

Summer Camp 2012



YOU WILL NEED 1 (ONE) PACKET FOR EACH REGISTRANT

PLEASE READ ALL INFORMATION BEFORE REGISTERING YOUR CHILD/
CHILDREN

PLEASE SUBMIT THE FOLLOWING UPON

REGISTRATION:

Completed Registration Form

Proper Payment

THIS PACKET INCLUDES THE FOLLOWING INFORMATION:

- Dates, Location (Facility), Times Pg 2
- General Information Pg 3
- Program Information Pg 4
- Medical Form Pg 5
- Registration Form Pg 6
- Code of Conduct Pg 7
- Weekly Sign Up Sheet Pg 8

4927 Lake Road Brockport, NY 14420

431-0090



Summer Camp 2012

Week 1	6/25-6/29	\$100.00	*Hamlin Beach (W)
Week 2	7/2-7/6 (Closed 7/4)	\$135.00	*Minnahan's (Th)
Week 3	7/9-7/13	\$135.00	*Roseland Water Park (W)
Week 4	7/16-7/20	\$135.00	*Adventure Landing (W)
Week 5	7/23-7/27	\$135.00	* Red Wings (Th)
Week 6	7/30-8/3	\$135.00	* Darien Lake (W)
Week 7	8/6-8/10	\$135.00	* Sea Breeze (W)
Week 8	8/13-8/17	\$100.00	* TBD(W)
Week 9	8/20-8/24	\$100.00	*Brockport Bowl (W)

Daily Rate is \$25.00/day without field trip or \$35.00 with field trip

Camp runs daily M-F 8:30am-4:30pm

7-8:30am & 4:30-6pm are the hours for early & late care \$10.00 for either or

\$45.00 for both for the entire week

All weeks will be held at the community center

CIT's (completed 7th grade & starting 9th grade)

Jr. Counselors (completed 9th grade and starting 11th grade)

CIT & Jr. Counselor positions need to be applied for and an interview process will be completed.

CIT's & Jr. Counselors pay the daily or weekly rate as above

We look forward to a busy fun summer!

INFORMATION

Arrival & Pick-Up

Regular Camp Hours M-F 8:30am-4:30pm

Early Care 7:00-8:30am - Late Care 4:30-6:00pm

Parents MUST sign participant (s) in & out of camp each day

PLEASE DO NOT drop-off participants before 8:30am—unless participant is registered for early care.

PLEASE DO NOT pick-up participants after 4:30pm-unless participant is registered for late care.

*All campers must be dropped-off & picked-up at specified locations (noted on page 2)

WHERE: Registration payments will **ONLY** be taken at the

Sweden Clarkson Community Center, 4927 Lake Road Brockport, NY 14420

WHEN: Monday-Thursday, 7:00am—8:00pm. You have the option for every week your child will attend prior to the start of the program or register one week at a time. You **MUST** register by **Thursday** prior to the week in which your child(ren) will be attending the program.

COST: See chart above for pricing. Cash, Check and Credit Cards will be accepted. Checks need to be made out to "Town of Sweden".

Early Care/Late Care: \$7.00 for either morning or afternoon. \$12.00 for both or \$30.00 for the entire week. If you are not registered for either it will be \$1.00 per minute per child you are late to pick up.

FIELD TRIPS: Registrations and payments for field trips are included with registration. Summer Camp may do walking trips which will be an extra fee. Children should wear camp t-shirt on field trips.

REFUND POLICY: Requests for cancellations must be made **BEFORE** the start of the program. See refund policy in recreation brochure. For more information call (585) 431-0090.

Program Information

ATTENTION PARENTS:

STAFF: Our staff includes teachers, college students & trained high school students.

WHO MAY ATTEND: Any child who meets the age requirements and registers prior to the start of camp may attend. Town or school district residency is not required. Non-residents will need to pay an extra \$5.00 per week.

AGE REQUIREMENT: Any child may attend if he/she has completed kindergarten through the completion of grade 6th grade. Children are placed according to what year of school they are going into.

LUNCH/SNACK: Children must provide their own lunch, beverages & snacks. Refrigeration is not available. Please label child's lunch.

CLOTHING: Sneakers, shorts, jeans and T-shirts. Children are not to wear sandals or flip flops. Our camps are very active outdoors. Children should bring bathing suits and towels daily.

SIGN IN/OUT: Children must be escorted into the building. Please do not drop them off in the parking lots. They must be signed in and out daily. We will only allow children to be picked by someone on the pick-up list. If someone new is added, it must be submitted to the community center first.

BEHAVIOR: Each child is expected to adhere to rules and regulations of our camp. Swearing, fighting or failure to follow staff instructions will result in disciplinary actions. Children will be given "time out" from activity for inappropriate behavior.

BUS TRIPS: Are offered throughout the summer. All children are required to go on the field trips. No staff will be left behind on a field trip day.

MEDICATION: Summer Camp Staff will assist your child in taking oral medication with parent and doctor permission. Medication must be packaged single dosage only and include written instructions for administering.

Medical Information

Child's Name: _____ Grade Just Completed: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Emergency Phone: _____

1. PLEASE LIST ANY MEDICAL CONDITIONS: ex: restrictions, special needs, allergies, special diet etc.

2. AUTHORIZATION FOR DISPENSING MEDICATION:

Medication Name: _____ Prescription #: _____

Dosage: _____ Time to be given: _____

Instructions: _____

3. Copy of Immunizations Record

Doctor's Name (who wrote prescription): _____

License Number: _____

Parent/Guardian Signature: _____

Date: _____



Summer Playground Registration Form

<u>Office Use Only</u>		
Keystone: _____	Date: _____	Initials: _____
Amt Pd: _____	ID #: _____	
Financials: _____	Date: _____	Initials: _____

SECTION I

Participant Name: Last _____ MI _____ First _____

Age: _____ Date of Birth: ____/____/____ Grade: _____ Sex: M____ F____

Address: _____ Town/Village: _____ State: ____ Zip: _____

Home Phone: () _____ Work Phone: () _____

If applies: Parental Contact #1: _____ Relationship: _____

Parental Contact #2: _____ Relationship: _____

Emergency Contact (other than parent): _____ Phone: () _____

Special Needs/Limitations/Medications: _____

Medical Provider _____ Phone: () _____

WAIVER FOR PARTICIPATION

In consideration of your accepting my entry, and understanding that a certain amount of risk is inherent to some recreational programs, I hereby, for my child, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I or my child may have against the Town of Sweden and its representatives, successors, and assigns and/or Town of Clarkson and its representatives, successors, and assigns for any and all injuries suffered by myself or my child at any activity sponsored by these groups or at any recreation facility, including the skate park. I also fully realize that I must provide proper medical and hospital coverage. Furthermore, in the event a refund is granted for myself or my child for whatever reason with the activities stated, I do hereby authorize the Town of Sweden to execute a refund voucher on my behalf and submit for payment under the terms and conditions set forth in the Sweden/Clarkson Recreation Department Registration/Refund Policy. Refunds are subject to a processing fee.

Signature: _____ Date: _____

(If under 18, parent or guardian signature required)

PHOTO RELEASE

_____, hereby give the Sweden/Clarkson Recreation Center permission to use my son/daughter's name and photo in the local news papers.

Signature

Date

SECTION II

Please specify the names, addresses and phone numbers of any individual(s) who are permitted to sign your child(ren) out of program to transport your child(ren) home. Eligible individuals must be prepared to show valid photo. (i.e. drivers license). Any additions or changes will require written permission.

Eligible Individual

Address

Home Phone

Work Phone

Processing: Registrations received after 11:00am will be processed the next business day. Registrations received on Saturday or Sunday will be processed on Monday or the next business day.

Refund Policy: Refunds will be given to anyone who cancels a program at least 1 week (5 working days) prior to the start of the program there will be no refunds given for a program once it has begun, unless it is cancelled by the Recreation Department. A refund may be owed in the event of illness or injury if a doctor's note is provided. All refunds will be subject to a \$10.00 processing fee per person/per program. **Certain programs, such as the fitness center are non-refundable.**

Sweden Clarkson Recreation

Summer Camp Conduct Policies

Please make certain that both you and your child are completely familiar with these policies. The Recreation Director; upon notification of parent/guardian, may suspend or terminate all activities and participation in the program for the following misconduct:

1. Leaving the center premises without permission or going into posted unauthorized areas.
2. Using foul language or being rude and discourteous to other participants or staff.
3. Defacing recreation center property, buildings & grounds.
4. Engaging in fighting to solve disputes.
5. Verbally abusing another participant or staff.
6. Possessing or using illegal substances at the recreation center, parks, grounds or using programs sponsored by the Sweden Clarkson Recreation Department.
7. Stealing or defacing another participant's or staff's property.
8. Intentionally injuring another participant or staff.
9. Refusing to follow check in/out policies.
10. Refusing to remain with the group in designated areas.
11. Consistently arguing with staff and intentionally not following directions.
12. Violating other participant and staff's personal space.

This policy has been developed to provide a safe environment for each participant enrolled in the program. My child and I have read the Conduct Policies of the Sweden Clarkson Recreation program and understand and agree to abide by these policies.

Parent/Guardian Signature _____

Child Signature _____

Sweden Clarkson Summer Camp Program Agreement

I have received a copy of the parent handbook stating the policies of the program and I agree to abide to the terms. Parent/Guardian _____ Date cc ex_____



Summer Camp Schedule 2012

Week # _____

Monday _____ Early Care _____ Late Care _____

Tuesday _____ Early Care _____ Late Care _____

Wednesday _____ Early Care _____ Late Care _____

Thursday _____ Early Care _____ Late Care _____

Friday _____ Early Care _____ Late Care _____

Summer Camp Hours of Operation M-F 8:30am-4:30pm

Early Care 7-8:30am & **Late Care** 4:30-6pm Fee: \$7.00 for either early or late per day

\$10.00 a day for both or \$45.00 for the whole week

Daily Rates: \$25.00 daily without field trip or \$35.00 with field trip

Childs Name: _____ **Parents Name:** _____

In consideration of your accepting my entry, and understanding that a certain amount of risk is inherent to some recreation programs, I hereby, for my child, my heirs, executors and administrators, waiver and release any and all rights and claims for damages I or my child may have against the Town of Sweden and it representatives, successors and assigns and/or Town of Clarkson and its representatives, successors and assigns for any and all injuries suffered by myself or my child at any activity sponsored by these groups or at any recreation facility, including the skate park. I also fully realize that I must provide proper medical and hospital coverage. Furthermore, in the event a refund is granted for myself or my child for whatever reason with the activities stated, I do hereby authorize the Town of Sweden to execute a refund voucher on my behalf and submit for payment under the terms and conditions set forth in the Sweden Clarkson Recreation Department/Refund Policy. Refunds are subject to a processing fee.

Signature: _____ **Date:** _____ **Amount Paid:** _____