

Scituate Recreation Department

2023 Summer Program

Registration Form

If necessary for safety, suspend activity. If the heat index is in excess of 104 degrees: Camp will be suspended. (CDC guidelines)

Children ages 5-13 are **WELCOME** to attend and **MUST** be a Scituate resident. Please include a copy of proof of residency with your registration packet. A child **MUST** be entering Kindergarten for the 2022-2023 school year to attend if he/she is not 5 years old by the start of the summer program. Registration will be from Monday, May 2nd-Monday, May 31st. Registration packets will **NOT** be accepted after the deadline.

Start Date: Wednesday, July 5th

End Date: Friday, August 18th

Location

Hope Pond

Ryefield Road (diagonally across from Hope Elementary School)

Hours

9:00 a.m-4:00 p.m.

Please **DO NOT** drop off your child to the summer program before **9:00 a.m.** and pick up your child by **4:00 p.m.** You **MUST** sign in and sign out your child each day that he/she attends the summer program with his/her counselor.

Fee

\$250.00 per child

Please make check/money order payable to Scituate Recreation Department. Credit card payments can be made at www.allpaid.com or call 1888-604-7888 use code a005ML Camp and field trip Registration. There will be a card processing fee.

All fees are **NON-REFUNDABLE.**

Other Information

Registration Packet

A registration packet **MUST** be completed for each child that attends the summer program. If you put more than one child on the same registration packet it will **NOT** be accepted for registration information is filed in binders for each age/grade group.

Calendar

A July calendar and August calendar will be provided in the registration packet. Each calendar will provide you with information about program related activities. Please note that both are being update on a continuous basis but will be finalized by the start of the summer program.

Inclement Weather

If there is rainy weather, the program will be cancelled, and parents will be notified ASAP. If it is raining before the start of the program, it will be cancelled by 8:00 a.m. **If necessary for safety, suspend activity. If the heat index is in excess of 104 degrees: Activity will be suspended, postponed.**

Snack

Please provide your child with 1-2 snacks and bottles of water each day that he/she attends the summer program. Your child will have the opportunity to purchase snacks, drinks (e.g., water, Gatorade), candy, and ice cream at the snack shop. If your child would like to do so, please send money with him/her.

Field Trips

If your child would like to attend a field trip, you **MUST** sign up and pay \$35.00 by the Monday before the field trip with the program director/assistant program director. If your child will be attending a field trip, he/she must be at the summer program by 9:00 a.m. The return from a field trip is at approximately 3:00 p.m.

Ceramics

If your child would like to do ceramics, you **MUST** sign up and pay \$8.00 (CASH ONLY) by the Wednesday before the session with the program director/assistant director.

Swimming

Your child will be able to swim during his/her attendance of the summer program. Please have your child wear/bring a swimsuit and a towel when he/she attends the summer program. There will be certified lifeguards working and life jackets for those children who will need to wear one. If your child has floaties he/she may bring them to the summer program.

Sunscreen

Please apply sunscreen to your child before attending the summer program and send it with him/her so it can be applied again if necessary.

Electronic Devices, Games, Toys, Etc.

Please **DO NOT** send any form of electronic devices, games, toys, etc. with your child to the summer program. If your child does, he/she will be asked to put it in his/her backpack. Please note that the Scituate Recreation Department is **NOT** responsible for any lost, stolen, and/or damaged electronic devices, games, toys, etc. that your child may bring to the summer program.

Please label all your child's belongings with his/his name. This will allow the return of lost belongings to your child. If not, please check the "Lost and Found" at the summer program.

Please drop off your child's registration packet along with payment and a copy of proof of residency at the Scituate Town Hall at 195 Danielson Pike c/o the Scituate Recreation Department by **Tuesday, May 31st**.

T-shirt Size: _____

Registration Information Form

Name: _____
 First Middle Last

Address: _____
 Street Town/City State Zip

Age: _____ **Date of Birth:** _____ **Grade in September:** _____

Cell Phone #: _____ **Work Phone #:** _____

Email Address: _____

I, _____ (Please print name of Parent/Legal Guardian) give permission for my child, _____ listed above to attend the summer program and participate in activities associated with it. I understand that the Town of Scituate and its employees are **NOT** responsible for any injury due to the attendance and participation of the summer program. I further understand that if a child becomes unruly or poses a threat that is harmful in any way to him/herself, any child, and adult, he/she will be dismissed from the summer program.

Parent/Legal Guardian Signature

Date

Is there a medical condition(s) (e.g., allergies, medications, seizures, etc.) and/or other medical information which should be brought to the attention of the program director?
___ Yes ___ No

If yes, please specify below.

By signing this form, you are giving the staff of the summer program permission to follow the information stated above and to give your child medication (e.g., epi-pen, prescriptions, etc.) when necessary. Please put your child's medication in a child proof container and include his/her name, name of medication, dosage, and time to be given on it. Please give your child's medication to his/her counselor each day that he/she attends the summer program.

Parent/Legal Guardian Signature

Date

**Scituate Recreation Department
Summer Program
Child Pick Up Authorization Form**

The Scituate Recreation Department realizes that there will be occasions when there will be an individual (he/she **MUST** be at least 16 years old) other than yourself who will need to pick up your child from the summer program. For the safety and well-being of your child, please list below the individual(s) who, on occasion, will need to pick up your child from the summer program. The program director will need to have written permission from you (please include signature of parent/legal guardian and date) to release your child to the individual(s) that you list below. Please inform each individual that he/she **MUST** present a valid driver's license at the time of pick up. If not, he/she will **NOT** be able to pick up your child. To ensure a safe pick up from the summer program, please inform your child that someone else will be picking up him/her prior to dropping off him/her. If you need to make any changes to the list below, please notify the program director ASAP.

I, _____, authorize the following individual(s) to pick up my child _____ from the summer program when I am not able to do so.

Name of Individual: _____ Relation to Your Child: _____

Address: _____

Street Town/City State Zip

Contact Phone #1: _____

Contact Phone #2: _____

Name of Individual: _____ Relation to Your Child: _____

Address: _____

Street Town/City State Zip

Contact Phone #1: _____

Contact Phone #2: _____

Name of Individual: _____ Relation to Your Child: _____

Address: _____

Street

Town/City

State

Zip

Contact Phone #1: _____

Contact Phone #2: _____

Parent/Legal Guardian Signature

Date

Scituate Recreation Department

Summer Program

Public Information News Form

From time to time, the Scituate Recreation Department Summer may be presented with the opportunity to take photographs/videos of your child participating in summer program related activities. Therefore, the Scituate Recreation Department would like to have your written permission to do so and to identify your child's name for use in the newspaper, television news, and the Scituate Recreation Department website. The Scituate Recreation Department realizes that there are individuals who may feel differently about such publicity and therefore, will respect and accommodate your wishes on this matter.

Please check one of the boxes below, sign and date this form.

I give the Scituate Recreation Department permission to use my child's name and photograph/videos to be printed in the newspaper, television news, and the Scituate Recreation Department website.

I do not give the Scituate Recreation Department permission to use my child's name and photograph/videos to be printed in the newspaper, television news, and the Scituate Recreation Department website.

Child's Name (Please print): _____

Parent/Legal Guardian Signature: _____

Date: _____

**Scituate Recreation Department
Summer Program
Rules**

The Scituate Recreation Department would like to ensure a safe, secure, as well as a positive and rewarding experience for **ALL** when in attendance of the summer program. As a result, it is necessary that children follow basic rules. Please review the rules listed below with your child.

RULES

1. All children **MUST RESPECT** (e.g., be polite and considerate, use appropriate language, etc.) others and their belongings.
2. All children **MUST** always listen and stay with their counselors and group.
3. All children **MUST** keep their hands and feet to themselves.
4. All children **MUST** help with cleanup and keeping the grounds of the recreation program clean, as well as respect the grounds (e.g., not pulling on tree branches, putting trash in the trash can, etc.)
5. All children **MUST** be a **TEAM PLAYER**.

CONSEQUENCES

1st Consequence

Your child will be given a verbal warning from his/her counselor.

2nd Consequence

Same as the 1st consequence and the counselor will inform the parent/legal guardian and the program director.

3rd Consequence

Same as the 2nd consequence and your child will **NOT** be able to attend the summer program for one day.

I, _____ have read and reviewed the rules and consequences with my child, _____.

Parent/Legal Guardian Signature

Date

**Premier Martial Arts
Child Participation Authorization Form**

