



TOWN OF ROCHESTER
RECREATION DEPARTMENT
PO Box 65, ACCORD, NY 12404
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RECREATION@TOWNOFROCHESTER.NY.GOV
ASHLEY SWEENEY, DIRECTOR
BETHANY DENNIN/RITA HARKINS, 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.

March 2019

Dear Parents and Caregivers:

The Town of Rochester Recreation Department will be accepting sign-ups for our Summer Program starting April 1, 2019. There have been some changes made to our program so please **read this form completely.**

The program will be 6 weeks this year. There will be 3 weeks available in July and 3 weeks in August. You are not required to sign up for all 6 weeks. The registration fee is \$115 per week for Town of Rochester residents and \$125 per week for Non-Residents. Town of Rochester residents will be accepted first. You are considered a resident if you pay taxes to The Town of Rochester. This fee includes the cost of trips.

We will only be accepting registration forms in person. Forms that come through the mail will not be considered. Please fill out the enclosed paperwork and bring to our office on or after April 1, 2019. We will be requiring a deposit of either \$25 for individual weeks or \$125 for all six 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 28th.** Your child's spot will be filled by those on a waiting list if payment is not received. You may call to schedule an appointment if you need to come in during non-office hours.

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

Sincerely,

Ashley Sweeney, Director
Town of Rochester Recreation Department
Office Hours: 9am – 4pm weekdays.



Town of Rochester

2019 SUMMER PROGRAM ACTIVITIES REGISTRATION

Child's Name: _____ T-Shirt size _____ Youth / Adult (circle one)

Name of Parents/ Guardians: _____

Mailing Address: _____

City/ Town/ State/ Zip: _____

Telephone # Home: _____ Work: _____ Other: _____

Email: _____

Date of Birth: _____ Age _____ Gender: _____ Grade: _____ School: _____

Ethnicity: White _____ Black _____ Hispanic _____ Native American _____ Asian _____ Other _____

Swimming: Parents please be aware that many of our trips involve swimming. Please indicate the level of confidence your child has in the water. Beginner _____ Moderate _____ Strong _____

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: _____

| OFFICE USE ONLY | | |
|------------------------|--------------------|---------|
| Date: | Cash/Check Number: | Amount: |
| | | |
| | | |

2019 SUMMER PROGRAM

JULY 8TH - 26TH, AUG. 5TH - 23RD

PAYMENTS

PARENT/GUARDIAN NAME: _____

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

TOWN: _____

HOME: _____ CELL: _____ WORK: _____

CHILD'S NAME(S):

A deposit of \$25 per week will be required to hold your spot.

Payment in full for all weeks is due by June 28th. Make payments to The Recreation Department.

Payment Plans: Call our office at 626-2115

OFFICE USE ONLY-PLEASE DO NOT MARK BOX

| ✓ | PAYMENT FOR WEEK OF: | WEEKLY FEE | DEPOSIT AMOUNT/DATE | PAID AMOUNT/DATE | PAID IN FULL DATE | BALANCE DUE |
|----|-------------------------|---------------|------------------------|---------------------|----------------------|----------------|
| 1. | JULY 8 | | | | | |
| 2. | JULY 15 | | | | | |
| 3. | JULY 22 | | | | | |
| 4. | UNAVAILABLE | | | | | |
| 5. | AUGUST 5 | | | | | |
| 6. | AUGUST 12 | | | | | |
| 7. | AUGUST 19 | | | | | |
| | TOTAL: | | | | | |

Town of Rochester Summer Program

2019 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: _____

Town of Rochester Summer Program

2019 Parent/Child Code of Conduct

Below is a set of rules that must be followed. Participation in this program is a privilege that can and will be revoked if your child refuses to adhere to them. Please read and review these rules. We appreciate the time and effort you take in discussing this matter with your child.

1. Abusive language or bullying will **NOT be tolerated.**
2. Misuse of the Community Center's facilities, supplies and equipment will revoke their privilege to be in the program and you will be held responsible for any damages.
3. All participants will be expected to share in clean up responsibilities at all locations.
4. We REQUIRE parents to **BE ON TIME** picking up children from the summer program. **(Your child will lose their privilege to attend this program if there is a frequent abuse of this requirement.)**
5. Parents/Guardians will also be required to conduct themselves in an appropriate manner when at the Community Center.
6. Child must be signed out daily (first and last name).

****My child fully understands that his/her actions are a direct reflection of the Recreation Department and he/she is expected to act in a responsible manner.**

We have read and agree to the Youth Center set of rules:

Print Child's Name

Print Parent's Name

Child's Signature

Parent's Signature

Date

Date