

TOWN OF ROCHESTER
COMMUNITY CENTER/RECREATION DEPARTMENT
PO BOX 65, ACCORD, NY 12404
COMMUNITY CENTER PHONE (845) 626-3053
Office Phone: (845) 626-2115 • Fax (845) 626-0141 •
RECREATION@TOWNOFROCHESTER.NY.GOV
CAROL DENNIN, DIRECTOR

RITA HARKINS/ASHLEY SWEENEY, 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 2017

Dear Parents and Caregivers:

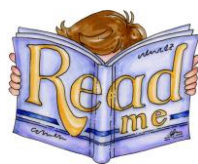
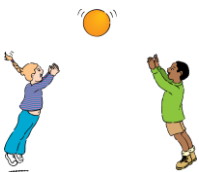
The Town of Rochester Youth Department is accepting signups for their Summer Program. The seven-week program runs July 10 - August 25, 2017. You are not required to sign up for all 7 weeks. The registration fee is \$110 per week for Town of Rochester residents and \$120 per week for Non-Residents. You are considered a resident if you pay taxes to The Town of Rochester. This fee includes the cost of trips. Non-Residents will be able to register after April 1, 2017.

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 in order to hold your spot.** Our weekly program limit is 35 children, so slots will be filling up early. **Payment is due in full by June 26th 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

2017 SUMMER PROGRAM ACTIVITIES REGISTRATION

Child's Name: _____ T-Shirt size ____ (Youth or Adult)

Name Of Parents/ Guardians: _____

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:

2017 SUMMER PROGRAM (JULY 10– AUGUST 25)

PAYMENTS:

PARENT/GUARDIAN NAME: _____

ADDRESS: _____ RESIDENT OR NON-RESIDENT (CIRCLE ONE)

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 to hold your spot.

Payment for all weeks is due by June 26th. 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 10					
2.	JULY 17					
3.	JULY 24					
4.	JULY 31					
5.	AUGUST 7					
6.	AUGUST 14					
7.	AUGUST 21					
	TOTAL:					

Town of Rochester Summer Program

2017 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: _____