

# TOWN OF PLATTEKILL

## Summer Recreation

Dear Parent/Guardian:

Please **CAREFULLY READ** and **REVIEW** the following information regarding our Summer Recreation Program. Your signature at the bottom of this form is required for your child's participation in the Summer Recreation Program.

1. I understand that the insurance coverage provided by the Town of Plattekill for the Recreation Program is secondary coverage and that my own insurance coverage is considered the Primary Carrier.
2. I understand that the Summer Recreation Program is **NOT** a daycare program but rather an enrichment program provided by the Town of Plattekill designed to enhance the quality of my child's summer vacation and should be considered as a supplement to daycare.
3. I understand that the hours of the program are 9:00 am-3:00 pm (**NO CHILD SHOULD BE DROPPED OFF until the Camp Director or the Assistant Camp Director is present.**) Campers are to be dropped off daily at 9:00 am. Please allow for a **TIMELY** delivery and pick-up of your child. Children that are repeatedly left unattended either prior to or after the summer the Summer Recreation Program will be removed from the program with **NO** refund of tuition.
4. Bathing suits **MUST** be worn on pool days and **CAMP** shirts must be worn on trip days. **NO EXCEPTIONS!**
5. I understand that the children who participate in the Summer Recreation Program are expected to treat peers and staff members with courtesy and respect. Parents/Guardians of a child whose behavior is repeatedly disruptive will receive notice of such behavior. If the disruptive behavior continues, the child will be removed from the program with **NO** refund of tuition.
6. I understand that the Town of Plattekill cannot provide care for children who are ill. Therefore, if your child is sick, please do not send him/her to the Recreation Program. If the child is sick during the day, the parent/guardian must be able to pick up the child upon notification.
7. Trip money is due each Tuesday before each trip. (**NO CASH Check or Money Order ONLY**)
8. I understand that the child/children will only be released to the Parent/Guardian or someone designated by the Parent/Guardian. Please list any other person/persons authorized for pick up below. (**NO CHILD WILL BE RELEASED TO AN UNAUTHORIZED PERSON**)

Name	Phone Number	Relationship
Name	Phone Number	Relationship
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9. I understand that my child/children must supply their lunch and a sufficient amount of water for each day that they are at camp.

I HAVE CAREFULLY READ AND UNDERSTAND THE ABOVE INFORMATION PERTAINING TO THE TOWN OF PLATTEKILL SUMMER RECREATION PROGRAM.

Parent/Guardian Signature	Print Name	Date
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Child's Name	T-Shirt Size
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P.O. BOX 45, 1915 RTE 44-55, MODENA, NY 12548  
(845) 883-7331 FAX (845) 883-7207

