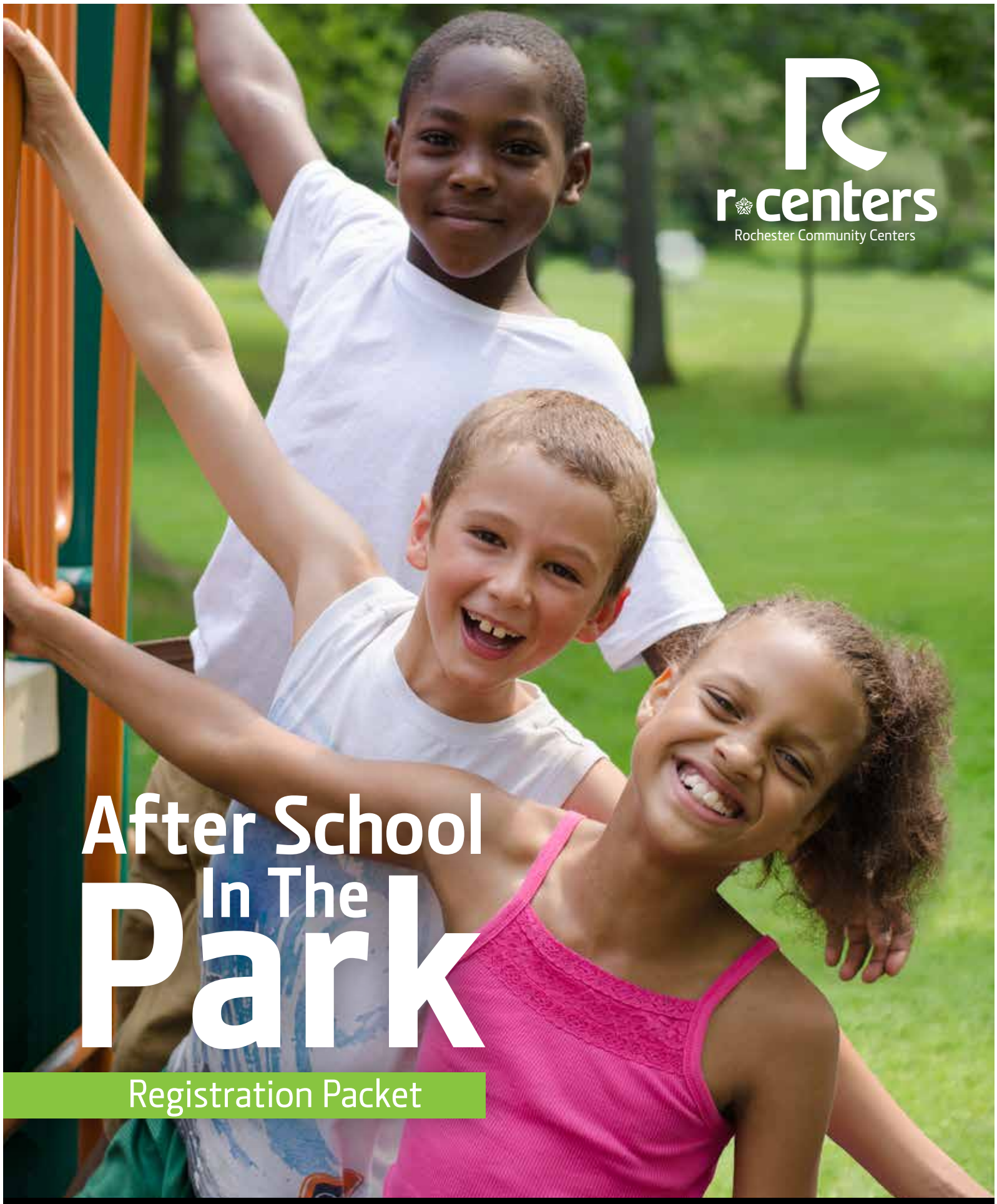


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Rochester Community Centers

After School In The Park

Registration Packet

Believe.

City of Rochester, NY
Lovely A. Warren, Mayor
Rochester City Council

Extended Learning. Expanded Fun.





Throughout the school year, the City of Rochester's After School in the Park Program provides an engaging and nurturing after school environment for city youth in grades K-6.

Conveniently located at Cobb's Hill Park, kids can take in an array of fun fitness, educational and arts activities, get help with homework, enjoy a free hot dinner and best of all, make lasting friendships. This school year, the program will run from September 8, 2014 through June 26, 2015 on weekdays from 2 p.m. to 6:30 p.m. Cost is $55 per week for city youth; $45 per week for siblings. For just $85 per week, youth can receive all-day care through this program during the winter and spring school recesses from 9 a.m. – 5 p.m.

To get started, please fill out the enclosed form and submit with payment for the first week's tuition to:

Bureau of Recreation
c/o ASIP @ Lake Riley
400 Dewey Ave.
Rochester, NY 14613

For more information and placement availability, call **428-6755.**



Key Information, Responsibilities and Requirements

Please keep this document for your records.

Dear Parent/Guardian:
Welcome to the City of Rochester's After School in the Park program. Our staff is looking forward to spending the school year with your child. Please read the important program information below. If you have any additional questions, please call 428-6755 Monday - Friday, 9 a.m. - 5 p.m.

ELIGIBILITY: This program is for city youth in grades K - 6 (although non-city youth may attend at $65 per child should space be available).

DATES AND TIMES: Monday through Friday from 2:00 to 6:30 p.m., from September 8, 2014 through June 26, 2015. ASIP is also offered during designated school breaks, Monday through Friday, 9 a.m. to 5 p.m. for a small additional fee.

PROGRAM ELEMENTS: Participants will be served dinner and participate in homework help and a variety of social and recreational activities.

TRANSPORTATION: School bus transportation can be arranged for drop off only—and must be arranged by parents/guardians directly with the child's school. School bus transportation is NOT available to take youth home.

COST AND PAYMENT: Program cost is $55 per week for city residents and $65 per week for non-City residents. For each additional sibling, the fee is $45 per week for city residents and $55 per week for non-City residents. The fee is $85 per week during school breaks during the school year for city residents and $125 per week for non-city residents. Payment must be made on the Friday before the week of attendance in order for your child to participate in the program. Parents must pay for one full week even if the child does not attend every day. FEES CANNOT BE PRO-RATED AND ARE NON-REFUNDABLE. No credits will be given if a child is sick. Parents must notify us at 428-6755 if the child will be absent. Voicemail is available after hours or if staff is unavailable.

MEDICATION: If your child is on medication, we must be notified.

PERSONAL BELONGINGS: Please have all personal belongings labeled with your child's name. A backpack is perfect to keep all belongings together.

DAILY DEPARTURE: Your child will remain at the site until the end of each day's program, and then depart only with a parent or designated adult or guardian. Information about all persons permitted to pick up your child must be provided on the registration form and to the site supervisor. Children will not be allowed to walk home by themselves unless a signed permission slip has been provided. A designated person will be required to sign out the child at the end of each day. Parents must notify ASIP if they will be late to pick up their child. A late fee of $1.00 will be charged for each minute that the child remains at the center past 6:30 p.m. If late pickups become a chronic problem, you may be asked to remove your child from the program.

EXPECTATIONS OF PARTICIPANTS: Your child is expected to follow the rules of the ASIP and show proper respect toward other children and staff. For the enjoyment and safety of other participants, any child who is disruptive or becomes a disciplinary problem may be removed from ASIP following a conference with the parent. If your child is removed from the program, you are not eligible for a refund for that week.



R-Centers Code Of Behavior

1. Follow all center rules.
2. Show good sportsmanship and invite others to join in.
3. Go to staff if you need help resolving a problem or dispute.
4. Use appropriate language and gestures that respects the feelings of others.
5. Respect City and private property.
6. Respect the decisions of all coaches, referees and staff.
7. Keep yourself and others safe by not bringing weapons into the center.
8. Demonstrate self control to avoid hurting yourself or others.

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In order to help R-Centers Staff provide a safe and nurturing atmosphere at all R-Centers, participants are required to adhere to the code of behavior to avoid suspension or other consequences.

2014-15 After School in the Park Registration

For Office Use Only
Date Received _____
Amount Paid _____

Instructions: Please complete all parts of the application and submit with a non-refundable $55 deposit for City residents ($45 for siblings) and $65 deposit for non-City residents ($55 for siblings). The deposit will be credited to the first week's attendance. Checks should be made payable to "City Treasurer" and submitted with the complete application to: City of Rochester Bureau of Recreation, 400 Dewey Avenue, Rochester, NY 14613

Number of Registered Children: _____
Names: _____
_____

Child Information

Youth Name:_____ ❑ M ❑ F Birth Date:____/____/_____
Address:_____ City:_____ State:_____ Zip:_____
T-Shirt Size: Youth - S M L Adult - S M L XL Is this your first time with us? ❑ Yes ❑ No

Parent/Guardian Information

Parent/Guardian 1 Information
Relationship to Child: _____
Name: _____
Address *(if different)*:_____
City: _____ State:_____ Zip:_____
Email: _____
Home Phone: (_____)_____
Cell Phone:(_____)_____
Work Phone:(_____)_____

Parent/Guardian 2 Information
Relationship to Child: _____
Name: _____
Address *(if different)*:_____
City: _____ State:_____ Zip:_____
Email: _____
Home Phone: (_____)_____
Cell Phone:(_____)_____
Work Phone:(_____)_____

Pickup Authorization and Emergency Contacts

Is Parent/Guardian 1 authorized to pick up? ❑ Yes ❑ No Is Parent/Guardian 2 authorized to pick up? ❑ Yes ❑ No

Other individuals authorized pick my child:
Name: _____ Relationship: _____ Phone Number: _____
Name: _____ Relationship: _____ Phone Number: _____

In an emergency, when parent or guardian cannot be reached, please contact:
Name: _____ Relationship: _____ Phone Number: _____

Health & Immunization Records

Health History

_____ Asthma
_____ Chicken Pox
_____ Convulsions
_____ Ear infections
_____ Diabetes
_____ Measles
_____ Mumps
_____ Poison Ivy
_____ Rubella
_____ Rheumatic Fever

Allergies

_____ Nuts
_____ Insect Stings
_____ Poison Ivy
_____ Penicillin
_____ Other Drugs
_____ Latex
_____ Other

Immunization History

❑ I certify that all of my child's immunizations are up to date

❑ I understand that I must submit a full copy of my child's immunizations before he/she can attend After School in the Park.

Health Insurance Carrier: _____ Policy#: _____
Pediatrician's Name: _____ Phone #:_____
Address:_____

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2014-15 After School in the Park Registration

Health & Immunization Records (Continued)

Please indicate "yes" or "no" to the following questions and list any additional information.

Does your child use any self-administered medications?

❑ No ❑ Yes *(Please Describe)*_____

Do you give your child permission to carry and apply sunscreen? (*sunscreen must be FDA-approved, over the counter, and provided by parent/guardian to camper)* ❑ No ❑ Yes

Has your child had any operations or serious illnesses?

❑ No ❑ Yes *(Please Describe)*_____

Does your child have any chronic or recurring illnesses?

❑ No ❑ Yes *(Please Describe)*_____

Are there any activities that your child should be encouraged to do?

❑ No ❑ Yes *(Please Describe)*_____

Are there any activities that should be restricted for your child?

❑ No ❑ Yes *(Please Describe)*_____

Please provide the staff with any additional health, emotional, developmental, and behavioral information that may assist staff in caring for your child:

_____

_____

RECREATION PERSONNEL CANNOT ADMINISTER MEDICATIONS TO CHILDREN. IF YOUR CHILD IS TAKING MEDICATION REGULARLY, PLEASE BRING IT TO ASIP IN THE ORIGINAL PRESCRIPTION BOTTLE WITH DOSAGE INSTRUCTIONS. IT WILL BE KEPT IN A LOCKED CABINET, AND YOUR CHILD WILL BE REMINDED TO TAKE IT AT THE APPROPRIATE TIME. *The City of Rochester does not discriminate on the basis of handicap status in its programs, activities or employment.*

Parent/Guardian Agreement

Please initial in the spaces provided and sign below:

_____ I hereby state that all the information included on this form is accurate and my child is capable of participating in this program.

_____ I agree to notify the summer camp staff immediately of any changes in address, phone number, places of employment, or persons authorized to pick up my child, etc.

_____ I will provide the staff with any pertinent health, emotional, developmental, and behavioral information that may assist ASIP staff in caring for my child.

_____ I understand that not fully disclosing the above may put my child's health and safety at risk.

_____ I have read and understand the information in the ASIP registration packet.

_____ I am responsible and agree to cooperate with summer camp policies including but not limited to payment procedures and deadlines, hours of operation, and behavior policy.

_____ I understand that ASIP staff reserves the right to remove my child from the program for failure to follow the policies and procedures of the program and the Bureau of Recreation at their discretion.

_____ I give full permission for my child to attend and participate in all ASIP activities, including off-site field trips under staff supervision.

_____ I intend to be hereby legally bound, for myself, my heirs, executors and administrators to waive and release any and all rights and claims or damages of any kind I may have against the City of Rochester, its representatives, successors and employees for any and all injuries which may be suffered by my child.

_____ If an accident occurs, I give my permission for emergency first aid treatment to be administered, or at the discretion of City staff, for my child to be taken to a hospital.

_____ I give consent that the City of Rochester Department of Recreation and Youth Services may use photographs, slides, and video of my child, as may be needed for its records or promotional purposes including website material to promote the interests of the department.

X

Parent or Guardian Signature ***Date***