

# REGISTER NOW FOR THE 2017 SCITUATE RECREATION SUMMER PROGRAM

Monday, June 26-Friday, August 11, 2017  
North Scituate Elementary School-9:00 AM-2:00 PM  
Hope Pond-1:00 PM-5:00 PM  
Children ages 5-13 years old are welcome to attend.

Pre-registration is required:

## REGISTRATION DATES AND SITES:

SATURDAY, MAY 20th  
SATURDAY, JUNE 3rd  
9:00 AM-12 NOON  
SCITUATE JR.-SR. HIGH SCHOOL  
(FOYER NEAR GYM)

## REGISTRATION FEES:

FIRST CHILD:-\$99.00  
SECOND AND EACH ADDITIONAL CHILD IN THE SAME FAMILY-\$80.00 EACH

Registration payment must be in the form of a check/money order made payable to:  
SCITUATE RECREATION DEPARTMENT  
ALL FEES ARE NON-REFUNDABLE

## LATE REGISTRATION FEE POLICY:

AFTER 6/3/16-\$25.00

Registration information will be accepted ONLY on the registration dates stated above and during the first week of the recreation summer program which will be June 26-June 30, 2017 with a late fee of \$25.00. Mail-in registration information and payment will NOT BE ACCEPTED.

Children who attend the entire day must bring two snacks and a lunch. Bottled water, juice, snacks, and ice cream will be available to purchase.

Busing from North Scituate Elementary School to Hope Pond will be available for children who attend the entire day.

(Please see the reverse side for registration information.)

# Scituate Recreation Summer Program Information

Dear Parents,

The staff of the Scituate Recreation Department is putting the finishing touches on this year's summer program which is scheduled to begin on Monday, June 26th and end on Friday, August 11th. The staff has planned a fun-filled program which includes recreational activities, field trips, arts and crafts, ceramics, performances, special events, visits to the North Scituate Public Library and Hope Public Library, and swimming at Hope Pond. The last day of the summer program will be held at Hope Pond from 9:00 AM-5:00 PM with a cook-out from 11:30 AM-1:00 PM.

## RECREATION PROGRAM LOCATIONS

### Scituate

The location for children who would like to attend the Scituate program will be at the North Scituate Elementary School from 9:00 AM-2:00 PM.

### Hope

The location for children who would like to attend the Hope Pond program will be at Hope Pond from 1:00 PM-5:00 PM.

## BUS TRANSPORTATION

For children who would like to attend the Hope Pond program in the afternoon after attending the Scituate program there will be bus transportation available from the North Scituate Elementary School and the bus will leave at 1:30 PM.

For your child to receive bus transportation he/she must be at the Scituate program by 9:00 AM. The Scituate Recreation Summer Program CANNOT accommodate any late drop-off arrivals for the Hope Pond program due to bus reservation. You must fill out a parent permissions slip for your child to be able to receive bus transportation to Hope Pond each day that he/she attends it. Parent verbal permission to go to Hope Pond will NOT be accepted.

## DROP OFF/PICK-UP PROCEDURES

Each day that your child attends the recreation program he/she MUST be signed in at drop off time and out at pick-up time by a parent/legal guardian with his/her head counselor. If for some reason your child will be leaving early from the recreation program, please let your child's head counselor know at drop off time. Please DO NOT drop off your child until 9:00 AM for the program at the North Scituate Elementary School and 1:00 PM for the program at Hope Pond. If you are late in picking-up your child/children at either the North Scituate Elementary School-by 2:00 PM or Hope Pond-by 5:00 PM the following consequences will apply:

1st Time-Warning

2nd Time-Payment of \$1.00 for each minute late.

3rd Time-2nd Time consequence and child/children will be dismissed from the program.

If another individual (must provide photo ID) other than yourself will be responsible to pick-up your child from the recreation program you MUST provide written permission and give it to his/her head counselor at drop off time. Parent verbal permission will NOT be accepted.

## INCLEMENT WEATHER POLICY

### Scituate

The Scituate Recreation Summer Program will operate during inclement weather but please be advised that children will be inside the school. Please use your best judgment in deciding whether or not to send your child to the program.

(Please see reverse side.)

# Scituate Recreation Summer Program Public Information News

Dear Parents,

From time to time, the Scituate Recreation Summer Program may be presented with the opportunity to take photographs/videotape the children engaged in activities in our program. The Scituate Recreation Summer Program would like to have your written permission for the program to photograph/videotape and to identify your child's name for possible use in program related activities including the local newspaper, television news, and the Scituate Recreation Program website.

The Scituate Recreation Summer Program realizes that individuals may feel differently about such publicity and we will gladly respect and accommodate your wishes on this matter.

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

Thank you for your cooperation.

Sincerely,

The Scituate Recreation Summer Program Staff

## PERMISSION TO USE CHILD'S NAME AND PHOTOGRAPH/VIDEOTAPE FOR PUBLIC INFORMATION NEWS

I hereby give the Scituate Recreation Summer Program permission to use my child's name and photograph/videotape to be printed in the local newspaper, for television news, and the Scituate Recreation Program website.

I do not give the Scituate Recreation Summer Program permission to use my child's name and photograph/videotape to be printed in the local newspaper, for television news, and the Scituate Recreation Program website.

Child's Name (Please Print): \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

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

## Scituate Recreation Summer Program Rules for Children

To ensure a safe, secure, and positive recreation program for ALL children, it is necessary that children follow basic rules when in attendance.

### RULES

1. All children **MUST RESPECT** (i.e., be polite and considerate, use appropriate language, etc.) others and their belongings.
2. All children **MUST** listen and stay with their counselors at **ALL** times.
3. All children **MUST** keep their hands, feet, and objects to themselves.
4. All children **MUST** help with clean-up and keep the grounds of the recreation program clean, as well as respect the grounds (i.e., not pulling on tree branches, etc.).
5. All children **MUST** be a **TEAM PLAYER**.

Please review the rules with your child daily. If your child **DOES NOT** follow the rules, the following consequences will be implemented:

### CONSEQUENCES

#### 1st CONSEQUENCE

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

#### 2nd CONSEQUENCE

Same as above and the program director(s) will be informed and parent will be notified.

#### 3rd CONSEQUENCE

Same as above and your child will not be able to attend the recreation program for one day.

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## Scituate Recreation Summer Program Rules

I, \_\_\_\_\_ have received a copy of the rules for the Scituate Recreation Summer Program for my child \_\_\_\_\_ to follow when in attendance.

Parent/Legal Guardian Signature: \_\_\_\_\_

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

**Scituate Recreation Summer Program  
Medical/Authorization Form**

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

D.O.B.: \_\_\_\_\_ Age: \_\_\_\_\_ Grade in September: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

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

Home Telephone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

In consideration of admittance, I \_\_\_\_\_ hereby authorize the Scituate Recreation Summer Program to arrange for medical treatment for my child, \_\_\_\_\_ should an emergency arise. It is understood that a conscientious effort will be made by the program director(s) to contact me at the emergency numbers that I have provided below before any medical action is taken. I would prefer to have my child, if the need arises, taken to \_\_\_\_\_ Hospital.

Mother/Father/Legal Guardian Signature: \_\_\_\_\_

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

**Mother's Information:**

Home Telephone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Work Telephone #: \_\_\_\_\_

**Father's Information:**

Home Telephone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Work Telephone #: \_\_\_\_\_

**Relatives or Other Individuals the director(s) may contact in an emergency:**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Are there any medical (i.e., allergies, medications, seizures, surgeries, etc.) and/or other medical conditions which should be brought to the attention of the program director(s)?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please specify below:

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

Mother/Father/Legal Guardian Signature: \_\_\_\_\_

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

# Scituate Recreation Summer Program Parent Release Authorization Form

Dear Parents,

The Scituate Recreation Summer Program staff realizes that there will be occasions when there will be an individual(s) other than yourself who will need to pick-up your child from the 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 program. The Scituate Recreation Summer Program staff **MUST** have **WRITTEN PERMISSION** (signature of parent/guardian and dated) to release your child to the individual(s) that you will list below. Please inform each individual that he/she **MUST** present a driver's license when he/she comes to pick-up your child. Your child will **NOT** be released to anyone who **DOES NOT** present this form of proper identification. To ensure that your child will have a safe dismissal from the program, please inform him/her that another individual will be picking him/her up from the program prior to dropping him/her off. If you need to make any changes to the list of individuals that you have authorized to pick-up your child, please notify the program director **ASAP**.

Sincerely,

The Scituate Recreation Summer Program Staff

I, \_\_\_\_\_, authorize the following individual(s) to pick-up my child,  
\_\_\_\_\_ from the Scituate Recreation Summer Program when I am unable to  
do so.

Name of Individual: \_\_\_\_\_

Relationship to Your Child: \_\_\_\_\_

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

Telephone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Name of Individual: \_\_\_\_\_

Relationship to Your Child: \_\_\_\_\_

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

Telephone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Name of Individual: \_\_\_\_\_

Relationship to Your Child: \_\_\_\_\_

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

Telephone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date