

# P.R.E.P.



2018  
Registration  
Ages: 3, 4, 5

Camp is located at:

Rotterdam Senior Center  
2639 Hamburg St.  
Rotterdam, NY 12303  
(518) 356-1561





**TOWN OF ROTTERDAM  
Recreation Department  
2639 Hamburg Street  
Rotterdam, NY 12303**

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

Dear Parent/Guardian:

Welcome to our Preschool Recreational Education Program (P.R.E.P.).

The Recreation Specialists will be following a schedule that will include the following: free play, whole group activity, outdoor play, circle time, bathroom time, snack time and story time. The topics of learning that we will be spending the most time on will be: the alphabet, colors, numbers, shapes and sorting. We will also be teaching lessons on reading, science, math and art. During the circle time the children will discuss the weather and the specific theme of that day/week. We will be tie-dying T-shirts and ask that you provide a clean white T-shirt with your child's name on the collar or tag.

The registration fee is utilized for snacks, arts and crafts. We feel that this is actually cost effective for the parents and it will insure that we have a "nut free" environment for the children.

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

Sincerely,

Dreama D'Ortona, Project Coordinator  
Recreation and Senior Programs



## PRE-SCHOOL RECREATIONAL EDUCATION PROGRAM (P.R.E.P.)

**For Children 3, 4 & 5 year olds  
Rotterdam Residents Only**

To attend the Pre-School Recreational Education Program (P.R.E.P.) children **must be 3, 4 or 5** years of age by **July 1, 2018**.

This program provides residents of Rotterdam a pre-school summer program that introduces the child to a structured medium for socialization and learning for 2 ¾ hours per day, five days per week for a six week session.

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

All children **must be completely potty trained** to participate in this program. **(Pull-ups not allowed.)**

**P.R.E.P.** is held at the **Rotterdam Senior Citizens Center, second floor.**

Cost: \$120.00 per child

Six-Week Session (Monday through Friday)

July 9, 2018 – August 17, 2018

9:00 AM – 11:45 AM

**Registration: Rotterdam Senior Citizens Center, 2639 Hamburg Street**

**Wednesday, June 6, 2018 6:00 PM to 8:00 PM**

**Saturday, June 16, 2018 10:00 AM to 11:00 PM**

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

**ALL forms must be returned no later than June 22, 2018**

Please make sure that you administer all medication prior to class. Our staff is not allowed to do so.

Children **cannot** be dropped off **prior to 8:50 AM** as the P.R.E.P. staff needs time to prepare for daily activities.

Please **pick up** your child at **11:45 AM**.

Please provide P.R.E.P. with the following for your child:

- a clean white T-shirt with his/her name on the collar or tag for a class project
- a labeled smock or oversized shirt for art activities
- a labeled bag with extra clothes in case of an accident (i.e. shirt, shorts, underwear, socks). This bag should stay at P.R.E.P. throughout the whole six week session
- a recent picture of your child to be hung on the classroom bulletin board. These pictures will be returned at the end of the session

Sneakers are not mandatory but are more suitable for some of the large motor activities that we will be doing. Include a pair of sneakers because the children will be on the playground daily, weather permitting.

If your child is sensitive to the sun, please apply sunscreen prior to arrival. If necessary, staff will be happy to help children reapply.

Your child will have a mailbox outside of the classroom, please check it daily.

# 2018 Summer P.R.E.P. Registration Form

**PLEASE RETURN FORMS WITH PAYMENT BY JUNE 22, 2018**

<b>3-5 years old</b>	<b>Dates: July 9- August 17</b>	<b>Time: 9:00 AM - 11:45 AM</b>	<b>Cost: \$120.00</b>
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**Please make checks payable to "Town of Rotterdam"  
No refunds after June 22, 2018**

CHECK # \_\_\_\_\_

NAME ON CHECK \_\_\_\_\_

CASH AMT. \$ \_\_\_\_\_

Child's Name \_\_\_\_\_ Male  Female

Child's Address: \_\_\_\_\_  
\_\_\_\_\_

Child's Birth Date: \_\_\_\_\_

Child's Age: \_\_\_\_\_ Child's Age on July 1, 2018: \_\_\_\_\_

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.)

\_\_\_\_\_

\_\_\_\_\_

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 Sports 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 P.R.E.P. Camp.

Signature: \_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_ Date



**Town of Rotterdam**  
**Preschool Recreational Education Program (P.R.E.P.)**  
**Summer 2018**

Child's Name \_\_\_\_\_

Parent's/Guardian's Names: \_\_\_\_\_

Child's Birth Date: \_\_\_\_\_ Male or Female (Circle one)

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

In case of an emergency the person and number to call:

Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Pertinent medical information (**food or medicine allergies, medication reactions, etc.**)

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

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

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

**This form must be returned no later than June 22, 2018 to:**

**Rotterdam Recreation Department**  
**2639 Hamburg Street**  
**Rotterdam, NY 12303**

# Town of Rotterdam P.R.E.P Program Emergency Medical Form 2018

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: (ex. drug and food allergies)      Epi-pen:    Yes     No

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

Reactions to Allergies: (ex. rash, swelling, etc.)

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

Medications: List all medications you take regularly (example: Laxis 40 mg once a day).  
Also include any over-the-counter medicines such as aspirin, antacids, etc.

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

Health problems and any important medical information:

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

Insurance carrier: \_\_\_\_\_ Insurance ID# \_\_\_\_\_

To the best of my knowledge, all of the preceding answers are true and correct. If there are any changes in my child's health or change in medications, I will inform the Camp Director in writing to update this information.

\_\_\_\_\_  
(Parent or Guardian)

\_\_\_\_\_  
(Date)



**Town of Rotterdam**  
**Preschool Recreational Education Program (P.R.E.P.)**  
**2018**

Dear Parent/Guardian:

Please indicate below who is **authorized to pick up** your child/children. This is required per the P.R.E.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 P.R.E.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**  
**Preschool Recreational Education Program (P.R.E.P.)**  
**2018**

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)

\_\_\_\_\_  
Parent/Guardian 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)**