

Summer Playground 2010



**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
- **Fees and Payment Information** Pg 3
- **Program Information** Pg 4
- **Medical Form** Pg 5
- **Registration Form** Pg 6
- **Code of Conduct** Pg 7
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Sweden Clarkson Recreation

Summer Playground 2010

DATES:

Week 1:	June 24th -June 25th
Week 2:	June 28th -July 2nd
Week 3:	July 5th - July 9th
Week 4:	July 12th - July 16th
Week 5:	July 19th -July 23rd
Week 6:	July 26th - July 30th
Week 7:	August 2nd -August 6th
Week 8:	August 9th - August 13th
Week 9:	August 16th—August 20th
Week 10:	August 23rd - August 27th

LOCATIONS:

Grades K-6 Week 1,3,4,5,7,8,9,10

Sweden Clarkson Community Center

Grades K-6 Week 2,6

Hafner Park in Clarkson

TIME:

Full Day 8:30am-4:30pm

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

(\$12.00 for either morning or afternoon for the entire week - \$20.00 for both for the entire week)

ARRIVAL & PICK-UP:

* All campers must be dropped-off and picked-up at specified locations above

Parents MUST sign Child(ren) in and out of playground each day.

*PLEASE DO NOT drop-off before 8:30am. Unless you are registered for early care.

*PLEASE DO NOT PICK-UP AFTER 4:30PM. Unless you are registered for late care.

FEEES INFORMAIION

Week 1	\$30.00 (Mini Week)	Week 2	\$100.00
Week 3	\$125.00	Week 4	\$125.00
Week 5	\$100.00	Week 6	\$100.00
Week 7	\$100.00	Week 8	\$125.00
Week 9	\$75.00	Week 10	\$75.00

Counselor In Training (CIT) & Jr. Counselors - See prices above

Daily Rate is \$20.00/day without field trip or \$35.00 with field trip

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 \$20.00 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 Playground 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 6. 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 Playground 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

Office Use Only		
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, waiver 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

I _____, hereby give the Sweden/Clarkson Recreation Center permission to use my son/daughters 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 Playground Conduct Polices

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 Playground 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_____



SWEDEN/CLARKSON RECREATION

**4927 LAKE ROAD
BROCKPORT, NY 14420
PHONE: (585) 431-0090
FAX: (585) 431-0052**

Summer Playground Schedule 2010

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 Playground Hours of Operation: M-F 8:30-4:30

**Early & Late Care 7:00-8:30 & 4:30-6:00 Fee: \$7.00 for either early or late per day
\$12.00 a day for both or \$20.00 for the week**

Daily Rates: \$20.00 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 recreational programs, I herby, 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 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: _____ Amt Pd: _____