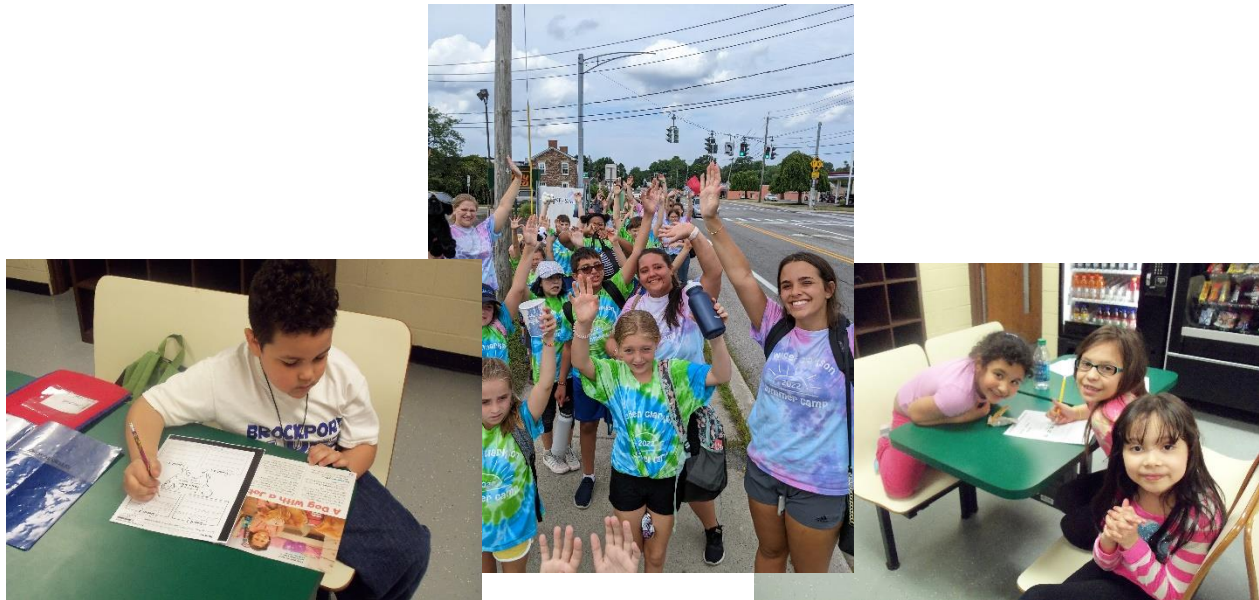




Sweden/Clarkson Recreation Before & After School Drop-In Program



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 Supervisor, 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: drop-off after 6:30am.....Bus pick-up between 8:30-9am

After School: bus drop-off 2:30-3:30pm.....*Pick-up **must** be by 6pm

*A late fee of \$1.00/minute will be assessed if not picked up by 6:00pm. This fee must be paid before the participant can return.

Payments

Below is the daily rate:

Before or After: \$9.00

Both: \$18.00

Weekly rate: Before or After: \$40

Both: \$80

COVERAGE IS ONLY FOR DAYS YOUR CHILD IS PHYSICALLY IN SCHOOL

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.

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 Payment Policy:

- **Prices will be as follows**
 - Daily Rates
 - \$9.00 for before or after
 - \$18.00 for both
 - Weekly Rates
 - \$40 for before or after
 - \$80 for both

- **To Register**
 - Please fully complete a calendar and hand it in **WITH** payment **(please call recreation center upon arrival and staff will come outside to assist you 585-431-0090)**
 - Registration and payment must be received prior to or on the date of service
 - For daily rate registrations, you will fill out an initial calendar, and then a daily slip after that for the remainder of the month
 - We **MUST** have a calendar on file **EACH** month for you
 - For weekly registrations, still 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

- **Penalties**
 - There will be a late fee of \$10 for any payments received after the date of service
 - Parents must pay upon drop-off or pick-up in order to avoid these late fees
 - We will only take a calendar or daily slip with payment
 - Failure to pay past due balances will ultimately result in your child's expulsion from the program

****For any issues, problems, concerns or unforeseen circumstances, please feel free to contact the head of the program Joe Kincaid at joek@townofsweden.org, or 585-431-0088****



BEFORE/AFTER SCHOOL REGISTRATION FORM

4927 Lake Road Brockport, NY 14420 Phone:(585)431-0090 Fax:431-0052
Web: swedenclarksonrec.com

*Receive text notifications? Y / N Mobile Carrier _____

Name	Birthdate	Gender	Pant/Shirt Size	Program Name	Program #	Cost	
Make Checks Payable To: *Town of Sweden*						Total	

****Pick-Up:** Names & Phone numbers of individuals allowed to pick up participant and transport them home:

Name	Phone Number

Household Information: Parent Names:

Email	Home Phone	Cell Phone	Work Phone
Address	City	State	Zip

Emergency Contact: Name:

Relationship to Child	Home Phone	Cell Phone	Work Phone
Address	City	State	Zip

Waiver of Participation/Refund Policy/Photo Release:

Waiver/Refund Policy must be read and signed before registration is accepted. In consideration of your accepting my entry, and understanding that a certain amount of risk is inherent in some recreational programs, I hereby, for my child, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I or my child may have against the Town of Sweden and its representatives, successors, and assigns and/or Town of Clarkson and its representatives, successors, and assigns for any and all injuries suffered by myself or my child at any activity sponsored by these groups or at any recreation facility, including the skate park. I also fully realize that I must provide proper medical and hospital coverage. Furthermore, in the event a refund is granted for myself or my child for whatever reason with the activities stated, I do hereby authorize the Town of Sweden to execute a refund voucher on my behalf and submit for payment under the terms and conditions set forth in the Sweden Clarkson Recreation Department Refund Policy. Refunds are subject to processing fee. **Refund Policy:** Please refer to our brochure. **Photo Release:** I understand that photos may be taken of participants during the activity. These photos will become the property of the Town of Sweden and Recreation Department and may be used to promote the program and department.

Signature: _____ Date: _____

Please be sure to have entire form completed.

Incomplete payment or information will cause a processing delay for your child's registration.

Thank You!

Received By: _____ Date: _____