

TOWN OF ROCHESTER  
COMMUNITY CENTER/RECREATION DEPARTMENT  
PO Box 65, ACCORD, NY 12404

COMMUNITY CENTER PHONE (845) 626-3053

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RECREATION@TOWNOFROCHESTER.NY.GOV

CAROL DENNIN, DIRECTOR

RITA HARKINS/SHAYE DAVIS, ASSISTANT DIRECTORS

FUNDED BY NEW YORK STATE OFFICE OF CHILDREN & FAMILY SERVICES

*This program does not deny services to participants regardless of race, creed, color, national origin, sex, or disability.*

January 2016

Dear Parents and Caregivers:

The Town of Rochester Youth Department is accepting signups for their Summer Program. The seven-week program runs July 11 - August 26, 2016. The registration fee is \$100 per week which includes trip costs.

2016 Summer Program Weeks:

*July 11<sup>th</sup> – Superhero Week*

*July 18<sup>th</sup> – Animal Week*

*July 25<sup>th</sup> – Science Week*

*August 1<sup>st</sup> – Beach Week*

*August 8<sup>th</sup> – Circus Week*

*August 15<sup>th</sup> – Around the World Week*

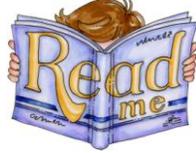
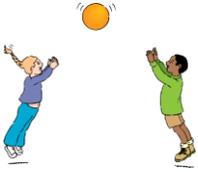
*August 22<sup>nd</sup> – Be a Good Sport Week*

Please fill out the enclosed paperwork and return to our office as soon as possible. We will be requiring a deposit of either \$25 for individual weeks or \$150 for all seven weeks. **The deposit is non-refundable and must be paid by April 18th.** Our weekly program limit is 35 children, so slots will be filling up early. **Payment is due in full by June 20th for all the weeks your child attends.** For your convenience we will accept weekly payments starting now.

We look forward to a wonderful productive summer program. Please contact our office with any questions. Looking forward to seeing your child or children this summer!

Sincerely,

Carol Dennin, Director  
Town Of Rochester Recreation Department



# TOWN OF ROCHESTER

## 2016 SUMMER PROGRAM ACTIVITIES REGISTRATION

Child's Name: \_\_\_\_\_ T-Shirt or Tank Top

Name Of Parents/ Guardians: \_\_\_\_\_ Child's Shirt Size \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/ Town/ State/ Zip: \_\_\_\_\_

Telephone # Home: \_\_\_\_\_ Work: \_\_\_\_\_ Other: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Age \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Ethnicity: White \_\_\_\_\_ Black \_\_\_\_\_ Hispanic \_\_\_\_\_ Native American \_\_\_\_\_ Asian \_\_\_\_\_ Other \_\_\_\_\_

Does your Child have any allergies? \_\_\_\_\_

Is he/she currently taking any medication? \_\_\_\_\_

Does your child have any disabilities and/or health conditions that the staff should know about?

Do you have any restrictions and/or limitations on snack? \_\_\_\_\_

In Case of Emergency notify: (Names other than yourself.)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference in case of an emergency: \_\_\_\_\_

Insurance company name and number: \_\_\_\_\_

Date:	Cash/Check Number:	Amount:

# 2016 SUMMER PROGRAM (JULY 11– AUGUST 26)

## PAYMENTS:

PARENT/GUARDIAN NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TOWN: \_\_\_\_\_

HOME: \_\_\_\_\_ CELL: \_\_\_\_\_ WORK: \_\_\_\_\_

CHILD'S NAME(S):

\_\_\_\_\_

Please check the weeks that your child will be attending. A deposit of \$25 per week will be required by April 18<sup>th</sup>.

**Payment for all weeks is due by June 20<sup>th</sup>**. Make payments to The Recreation Department.

Payment Plans: Call our office at 626-2115

✓	PAYMENT FOR WEEK OF:	WEEKLY FEE	DEPOSIT AMOUNT/DATE	PAID AMOUNT/DATE	PAID IN FULL DATE	BALANCE DUE
1.	JULY 11	\$100				
2.	JULY 18	\$100				
3.	JULY 25	\$100				
4.	AUGUST 1	\$100				
5.	AUGUST 8	\$100				
6.	AUGUST 15	\$100				
7.	AUGUST 22	\$100				
	<b>TOTAL:</b>					

# Town of Rochester Summer Program

## 2016 Photo Release Form

I give permission to The Town of Rochester Community and Youth Center the right to take photographs of my child, (children):

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

I allow the Town of Rochester Youth Center to use such photographs of my child (children) for any lawful purpose, including for example such purposes as publicity, illustration, advertising and web content.

I have read and understand the above:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_