



# Sweden Clarkson Recreation **SUMMER CAMP 2026**



**1 Packet required for each in-person registrant: PLEASE READ PACKET CAREFULLY IN ITS ENTIRETY**

**Upon in-person registration, please submit the following forms:**

**Completed registration form, medical information form, immunization records, conduct policies form, and before/after care form (if needed).**

4927 Lake Road South

Brockport, NY 14420

Phone: (585)-431-0090 Fax: (585)-431-0052

# Sweden/Clarkson Recreation

# Summer Camp 2026

## Welcome!

Here at Sweden/Clarkson Recreation, we are pleased to offer a summer camp in the Brockport area! For 18 years we have provided a safe, fun, and engaging place for children in grades 1<sup>st</sup>-5<sup>th</sup> to spend their summer and make wonderful memories.

**\*\*If your child is going into 6th, 7th or 8th grade, please contact Amanda Kinney for CIT opportunities**

Our trained staff encourages our mission to make our community smaller through recreation and bringing people together in a positive atmosphere to encourage growth, imagination, and development.

At Sweden/Clarkson Recreation's Summer Camp, we strive to nurture children's development, improve health and self-confidence, and continue to provide outstanding opportunities for our young community members!

We thank you for allowing us to be a memorable part of your summer!

If you have any questions or concerns, please contact the **Camp Director: Amanda Kinney** at 585-431-0088 or [amandak@townofswedenny.gov](mailto:amandak@townofswedenny.gov)

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## Summer Camp Dates

<b>WEEK #</b>	<b>DATES</b>	<b>ACTIVITY (WEDNESDAY)</b>	<b>SCHEDULE</b>
<b>Week 1</b>	<b>6/29-7/2 *NO CAMP 7/3*</b>	<b>Escape Room</b>	<b>1:30PM-3PM At the community center</b>
<b>Week 2</b>	<b>7/6-7/10</b>	<b>Clubhouse Play Center</b>	<b>Leave: 10AM Return: 1:30PM</b>
<b>Week 3</b>	<b>7/13-7/17</b>	<b>Foam Dart Battle</b>	<b>1-3 At the community center</b>
<b>Week 4</b>	<b>7/20-7/24</b>	<b>Cookout at Sweden Town Park</b>	<b>Drop off and Pick up: Lodge at Sweden Town Park</b>
<b>Week 5</b>	<b>7/27-7/31</b>	<b>Seabreeze</b>	<b>Leave: 10:15AM Return: 4PM</b>
<b>Week 6</b>	<b>8/3-8/7</b>	<b>Carnival</b>	<b>1PM-3PM At the community center</b>
<b>Week 7</b>	<b>8/10-8/14</b>	<b>Altitude</b>	<b>Leave: 10:15am Return: 1:45pm</b>
<b>Week 8</b>	<b>8/17-8/21</b>	<b>Painting and Pizza</b>	<b>12:30PM-3PM At the community center</b>
<b>Week 9</b>	<b>8/24-8/26 *NO CAMP 8/27 &amp; 8/28*</b>	<b>End of Summer Party</b>	<b>At the community center</b>

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\*Trip arrival and return times are subject to change\*

# Program Information

Regular Camp Hours: Monday-Friday 8:30am-4:00pm

Early Care: 6:30-8:30am    Late Care: 4:00-6:00pm

Parents/Guardians **MUST** sign camper(s) in & out of camp each day.

Please have Photo I.D. ready, as we will be checking them until we become familiar with parents

**LOCATION:** Sweden/Clarkson Community Center, 4927 Lake Rd Brockport, NY 14420

## **\*NEW: Registration FYI:**

- Registration can be completed online or in-person.
- Registration is per day online and per week in-person.
- In-person registration closes at 9AM the day prior to the day signing up for.
  - Example: If registering for Tuesday 7/21, it must be turned in by 9AM Monday 7/20
- Online registration closes at 11:59PM the night before. Please note- by this time, the day may already be filled.
- We CANNOT hold spots without proper paperwork AND payment
- **\*NO DAY OF REGISTRATION!**

## **COST:**

Residents: \$40 daily without activity. \$50 on an activity day.

Non-Residents: \$45 daily without activity. \$55 on an activity day.

- Early/Late Care \$10 each
- \$19 for both on the same day

Cash and checks accepted in person. Credit/Debit Card accepted **ONLINE ONLY.**

Please make checks payable to “**Town of Sweden**”.

**REFUND POLICY:** Requests for cancellations must be made before the start of the program. Please see our refund policy in our Recreation Brochure. Credits will only be given in the event of illness, in which case a doctor’s note will be needed.

# Program Information Continued:

**WHO MAY ATTEND:** Any child who is going into 1<sup>st</sup> grade through the 5th grade. 6<sup>th</sup>, 7<sup>th</sup> and 8<sup>th</sup> graders are considered CIT's (see page 6). Town or school district residency is not required. Please be aware of resident and non-resident pricing.

**LUNCH/SNACK:** We have 2 snack times: 9:30am and 2:30pm, with lunch at 11:30am. Lunch and snacks are NOT provided, unless specified in our weekly newsletter.

Vending machine use is available to campers, (however be aware of potential vending machine malfunctions such as losing money). If vending machines become an issue, we will discontinue their use.

**CLOTHING:** Shorts, jeans, T-shirts, and closed-toe shoes. Please do NOT wear sandals or flip-flops due to the amount of physical camp activity.

**The use of electronics is limited. Staff must give permission and it may only be used to contact parents/guardians.**

**EVENT DAYS:** Offsite field trips and onsite activities will take place on Wednesdays. If not a local trip, transportation is provided to destinations for camp.

Please see the attached event page for all detailed information.

**BEHAVIOR:** Each camper is expected to adhere to rules and regulations of our camp. Please see the "Conduct Policies" (page 9).

**MEDICATION:** A summer camp RTE certified staff member will assist a camper with their medication with parent and **doctor permission**.

Medication must be packaged (single dosage only) and **include written instructions from the doctor for administering**. On fieldtrips, medication will be carried personally by the certified staff. At the Recreation Center, medication is locked in a secure and accessible location (in compliance with Monroe County Health Department specifications).

Please note- most summer camp staff are CPR/AED/RTE/First Aid certified.

### **CIT & Jr. Counselor Information:**

- CIT's –6<sup>th</sup>, 7<sup>th</sup> and 8<sup>th</sup> grade.
  - CITs are required to register and pay the daily or weekly rate as listed.
  - CIT requests must be made to and approved by the Summer Camp director
  - They are expected to be good examples to the other kids in the program.
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### **Daily activities:**

- **Monday-**
- **Tuesday- Craft**
- **Wednesday- Event/Fieldtrip**
- **Thursday- Craft**
- **Friday-**

**Other Information: We will have sunscreen available, but do ask to send your child with their own**

# Medical Information

Child's Name: \_\_\_\_\_ Grade Just Completed: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Emergency Phone: (\_\_\_\_) \_\_\_\_\_ Emergency

Contact Name \_\_\_\_\_

1. PLEASE LIST ANY MEDICAL CONDITIONS: (restrictions, special needs, allergies, special diet, etc.).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. AUTHORIZATION FOR DISPENSING MEDICATION:

Medication Name: \_\_\_\_\_ Prescription #: \_\_\_\_\_

Dosage: \_\_\_\_\_ Time to be given: \_\_\_\_\_

Instructions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. Copy of Immunizations Record:

Doctor's Name (who wrote prescription): \_\_\_\_\_

License Number: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SUMMER CAMP REGISTRATION FORM

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

Web: [swedenclarksonrec.recdesk.com](http://swedenclarksonrec.recdesk.com)

Name	Birthdate	Grade	Gender	Shirt Size

Make Checks Payable To: \*Town of Sweden\*

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

Name	Phone Number

### Household Information: Parent/Guardian Name:

Email	Home Phone	Cell Phone	Work Phone

### Emergency Contact (If different than above): Name:

Relationship to Child	Home Phone	Cell Phone	Work Phone

### 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.

Please be sure to have entire form completed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

# Summer Camp Conduct Policies

Please make certain that both you and your child are completely familiar with the policies listed. The summer camp director, upon notification of parent/guardian, may suspend or terminate all activities and participation in the program for if the following rules are not followed,

## RULES:

1. No damaging Community Center property or building
2. Stay with the group. Ask staff permission before leaving the room.
3. You may not ask staff or other children for money.
4. You may not share food unless siblings or given permission from each parent.
5. No fighting (with words or hands) to solve arguments.
6. No bad words or bullying allowed.
7. No stealing or damaging other children or staff's property.
8. No intentionally injuring another child or staff.
9. Arguing with staff and not following directions is not allowed. (Staff should only have to give directions once).
10. No violating other children's or staff's personal space. **KEEP YOUR HANDS TO YOURSELF.**
11. The use of electronics is limited. Staff must have given permission, and it may only be used to contact parents/guardians.
12. Be Safe, Be Kind, Be Fair.

Violation of these rules may result in write up, or removal from the program.

- a. A total of 3 write ups can constitute removal from the program.

This policy has been developed to provide a safe environment for each participant enrolled in the program.

# Weekly Camp Sign-Up Form

WEEK # \_\_\_\_\_ DATES \_\_\_\_\_

## COST:

Residents: \$40 daily without fieldtrip/Activity. \$50 on a fieldtrip/Activity Day.  
 Non-Residents: \$45 daily without fieldtrip/Activity. \$55 on a fieldtrip/Activity Day.

Regular Camp Hours  
8:30am-4:00pm

Early/Late Care  
6:30-8:30am/4:00-6pm

Monday

**M** Early  \$10 Late  \$10 BOTH  \$19

Tuesday

**T** Early  \$10 Late  \$10 BOTH  \$19

Wednesday

**W** Early  \$10 Late  \$10 BOTH  \$19

Thursday

**TH** Early  \$10 Late  \$10 BOTH  \$19

Friday

**F** Early  \$10 Late  \$10 BOTH  \$19

Requests for cancellations OR change of days will not be accepted. Credits, cancellations or change of dates will only be given in the event of illness, in which case a doctor's note will be needed.

In consideration of your accepting my entry, and understanding that a certain amount of risk is inherent to some recreation 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 a processing fee.

**Childs Name:** \_\_\_\_\_ **Parents Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Amount Due:** \_\_\_\_\_

**Amount Paid:** \_\_\_\_\_ **Change given:** \_\_\_\_\_

**Received by:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time received:** \_\_\_\_\_