

R.A.P.



**2020
Registration**

Ages: 6, 7, & 8

**Camp is located at:
Rotterdam Senior Center
2639 Hamburg St.
Rotterdam, NY 12303**





**TOWN OF ROTTERDAM
Recreation Department
2639 HAMBURG STREET
ROTTERDAM, NEW YORK 12303**

**PHONE: (518) 356-1561
FAX: (518)280-3944**

Dear Parent/Guardian:

Welcome to the Town of Rotterdam's Recreational Activities Program (R.A.P.)

Registration forms are to be completed and returned **no later than June 19, 2020**. This includes a form with pertinent medical information about your child, where you can be reached, as well as emergency contact information. We also require a copy of your child's immunization records. In addition, there is a form to be filled out regarding who is authorized to pick up your child. These are important forms to ensure the safety and wellbeing of your child. Any self-administered medication must come with a doctor's note/prescription on the first day of camp.

The registration fee is utilized for snacks, and arts and crafts. I ask that your child comes to the program dressed appropriately for a variety of activities (i.e. clothes that can get dirty, proper footwear) and that they leave toys at home. There will be plenty of toys and activities available to them during the program.

If you have any questions, please feel free to call 356-1561. I hope that you and your child enjoy the program.

Paula Diamante
Program Coordinator



RECREATIONAL ACTIVITIES PROGRAM (R.A.P.)

For Children 6, 7 & 8 years old Rotterdam Residents Only

To attend the Recreational Activities Program (R.A.P.) children **must be 6, 7 or 8** years of age **by December 1, 2019**.

This program provides residents of Rotterdam a recreational summer program that provides for a child a structured medium for recreation and socialization for 3 hours per day, five days per week for a six week session.

The program is under the direct supervision of a Director and also staffed by Recreation Specialists who have attended college or are now attending college with an emphasis on education. The Rotterdam Parks and Recreation Department will also provide supervision.

R.A.P. is held at the **Rotterdam Senior Center, 2639 Hamburg St.**

Cost: \$120.00 per child Six-Week Session (Monday through Friday)

July 6, 2020– August 14, 2020 8:30 AM – 11:30 AM

**Registration: Rotterdam Senior Citizens Center, 2639 Hamburg Street
Saturday, June 6, 2020 9:00 AM to 12:00 PM**

YOU MAY ALSO BRING ALL FORMS AND PAYMENT TO THE SENIOR CENTER MONDAY THROUGH FRIDAY BETWEEN THE HOURS OF 8:00 AM AND 4:00 PM ONCE THE CENTER RE-OPENS. UNTIL THEN, FORMS MAY BE DROPPED OFF TO PAULA DIAMANTE AT THE DEPT. OF PUBLIC WORKS DEPT., 1100 SUNRISE BOULEVARD.

Proof of the child's age and Town residency are required at time of registration

ALL forms must be returned no later than June 19, 2020

We are requesting that each child bring in a clean white T-shirt (with his or her name on the tag) for a tie-dye project.

Please administer all medication **prior to class**. Our Recreation Specialists are not allowed to do so. If bringing self-administered medication such as an epi pen, **you must provide a doctor's note or prescription for that item.**

Please keep in mind that many of our activities take place outdoors so remember to use sunscreen and/or bug spray.

We advise that children dress in play clothes because some of our crafts get messy. Children are highly advised to wear sneakers each day as many games are played on the playground. (If you choose to wear rubber sole sandals, please be sure they have a back strap for support.)

The \$120.00 that was paid at registration is actually cost effective for the parents and it will ensure that we have a **"nut free"** environment for the children. The \$120.00 covers snacks, and arts and crafts.

Children must **arrive by 8:30AM** and picked up promptly at **11:30AM** and must be signed in and out.

2020 Summer R.A.P. Registration Form

PLEASE RETURN FORMS WITH PAYMENT BY JUNE 19, 2020

Ages 6, 7 & 8	Dates: July 6– August 14	Time: 8:30 AM – 11:30 AM	Cost: \$120.00
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Please make checks payable to "Town of Rotterdam"
No refunds after June 26, 2020

CHECK # _____

NAME ON CHECK _____

CASH AMT. \$ _____

Child's Name _____ Male Female

Child's Address: _____ D.O.B.: _____ Age: _____

_____ Grade Level as of September 2020 _____

Parent/Guardian Name: _____

Parent/Guardian Address: _____

Home: _____ Work: _____ Cell: _____

In case of an emergency:

Name: _____ Phone: _____

Family Physician: _____ Phone: _____

Medical information (ex. allergies, etc.)

Reaction to Allergies: (rash, swelling, etc.) Epi-pen: Yes No

Other information that may help our instructors to get to know more about your child (only sibling, trouble listening, etc.)

Ethnicity: (Optional)

___ White ___ Black/African American ___ Hispanic/Latino ___ American Indian/Alaskan Native

___ Asian ___ Native Hawaiian/Pacific Islander ___ 2+ Races

I understand there is inherent danger in all physical activities and that individual health and accident insurance coverage is solely my responsibility. The undersigned does waive and release all claims for damages against the Town of Rotterdam and its employees for any injuries incurred as a result of activities at the Town of Rotterdam Summer Camp. I further understand and agree to hold harmless the Town and/or its agents for any injuries that may occur to my minor child/children that result from activities at the Town of Rotterdam Summer R.A.P. Camp.

Signature: _____
Parent or Guardian

_____ Date



Town of Rotterdam
RECREATIONAL ACTIVITIES PROGRAM (R.A.P.)
2020

Dear Parent/Guardian:

Please indicate below who is **authorized to pick up** your child/children. This is required per the R.A.P. operational guidelines and procedures. Your child is to be picked up daily at his/her classroom. There will be a sign out sheet that must be signed in order for R.A.P. to have a record of who picked up your child in case a situation arises.

_____ is/are authorized to pick up my child.

Parent/Guardian Signature

Date



Town of Rotterdam
RECREATIONAL ACTIVITIES PROGRAM (R.A.P.)
2020

Dear Parent/Guardian:

We would like to take **pictures** during the course of the summer program, but we need your permission in order to do so. Please circle your choice below and be sure to write in your child's name so we can add it to his/her file.

My Child _____ **can or cannot** have his/her picture taken.
(Please circle one)

Parent/Guardian Signature

Date

MEDICAL FORM

As a summer camp we are required to follow procedures requested by the New York State Health Dept. Please complete this form and also note that **we require a copy of your child's immunization records which may be obtained from your physician.**

Name _____

Address _____ Date of Birth _____

Family Physician _____ Phone _____

Emergency Contact: (Please list two contacts in the event the first can't be reached)

1. Name _____ Relationship _____ Phone _____

2. Name _____ Relationship _____ Phone _____

Allergies: (Include drug and food allergies) _____

Reactions to Allergies: _____

Medications being taken: (Include epi-pen) _____

Health problems and any important medical information: _____

Insurance carrier: _____ Insurance ID# _____

MEDICAL RELEASE: I _____, am the parent/legal guardian of _____, a minor. In the event all reasonable attempts by personnel to contact me at _____ have been unsuccessful, I give consent for:

- 1. The administration of any treatment deemed necessary by a physician, registered nurse or licensed paramedic, and**
- 2. The transfer of the minor to _____ hospital or any hospital reasonably accessible.**

The authorization does not cover major surgery unless the medical opinions of two licensed physicians concurring in the necessity for such surgery are obtained prior to the performance of such surgery. Any hospital or practitioner not having access to the minor's medical history will need the above information.

Signature _____ Date _____

Electronic Devices

**ARE NOT
allowed at camp**

Sneakers

**are not mandatory
but are more appropriate**

**(We play sports and sneakers
provide protection & stability
for the children)**