

Sweden/Clarkson Recreation Before & After School Drop-In Program







Parent Information Packet

Sweden/Clarkson Community Center 4927 Lake Road Brockport, NY 14420 585-431-0090



It is our pleasure to offer a safe and secure drop-in before & after school recreation program in the Brockport area. Your child will participate in board games, arts and crafts, sports, open play, and games in our gymnasium. Children will be under the supervision of our trained staff which includes a Recreation Director, Recreation Assistants, and Counselors.

Your child will participate in a variety of activities that promote asset building and social interaction. We have use of a full-size gymnasium, cafeteria, outdoor playground, outdoor basketball courts, game rooms, and large activity rooms.

Hours of Operation

• **Before School:** 6:30AM-9:00AM

• **After School:** 2:30-6:00PM

*A late fee of \$1.00/minute will be assessed if not picked up by 6:00pm.

Payments

Daily rate:

• Before or After: \$10.00

• Both: \$19.00

Weekly rate:

• Before or After: \$45

• Both: \$90

COVERAGE IS ONLY FOR DAYS YOUR CHILD IS PHYSICALLY IN SCHOOL

IMPORTANT INFO:

- Payments must be given to the front desk staff.
- Receipts available upon request.
- Only pay for the days you sign up for.
- Credits will only be given by request with a doctor's note.
- Food is not provided, but children are encouraged to bring it with them.

Transportation

Upon your child's enrollment you must contact the school district transportation office and arrange bus service for your child. They will be bussed from the Community Center to school, and from school to the Community Center.

Emergency Evacuations

In the case of an emergency (power outage, fire evacuation, water main break, etc), your child will be escorted from the building with the group by all staff on duty. Parents/guardians will be contacted to come pick-up each child.

Personal Items

The Recreation staff is not responsible for personal items brought to the Community Center. Please encourage your child to leave all personal items at home. We cannot assume responsibility for any personal items lost or damaged. Use of electronic items will not be tolerated under any circumstance.

Abuse

It is the policy of the Town of Sweden that if any Before & After School Staff is told about a possible child abuse or molestation, they are to immediately report it to a professional recreation staff and write up a full report. Working with children makes any staff of the Recreation Department a mandated reporter. The Program Director and Recreation Director will be notified immediately and correct action will be taken.

Rules for Drop-In Program

- 1. No defacing Community Center property or building
- 2. Participants need to remain with the group in designated areas
- 3. There is a zero-tolerance policy for possessing or using illegal drugs at the Community Center
- 4. No engaging in fighting to solve disputes
- 5. Using foul language or verbally abusing other participants or staff is prohibited
- 6. No stealing or defacing another participant's or staff's property
- 7. No intentionally injuring another participant or staff
- 8. Arguing with staff and not following directions is prohibited
- 9. No violating other participant's and staff's personal space
- 10. Violation of these rules may result in write up, or removal from the program.
 - a. A total of 3 write ups will constitute removal from the program.

Before and After School

• To Register

- Please fully complete a calendar and hand it in WITH payment
- Registration and payment must be received prior to or on the date of service
- o For daily rate registrations, you will fill out a daily slip
- o For weekly registrations, register using a calendar
- If you would like to sign up for the whole month,
 please use the weekly rate when applicable, and then
 the daily rate for the rest of the days
- For weeks with less than five days of coverage (school breaks/days off), please use the daily rate

For any issues, problems, concerns or unforeseen circumstances, please feel free to contact the head of the program Amanda Kinney at amandak@townofsweden.org, or 585-431-0088



BEFORE/AFER SCHOOL REGISTRATION FORM

Name			В	Birthdate	Gender	Program Name
Household Information: Parent Name Email				Cell Ph	one	Work Phone
	Address		City	y State		Zip
Emergency	Contact (please w	rite name he	ere):			
Relationship to Child		Home Phoi	ne	Cell Phone		Work Phone
Address		City	State			Zip
**Pick-Up:	Names & Phone number	s of individuals a	llowed to p	pick up particij	pant and trans	port them
Name			Phone Number			
	tion/Refund Policy/Phote ust be read and signed before a in some recreational programs, I y child may have against the Tov s, and assigns for any and all inju also fully realize that I must pro-	registration is accepte hereby, for my child, r vn of Sweden and its re ries suffered by myseli vide proper medical an- reby authorize the Tow	ny heirs, exect presentatives, for my child a d hospital coven of Sweden to truent Refund	utors, and administrations, successors, and asset any activity sponserage. Furthermore, o execute a refund value of the policy. Refunds are	rators, waive and resigns and/or Town sored by these grou in the event a refuvoucher on my behit e subject to process	elease any and all rights and of Clarkson and its ps or at any recreation facility, and is granted for myself or my alf and submit for payment sing fee. Refund Policy : Pleas
claims for damages I or m representatives, successors including the skate park. I child for whatever reason under the terms and condi- refer to our brochure. Pho	with the activities stated, I do her ions set forth in the Sweden Clar to Release: I understand that pho epartment and may be used to pro-	otos may be taken of pa		g, ·		
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