. Participant cannot return to camp until all late fees are paid.
- Refunds will only be given if withdrawal is done 2 weeks before the start of each new camp week.

\_\_\_\_\_  
Parent/Guardian - Please Print Name

\_\_\_\_\_  
Date

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



## Camp Cucamonga Emergency Card

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Circle one: ½ Day Youth      Youth

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

**PARENT/GUARDIAN #1** \_\_\_\_\_ **PARENT GUARDIAN #2** \_\_\_\_\_

Primary Phone (\_\_\_\_) \_\_\_\_\_ Primary Phone (\_\_\_\_) \_\_\_\_\_

Secondary Phone (\_\_\_\_) \_\_\_\_\_ Secondary Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

### Emergency Contact

Individuals we can contact if you cannot be reached (in order) **and** those **ONLY** authorized to pick-up your child

Contact #3 \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

Contact #4 \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

Contact #5 \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

Contact #6 \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

Can your child swim? Yes \_\_\_\_\_ No \_\_\_\_\_

Please check one: Beginner \_\_\_\_\_ Intermediate \_\_\_\_\_ Advanced \_\_\_\_\_

### Conditions Requiring Special Emergency Care

Asthma: ☐YES ☐NO Diabetes: ☐YES ☐NO Epilepsy: ☐YES ☐NO ADD: ☐YES ☐NO

ADHD: ☐YES ☐NO Autism: ☐YES ☐NO Developmentally Disabled: ☐YES ☐NO Other: \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Currently Under a Physician's Care: ☐YES ☐NO

Medical need being treated \_\_\_\_\_

Allergies \_\_\_\_\_

Medications (including dosage) \_\_\_\_\_

Hospital \_\_\_\_\_

### Medical Release

I do hereby give permission for any certified emergency personnel, or health care professional to administer any type of medical treatment he/she deems necessary to the above named child in case of emergency in the event that I cannot be contacted.

I understand that the City, its agents and employees assume no financial obligation or liability for the immediate medical treatment that they may provide for the aforementioned child.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date





## Camp Cucamonga Meal Accommodation Form – Part 1

California Department of Education  
Nutrition Services DivisionChild Nutrition Programs  
CNP - 925 (Rev. 8/17)  
Page 1MEDICAL STATEMENT TO REQUEST  
SPECIAL MEALS AND/OR ACCOMMODATIONS

1. School or Agency	2. Site Name	3. Site Phone Number	
4. Name of Child or Participant		5. Age or Date of Birth	
6. Name of Parent or Guardian		7. Phone Number	
8. Description of Child or Participant's Physical or Mental Impairment Affected:			
9. Explanation of Diet Prescription and/or Accommodation to Ensure Proper Implementation:			
10. Indicate Food Texture for Above Child or Participant: <input type="checkbox"/> Regular <input type="checkbox"/> Chopped <input type="checkbox"/> Ground <input type="checkbox"/> Pureed			
11. Foods to be Omitted and Appropriate Substitutions:			
<b>Foods To Be Omitted</b>		<b>Suggested Substitutions</b>	
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
12. Adaptive Equipment to be Used:			
13. Signature of State Licensed Healthcare Professional*	14. Printed Name	15. Phone Number	16. Date

\*For this purpose, a state licensed healthcare professional in California is a licensed physician, a physician assistant, or a nurse practitioner.

The information on this form should be updated to reflect the current medical and/or nutritional needs of the participant.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW Washington, D.C. 20250-9410; fax: (202) 690-7442; or email: [program.intake@usda.gov](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.



## Camp Cucamonga Meal Accommodation Form – Part 2

California Department of Education  
Nutrition Services Division

Child Nutrition Programs  
CNP - 925 (Rev. 8/17)  
Page 2

### INSTRUCTIONS

1. **School or Agency:** Print the name of the school or agency that is providing the form to the parent.
2. **Site:** Print the name of the site where meals will be served.
3. **Site Phone Number:** Print the phone number of site where meal will be served.
4. **Name of Child or Participant:** Print the name of the child or participant to whom the information pertains.
5. **Age of Child or /Participant:** Print the age of the child or participant. For infants, please use date of birth.
6. **Name of Parent or Guardian:** Print the name of the person requesting the child or participant's medical statement.
7. **Phone Number:** Print the phone number of parent or guardian.
8. **Description of Child or Participant's Physical or Mental Impairment Affected:** Describe how the physical or mental impairment restricts the child or participant's diet.
9. **Explanation of Diet Prescription and/or Accommodation to Ensure Proper Implementation:** Describe a specific diet or accommodation that has been prescribed by the state healthcare professional.
10. **Indicate Texture:** If the child or participant does not need any modification, check "Regular".
11. **Foods to be Omitted:** List specific foods that must be omitted (e.g., exclude fluid milk).  
**Suggested Substitutions:** List specific foods to include in the diet (e.g., calcium-fortified juice).
12. **Adaptive Equipment to be Used:** Describe specific equipment required to assist the child or participant with dining (e.g., sippy cup, large handled spoon, wheel-chair accessible furniture, etc.).
13. **Signature of State Licensed Healthcare Professional:** Signature of state licensed healthcare professional requesting the special meal or accommodation.
14. **Printed Name:** Print name of state licensed healthcare professional.
15. **Phone Number:** Phone number of state licensed healthcare professional.
16. **Date:** Date state licensed healthcare professional signed form.

### Citations are from Section 504 of the Rehabilitation Act of 1973, Americans with Disabilities Act (ADA) of 1990, and ADA Amendment Act of 2008:

A person with a disability is defined as any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such an impairment.

**Physical or mental impairment** means (a) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory; speech; organs; cardiovascular; reproductive, digestive, genito-urinary; hemic and lymphatic; skin; and endocrine; or (b) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

**Major life activities** include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.

**Major bodily functions** have been added to major life activities and include the functions of the immune system; normal cell growth; and digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

"Has a record of such an impairment" means a person has, or has been classified (or misclassified) as having, a history of mental or physical impairment that substantially limits one or more major life activities.




# Camp Cucamonga Milk Substitute Form

California Department of Education  
Nutrition Services Division

School Nutrition Programs Unit  
June 2012

## PARENTAL REQUEST FOR A FLUID MILK SUBSTITUTION FOR SCHOOL-AGE CHILDREN

		
1. Name of School Food Authority FONTANA UNIFIED SCHOOL DISTRICT	2. Name of School Site	3. Site Telephone Number
4. Name of Student		5. Age or Date of Birth
6. Name of Parent/Legal Guardian		7. Telephone Number (      )
<p>8. The above listed student does not have a disability, but is requesting a fluid milk substitute due to a medical or other special dietary need. This form is not intended to accommodate students who drink fluid milk substitutions such as soy milk due to taste preferences. The School Food Authority has the discretion to select a specific brand of milk substitute since acceptable products must meet specified nutrient requirements. Juice cannot be offered as a fluid milk substitute for students with medical or special dietary needs that <b>do not</b> rise to the level of a disability.</p> <p>This written statement will remain in effect until the parent or legal guardian revokes such statement or until the school discontinues the fluid milk substitution option. School districts and agencies participating in federal nutrition programs are encouraged, but not required, to accommodate reasonable requests. <b>The student's parent or legal guardian must sign this form.</b></p>		
9. Medical or other special dietary need requiring a fluid milk substitution:		
10. Signature of Parent/Legal Guardian	11. Printed Name of Parent/Guardian	12. Date

Please note: When necessary, the information on this form should be updated to reflect the current medical and/or nutritional needs of the student.

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