

Watkins Glen Clute Park Summer Recreation Program 2010

June 2010

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

July 2010

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

August 2010

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Dear Parents/Guardians and Campers:

The Summer Recreation Program is designed to provide children with the opportunity to have fun, learn about the environment, and participate in cooperative learning experiences. This five week day camp will consist of planned programs and activities conducted in a safe and nurturing environment. The 2010 program begins on Wednesday, June 30 and ends on Friday, August 13. The camp runs on weekdays only from 9:30am to 2:15pm. There will **not** be camp on Friday, July 2, July 26-30, or August 2. (The colored dates above are dates that summer recreation will be in session.)

In order to participate in the program, children **must** be between the ages of 6 and 12 or have completed kindergarten and have not exceeded fifth grade. **There will be a short parent meeting on the first day, so please plan to stay for a few extra minutes.**

Daily activities may include cooperative games, swimming, and arts and crafts. We are hoping to encourage healthy lifestyles during camp. We plan on bringing in a variety of outside programs, as well.

Please complete the Participant Application and Health Safety forms and return them to the Village Office by **June 1**. This application will be your confirmation for acceptance. As our program gets larger we have had to turn a number of children away, as we are limited with the number of staff. You will be notified if the camp is full.

We look forward to having a fun, adventurous, and safe summer!

The Summer Recreation Staff

IMPORTANT

Parent Responsibilities Checklist

- ✓ You must sign or initial the sign-in/sign-out sheet with your child's counselor **every** morning and afternoon. Also, campers will need a parent permission note if they will be riding their bike or walking home without being picked up.
- ✓ A parent permission note is mandatory if your child is getting picked up by someone other than yourself. Even if your child will be dropped off and picked up by the same person every day, we need parent permission. This is for your child's safety. You may send a note with the caretaker if you need to.
- ✓ Your child must have a lunch every day.
- ✓ Sunscreen and water bottles are required, as some days get very warm.
- ✓ Drop-off and pick-up times are **no earlier** than 9:30am and **no later** than 2:15pm.

Welcome to Summer Recreation!

Introductions from the Directors

Hi! My name is Sue Bianco. My husband and I have raised two successful children in the Schuyler County community. My son is a Schuyler County Road Deputy and my daughter is a graduate of Mansfield University. I have worked at Watkins Glen Elementary School and B. C. Cate Elementary School for a combined total of 15 years. I was a Cub Scout and Girl Scout leader for four years. I am very excited to be on the summer recreation team again this year with Sarah, Christina, you, and all of your children. I look forward to helping provide a safe, fun, and satisfying program for everyone involved.

Hello! My name is Christina Hughey. I have lived in Schuyler County for the last 20 years with my husband. We have two children. My daughter is planning to attend Keuka College in the fall and my son is in high school. I have worked for B. C. Cate Elementary School for the past 10 years. I was a Schuyler Smallfry Cheerleading coach and then became Commissioner of the Schuyler County Smallfry Cheerleading for several years. I'm very excited about working with Sue and Sarah and getting to know everyone involved with the summer recreation team. I think this is a great program and I look forward to helping it be a great success.

Hello! My name is Sarah Bianco. I am a graduate from Mansfield University with a degree in Elementary Education and second certification in Special Education. I am currently attending Mansfield for my Master's degree in Elementary Education and second certification in the Reading Specialist program. I have worked at the summer recreation program previously, four summers as a counselor and two summers as the Director. I am getting married in November and could not be more excited! I look forward to having a wonderful summer with my mom, Christina, your children, and all of you!

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13	14	15	16	17	18	19	11	12	13	14	15	16	17	15	16	17	18	19	20	21
20	21	22	23	24	25	26	18	19	20	21	22	23	24	22	23	24	25	26	27	28
27	28	29	30				25	26	27	28	29	30	31	29	30	31				

Please complete both sides of this form. A separate form is required for each child.

Name of participant: _____ Age: _____

Birth Date: _____ M _____ F _____ Current grade: _____

Parent/Guardian: _____

Address: _____

If your child will not be attending the full time, please let us know so that another child will be allowed to participate in the program during that week.

Parent/Guardian Agreement: I give permission for my child to attend the Summer Recreation Program and to participate in all activities. I also give permission for my child to swim at Clute Park. I authorize the Village of Watkins Glen to use photographs of my child for the purpose of promoting the Village Parks. I have read the above information regarding the program and agree to abide by all regulations.

Signed _____ Date _____

Parent/Guardian Information:

Name:	Please Circle- Mother/Father/Guardian
Home Address:	Phone (include area code):
Business Address:	Phone (include area code):
Name of family physician:	Phone (include area code):

Please complete other side of form

Emergency Contacts:

Name: _____ Relationship: _____

Phone (include area code): _____

Name: _____ Relationship: _____

Phone (include area code): _____

Name: _____ Relationship: _____

Phone (include area code): _____

**WATKINS GLEN CLUTE PARK SUMMER RECREATION 2010
HEALTH HISTORY**

Part I: Illnesses and Injuries (check those that apply and give appropriate dates)

Chronic or Recurring Illness

- Ear Infection Bleeding/Clotting Disorders Hypertension Asthma
 Heart Defect/Disease Musculoskeletal Disorders Seizures Diabetes
 Other (specify) _____

Date of last health examination _____

Since last health exam, has participant had:

- A serious injury requiring medical attention? _____ An illness lasting more than five days? _____
 Any prescribed or over-the-counter medication? _____ A surgical operation or fracture? _____
 Treatment in a hospital or emergency room? _____ Any restriction concerning physical activities? _____
 Any exposure to a contagious disease? _____

All meds must be in the original container & written permission from the physician needed.

Please explain any "yes" answers to the above questions. Include dates:

Part II: Allergies (Check those that apply and specify nature of allergic reaction.)

- Animals _____
 Pollen _____
 Medicines/Drugs _____
 Plants _____
 Hay Fever _____
 Food _____
 Insect Stings _____
 Other (Specify) _____

I know of no reason(s), other than the information indicated on this form, why my child should not participate in prescribed activities except as noted.

Dates are required by NY State Dept. of Health		
Part III: Immunization History		
<u>Immunization:</u>	<u>Month & Year Primary Series Completed</u>	<u>Month & Year of Last Booster</u>
D.T.P.	_____	_____
Diphtheria	_____	_____
Influenza Type B	_____	_____
Hepatitis B	_____	_____
Chicken Pox	_____	_____
Pertussis (whooping cough)	_____	_____
Tetanus	_____	_____
Td	_____	_____
Measles	_____	_____
Mumps	_____	_____
Rubella (German Measles)	_____	_____
Oral polio	_____	_____
Hbpv	_____	_____
Tuberculin test (most recent) Result	_____	
Other	_____	

If child has a known complicating medical problem or has had an operation or serious illness since last health exam, written permission from a licensed physician is required. If the director is unable to locate either person designated to be notified in case of emergency, camp authorities may take such emergency measures as they deem appropriate and shall notify the parent or legal guardian as soon as possible.

Signature of parent/guardian _____ Date _____