Summer Recreation Program 2019

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

Summer Recreation will run from July 5th thru August 9th, 2019

Please put a check next to the

Name of Participant

Address		-	ou plan for your child
Address		to attend	d summer camp.
Parent/ Guardian		July	8-12
		July	15-19
Phone - Home	Cell		22-26
		July 2	29- Aug 2
DOB	Grade completed	Aug	5-9

We will be ordering T-shidentify our children from circle the size that will be	1 child\$75.00 per week, Family rates available for families of 3 or sirts for the children this year. The shirts will mother programs when we are on site. The est fit your child. Please circle: Youth Sm, Med, Lrg / A	ll be worn during cost will be \$7	ng field trips to better
programs. If you have an	their email address to access needed information and the following line on. The bus schedule will be posted thru emails.	. We ask you reg	ularly access it for
Email address			
Summer school? ****If your child is atten fill out a "Special Transp their school program day	ding Summer Classes during the am at Sterl ortaion" form for your child so they may be	ing Community dropped to the	School we ask you Recreation site after
Bus pick up address:			*
Drop-off address:			47
***For office use: Ca	amper ID # SR		

Requirements for the "2019" 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 froms.
- 4. A copy of your child's current physical and immunization form from your attending physican.
- 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, 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 a 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.

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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 then 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 listed, the following people have permission to make decisions regarding the care of my child, <u>including</u> permission to pick up my child in case of an emergency or otherwise noted by phone call or note from parent/guardian.

Please note: We will make a call to the parents first before an emergency contact that has been provided. The first contact will be the initial contact after we have not been able to reach a parent.

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 #:	
***For office use:	Camper ID # SR			

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.

Sterling Recreation Authority

Health History Form

STAFF MEMEBRS CAN NOT ADMINISTER MEDICATION OF ANY KIND

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Child's Name:		_ DOB:	Age:	
Address:			Home #:	
Parents/Guardian (s) name				
Day Time/Business Phone/Cell: Father:	Mother:			
If Parent/Guardian IS NOT AVAIL	L ABLE IN AN	EMERGENC	Y PLEASE NOTIFY:	
Name:	Phone:		Relationship:	
Physician's Name:		Phone:		
Allergies:		Medications: _		
Other Considerations:		WITH STREET		
Waiver & Medical Release: I have information provided and agree understand that unless my child continue in the program. I recognize recreational or sports activity. I my child, my heirs, executors at for damages I or my child may. The Sterling Recreation Author injuries suffered by myself or man accident occurring during man accident	e to follow all all follows the consideration administration administration and its repay or my child Recreation Aujuries suffere partment restal future use	rules, regulatexpected rules ere are inhered on of your acceptors, waiver at the Town of Supresentatives, ag participation of the Town of Supresentatives, at participation of the Town of Supresentative of the rule of the r	ions, and policies as present of behavior they will not be at risks in participating in cepting this entry, I hereby and release and all rights a terling or Sterling School I successors and assigns for on in the registered activity on I hereby grant permissicate any emergency medicate my child. I further under to photograph facilities, a temain the property of the	nted. I be allowed to a c, for myself, and claims District and any and all c. In case of on to the al care it estand the activities and Town of
In Case of Emergency, Illness, Or Event That a Parent Cannot Be Re Physician And/Or Arrange For Th	eached, the To	own Has My P	ermission to Contact the Chi	
Parent/Guardian Signature ***For office use: Camper II) # SR		Dated:	