

TOWN OF ROCHESTER RECREATION DEPARTMENT

PO Box 65, Accord, NY 12404
RECREATION@TOWNOFROCHESTER.NY.GOV

ASHLEY SWEENEY, DIRECTOR
BETHANY DENNIN, ASSISTANT DIRECTOR
(845) 626-2115



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

After-School Program

PARENTS, PLEASE KEEP THIS PAGE AS A REFERENCE

Dear Parents,

The After-School Program is a community-based program allowing local children to have a safe, fun and inexpensive place to go after school each day. To keep the program running efficiently and safely, we need to put a cap on how many children will be attending the 2024-2025 school year. The prices are as follows:

Each participant will cost \$80 per month this year October - May. There will be a \$40 charge per child for the months of September and June.

Your child's tuition MUST be paid in full before the start of each month. We only accept children from the Rondout Valley School District.

We follow the SCHOOL CALENDAR and when **School is closed, we are closed.** Remember, when children have **early dismissal**, or when **after-school** activities are **cancelled**, **so is the After-School Program!! PLEASE MAKE ALTERNATE ARRANGEMENTS FOR THOSE OCCASIONS.**

Attending the AFTER-SCHOOL PROGRAM at the Community Center is a PRIVILEGE, NOT A RIGHT. We have a set of rules that children and parents must adhere to, to be a part of the program. A 3-strike rule is in effect. After receiving a third strike the child's privilege to attend the Program will be revoked until further notice. A written incident report will be given to the parent/guardians.

PARENTS MUST BE ON TIME WHEN PICKING UP THEIR CHILDREN. (NO LATER THAN 5:30 PM)

Your child will lose their privilege to attend the After-School Program if there is frequent abuse of this policy.

PARENTS MUST COME INSIDE TO SIGN OUT THEIR CHILD DAILY.

You can reach the Recreation Department office Monday thru Friday from 8:00am-4:00pm at (845) 626-2115 ext. 1



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Funded by New York State Office of Children & Family *This program does not deny services to participants regardless of race, creed, color, national origin, sex, or disability.*

AFTER SCHOOL REGISTRATION AND PERMISSION SLIP

Name:				
Address:				
City/ State/ Zip				
Date Of Birth:	Gender:	Age <u>:</u>	Grade:	School:
Parents/ Guardians:				
Contact Phone Number:		Email:		
Does your Child have any a	llergies?			_
Is he/she currently taking an	y medication?			
Does your child have any di	sabilities and/or he	ealth conditions	that the staff sho	ould know about?
In Case of Emergency notify (It is important that you inc	•	r than your own	in case we can	not reach you.)
Name:		Pl	none:	
Name:		Ph	one:	
Physician's Name		Pl	none:	
Hospital Preference in case				
Do you have any restriction	s and/or limitations	s on snack?		

Town of Rochester After-School Program 2024-2025 Photo Release Form

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

take photographs o	f my child, (childre	en):	
	Name:		
	Name:		_
	Name:		_
	awful purpose, inc sing, and web cont		-
Signature:		Date:	
Print Name:			

Below is a set of rules that must be followed. Participation in this program at the Community Center is a privilege that can and will be revoked if your child refuses to adhere to them.

- 1. Child must be signed out (first and last name).
- 2. Abusive language or bullying will **NOT** be tolerated.
- 3. Misuse of the center's facilities supplies, and equipment will revoke your privilege to re-enter the Center and you may face possible consequences.
- 4. All participants will clean up after themselves. GENERAL ROOM CLEANUP WILL BE SHARED.
- 5. We REQUIRE parents to **BE ON TIME** picking up children from programs & activities. (Your child will lose their privilege to attend the after-school program if there is frequent abuse of this requirement.)
- 6. Parents/Guardians will also be required to sign a Parent Code of Conduct.

We have read and agree to the Youth Center set of rules:						
Child's Signature	Parents Signature					
Date	Date					