



**THE STERLING RECREATION
SUMMER PROGRAM WILL BE HELD
JULY 5TH THRU AUGUST 4TH, 2017.
TIMES WILL BE 9:00 A.M. TO 3:00 P.M.
Bus transportation provided**

Registrations will start May 6, 2017

FINAL REGISTRATION WILL BE DUE JUNE 10, 2017.

Program fees are \$50.00 per week per child. There are family rates for families of 3 or more children. The office will be open

Saturday morning 9:00 to 11:30 a.m.

Monday from 6:00 to 7:30 p.m.

Tuesday 9:00 to 11:00 a.m. and 6:00 to 7:30 p.m. and

Wednesday 6:00 to 7:30 p.m.

Forms may be obtained on line through the Sterlingct.us/recreation web site or at the Sterling Municipal Building/Recreation Office at 1183 Plainfield Pike, Oneco.

If you have questions please call or stop by the Recreation Office.
The phone number for the office is 860-564-2136



The Sterling Recreation Program reserves the right to cancel any program that does not meet minimal registration criteria.

Summer Recreation Program

Town of Sterling, Connecticut
1183 Plainfield Pike, P.O.Box 157
Oneco, Ct. 06373
860-564-2136

Name of Participant _____ Payment recieved _____

Address _____ Cash _____

Parent/ Guardian _____ Check _____

Phone - Home _____ - Cell _____

DOB _____ Grade completed _____

Fees for registration are:	1 child	\$ 50.00 per week
	2 children	\$100.00 per week
	3 children	\$150.00 per week
	4 children	\$175.00 per week

If you have questions regarding fees and any of the following changes please contact the Recreation Office at 860-564-2136.

We will be ordering T-shirts for the children this year. The shirts will be worn during field trips to better identify our children from other programs when we are on site. The cost will be \$6.00 per shirt. Please circle the size that will best fit your child.

Youth – Sm. Med. Lrg. Adult – Sm. Med.

This year we are asking families for their email address to access needed information regarding summer recreation programs. If you have an email address please list it on the following line. We ask you to regularly access it for any updates and information. The bus schedule will be listed on the email.

Email address _____

If your child is attending Summer Classes during the a.m. at Sterling Community School we ask you fill out a "Special Transportaion" form for your child to be dropped to the Recreation site after their school program for the day.

Summer school? _____

Bus pick up address: _____

Drop-off address: _____

Please note: Refunds are given up to 2 weeks prior to the start of a class/program. Credit will be given for cancellations due to a medical reason with and accompanied doctor's note. The Sterling Recreation Authority reserves the right to cancel any class or program due to lack of participation.



New Requirements for the 2017 Summer Recreation

We will be requiring a copy of your child's most current physical form **before** the beginning of the program.

All forms must be signed by parent/guardian regarding information on each child registered.

1. Child registration form.
2. Health Information and Insurance waiver.
3. Emergency contact forms.
4. A copy of your child's current physical and immunization form from your attending physician.
5. Individual care plan as developed with our staff (if need arises).
6. Please initial any sheets with regard to behavior and rules while in attendance at Summer Recreation.

The following rules will be discussed with the children:

All children are expected to treat each other and the counselors with respect, kindness and consideration.

If a child is found to be in violation of these actions, we will take the child aside and discuss their actions; as well as encourage them in a positive manner going forward with different actions and ideas.

An unkind action will be addressed with a request for an apology. It is our goal to make the Summer Recreation Program a positive experience for all children.

When a child is disruptive to the point they may need a break, we will remove them from the activity for no longer than 10 minutes at a time to allow the child to reorganize their thoughts and feelings. There will be a follow up verbal report to the parent/guardian.

*If your child brings items such as phones or games we will not be responsible for them. They need to stay home or in your child's backpack.

*We expect everyone to be respectful of each other and use recreational items in a responsible manner.

Termination Policy- including but not limited to:

*There will be a no tolerance policy for physical violence directed at others; either child or counselor. A phone call to the parent/guardian will result in dismissal from this program.

*Verbal Threats will be dealt with immediately with a phone call to the parent/guardian and may result in dismissal from the program.

*We will have a no tolerance policy regarding bullying, racial, religious or ethnic discrimination. A phone call to the parent/guardian may result in dismissal from the program.

*Willful destruction of town property will result in dismissal from this program.

*Inability to consistently follow rules will result in a phone call to the parent/guardian and may result in dismissal from program.

THIS IS AN ALCOHOL AND SMOKE FREE FACILITY. No smoking, drugs, alcohol or firearms are allowed on this property. If a person is suspected to be under the influence of a substance stated above, the next person on the call list will be called to pick up the child. Under no circumstance will a child be allowed to leave with an adult, suspected of being under the influence. The State Police also may be called.

We may at times show a movie for a quiet time activity. We will only show "G" or "PG" rated movies.

Initial _____

Emergency Contacts

Parent and guardians will be asked to show identification upon arrival for pickup, until recognition of the parent (s) has been established. Anyone else picking up your child/children will be required to show identification each time they pick your child/children up. Notation will be made on their records of pick up other than parent.

If you plan to have someone pick your child/children up please notify us by note the day of pickup. If an emergency change needs to be made regarding pick up; please call the Recreation Office and leave a message. We will call you back to verify the information.

In case of an emergency, and the Sterling Recreation Staff are unable to contact the parent/guardians list, the following people have permission to make decisions regarding the care of my child, including permission to pick up my child in case of an emergency or otherwise noted by phone call or note from parent/guardian.

Emergency Contact List

1. Name: _____

Relationship to Child: _____

Home #: _____ Work #: _____ Cell #: _____

2. Name: _____

Relationship to Child: _____

Home #: _____ Work #: _____ Cell #: _____

3. Name: _____

Relationship to Child: _____

Home #: _____ Work #: _____ Cell #: _____

Sterling Recreation Authority

Health History Form

*****IMPORTANT NOTE*****

STAFF MEMEBRS CANNOT ADMINISTER MEDICATION OF ANY KIND

Child's Name: _____ DOB: _____ Age: _____

Address: _____ Home #: _____

Parents/Guardian (s) name Mother: _____

Father: _____

Day Time/Business Phone/Cell: Mother: _____

Father: _____

If Parent/Guardian IS NOT AVAILABLE IN AN EMERGENCY, PLEASE NOTIFY:

Name: _____ Phone: _____ Relationship: _____

Physician's Name: _____ Phone: _____

Allergies: _____ Medications: _____

Other Considerations: _____

Waiver & Medical Release: I have read the Sterling Recreation After School information provided and agree to follow all rules, regulations, and policies as presented. I understand that unless my child follows the expected rules of behavior they will not be allowed to continue in the program. I recognize that there are inherent risks in participating in a recreational or sports activity. In consideration of your accepting this entry, I hereby, for myself, my child, my heirs, executors and administrators, waive and release all rights and claims for damages I or my child may have against the Town of Sterling or Sterling School District and its representatives, successors and assigns for any and all injuries suffered by myself or my child during participation in the registered activity. In case of an accident occurring during my or my child's participation I hereby grant permission to the Town of Sterling to utilize any emergency medical care it deems necessary to treat any injuries suffered by myself or my child. I further understand the Town of Sterling Recreation Department reserves the right to photograph facilities, activities and program participants for potential future use. All photos remain the property of the Town of Sterling Recreation Department and may be used for publicity or promotional purposes only.

In Case of Emergency, Illness, or Accident, the Town Will Try to Contact the Child's Parent. In the Event that a Parent Cannot Be Reached, the Town Has My Permission to Contact the Child's Physician and/or Arrange for the Child to Receive Medical Treatment as Needed.

Parent/Guardian Signature _____

Date: _____