

R.A.P.



2018
Registration
Ages: 6, 7, 8

Camp is located at:

Pinewood Elementary School
901 Kings Road
Rotterdam, NY 12303
(518) 356-1561





**TOWN OF ROTTERDAM
Recreation Department
2639 HAMBURG STREET
ROTTERDAM, NEW YORK 12303**

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

Dear Parent/Guardian:

Welcome to the Town of Rotterdam's Recreational Activities Program (R.A.P.).

Registration forms are to be completed and returned **no later than June 22, 2018**. This includes a form with pertinent medical information about your child, where you can be reached, as well as emergency contact information. In addition, there is a form to be filled out regarding who is authorized to pick up your child. These are important forms to ensure the safety and well being of your child.

I ask that your child comes to the program dressed appropriately for a variety of activities (i.e. clothes that can get dirty, proper footwear) and that they leave toys at home. There will be plenty of toys and activities available to them during the program.

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



RECREATIONAL ACTIVITIES PROGRAM (R.A.P.)

**For Children 6, 7 & 8 year olds
Rotterdam Residents Only**

To attend the Recreational Activities Program (R.A.P.) children **must be 6, 7 or 8** years of age **by July 1, 2018**.

This program provides residents of Rotterdam a recreational summer program that provides for a child a structured medium for recreation and socialization for three 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 Parks and Recreation Department will also provide supervision.

R.A.P. is held at the **Pinewood Elementary School, 901 Kings Road**.

Cost: \$120.00 per child

Six-Week Session (Monday through Friday)

July 9, 2018 – August 17, 2018

8:45 AM – 11:30 AM

Registration: Rotterdam Senior Citizens Center, 2639 Hamburg Street
Wednesday, June 6, 2018 6:00PM to 8:00 PM
Saturday, June 16, 2018 10:00 AM to 1:00 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

We are requesting that each child bring in a clean white T-shirt (with his or her name on the tag) for tie-dye

Please administer all medication **prior to class**. Our Recreation Specialists are not allowed to do so. Please keep in mind that many of our activities take place outdoors so remember to wear sunscreen and/or bug spray.

We advise that children dress in play clothes because some of our crafts get messy. Children are highly advised to wear sneakers each day as many games are in the gym and/or on the playground. (If you choose to wear rubber sole sandals, please be sure they have a back strap for support.)

The \$120.00 that was paid at registration is actually cost effective for the parents and it will insure that we have a **"nut free"** environment for the children. The \$120.00 covers snacks, arts and crafts and Fun-Day.

Please do not leave brothers/sisters and guests not registered for the program!

Children must **arrive at 8:45 AM** and are picked up promptly at **11:30 AM** and must be signed in and out each day.

PLEASE RETURN FORMS WITH PAYMENT BY JUNE 22, 2018

2018 Summer R.A.P. Registration Form

6-8 years old	Dates: July 9- August 17	Time: 8:45 AM - 11:30 AM	Cost: \$120.00
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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 R.A.P. Camp.

Signature: _____
Parent or Guardian

_____ Date



Recreational Activities Program 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 R.A.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
Recreational Activities Program (R.A.P.)
2018**

Dear Parent/Guardian:

Please indicate below who is **authorized to pick up** your child/children. This is required per the R.A.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 R.A.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
Recreational Activities Program (R.A.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)**