



2013 ArtSmart Summer Program at the beautiful Lake Riley Lodge in Cobbs Hill Park

Key Information, Responsibilities, and Requirements

Dear Parent/Guardian:

Welcome to the City of Rochester's ArtSmart program. Our staff is looking forward to spending the summer with your child. Please read the important program information below. If you have any additional questions, please call 428-6755 Monday - Friday, 9 am to 5 pm.

1. **ELIGIBILITY:** This program is for **city youth in grades K-6 or ages 5-13** (although non-city youth may attend at \$130 per child should space be available).
2. **DATES AND TIMES:** Monday through Friday, 9 am to 5 pm, from **July 1, 2013 through August 23, 2013**.
3. **PROGRAM ELEMENTS:** Youth will take part in an array of arts activities including theater, dance, storytelling, painting, textile arts, field trips, recreation, and more! Participants will be served breakfast and lunch.
4. **TRANSPORTATION:** The ArtSmart program does not provide transportation.
5. **COST AND PAYMENT:** Program cost is **\$85 per week for City residents and \$130 for non-City residents**. Siblings can attend for a reduced rate of \$65 per week for City residents and \$110 for non-City residents. For those needing an earlier start, an 8 am drop off is available for an additional \$15 per week per youth.

Payment must be made on the Friday before the week of attendance in order for your child to participate in the program. Parents must pay for one full week even if the child does only attends just one day. FEES CANNOT BE PRO-RATED AND FEES ARE NON-REFUNDABLE. No credits will be given if a child is sick or suspended. Parents must notify us at 428-6755 or 428-6909 if the child will be absent. There is voicemail for messages to be left if the facility is not open or staff is unavailable.

6. **MEDICATION:** If your child is on medication, we must be notified. We cannot administer medication.
7. **PERSONAL BELONGINGS:** Please have all personal belongings labeled with your child's name. A backpack is perfect to keep all belongings together.
8. **DAILY DEPARTURE:** Your child will remain at the site until the end of each day's program, and then depart only with a parent or designated adult or guardian. Information about all persons permitted to pick up your child must be provided on the registration form and to the site supervisor. Children will be allowed to walk home by themselves, only if a signed permission slip has been provided. A designated person will be required to sign out the child at the end of each day. **A late fee of \$1.00 will be charged for each minute that the child remains at the center past 5 pm. If late pickups become a chronic problem, you may be asked to remove your child from the program.**
9. **EXPECTATIONS OF PARTICIPANTS:** Your child is expected to follow the rules of the ArtSmart program and show proper respect toward other children and staff. For the enjoyment and safety of other participants, any child who is disruptive or becomes a disciplinary problem may be removed from the ArtSmart program following a conference with the parent.

The ArtSmart program would like to remind you that we need the cooperation of staff, children and parents to assure continuation of quality programming.



Code of Behavior

- 1** Follow all center rules.
- 2** Show good sportsmanship and invite others to join in.
- 3** Go to staff if you need help resolving a problem or dispute
- 4** Use appropriate language and gestures that respects the feelings of others.
- 5** Respect City and private property.
- 6** Respect the decisions of all coaches, referees and staff.
- 7** Keep yourself and others safe by not bringing weapons into the center.
- 8** Demonstrate self control to avoid hurting yourself or others.

*In order to help Recreation Staff provide a safe and nurturing atmosphere at all Recreation Centers, participants are **required** to adhere to the Code of Behavior to avoid suspension or other consequences.*

2013 ArtSmart Registration Packet

Participant Information

Participant's Name _____

Address (include ZIP) _____

Birth Date: _____ T-Shirt Size: _____ Have you participated in ArtSmart OR ASIP in past? Y N

Parent/Guardian Name _____

Home Phone _____ Cell _____

Employer _____ Work Phone _____

Parent/Guardian Name _____

Home Phone _____ Cell _____

Employer _____ Work Phone _____

Weeks Attending (If all, write ALL, otherwise enter dates child will be attending) *REQUIRED

Parents must notify staff when child will be absent.

At the end of the day, my child may be picked up by one of the following:

Name _____ Phone # _____ Relationship _____

Name _____ Phone # _____ Relationship _____

In an emergency, when parent or guardian cannot be reached, contact:

Name _____ Phone # _____ Relationship _____

Name _____ Phone # _____ Relationship _____

Name _____ Phone # _____ Relationship _____

A non-refundable \$85 deposit for City residents and \$130 deposit for non-City residents is required to reserve space in the program, and will be credited to the first week's attendance.

Payment is due the Friday before the next week of the program. Those who are two weeks behind on payments will not be able to continue attending the program until payment is up to date.

Checks should be made payable to City Treasurer & dropped off or mailed to Bureau of Recreation, 400 Dewey Ave., Rochester 14613.

FOR OFFICE USE ONLY:

Date application rec'd: _____

Deposit: _____

2013 ArtSmart Registration Packet

Participant Health & Immunization Record

Participant's Name: _____

Health Insurance Carrier: _____

Policy#: _____

Pediatrician's Name: _____ Phone: _____

Address: _____

Does your child have a history of the following: (please indicate "yes" or "no"):

Chronic ear infections _____ Diabetes _____ Chicken Pox _____

Rheumatic Fever _____ Mumps _____ Rubella _____

Convulsions _____ Asthma _____ Poison Ivy _____

Measles _____

Immunization Record

Dates

DPT Series _____

OPV (Polio) _____

MMR _____

Measles _____

Rubella _____

Mumps _____

Hepatitis B _____

HIB _____

TINE _____

Haemophilus Influenza Type B _____

Varicella (Chicken Pox) _____

Tetanus Booster _____

Please indicate "yes" or "no" to the following questions and list any additional information.

Does your child use any self-administered medications?

NO YES _____

Do you give your child permission to carry and apply sunscreen? NO YES

sunscreen must be FDA-approved, over the counter, and provided by parent/guardian to camper

Is your child allergic to Penicillin? NO YES

Is your child allergic to any other drugs?
NO YES _____

Does your child have any food allergies?
NO YES _____

Has your child had any operations or serious illnesses?
NO YES _____

Does your child have any chronic or recurring illnesses?
NO YES _____

Are there any activities that your child should be encouraged to do?
NO YES _____

Are there any activities that should be restricted for your child?
NO YES _____

Any additional comments: _____

RECREATION PERSONNEL CANNOT ADMINISTER MEDICATIONS TO CHILDREN. IF YOUR CHILD IS TAKING MEDICATION REGULARLY, PLEASE BRING IT TO CAMP IN THE ORIGINAL PRESCRIPTION BOTTLE WITH DOSAGE INSTRUCTIONS. IT WILL BE KEPT IN A LOCKED CABINET, AND YOUR CHILD WILL BE REMINDED TO TAKE IT AT THE APPROPRIATE TIME.

Parent/Guardian Name: _____

Signature: _____ **Date:** _____

The City of Rochester does not discriminate on the basis of handicap status in its programs, activities or employment.

2013 ArtSmart Registration Packet

Permission Slip & Photo Release

Participant's Name: _____

In consideration of your accepting this ArtSmart program registration, I intend to be hereby legally bound, for myself, my heirs, executors and administrators to waive and release any and all rights and claims or damages of any kind I may have against the City of Rochester, its representatives, successors and employees for any and all injuries which may be suffered by my child. If an accident occurs, I give my permission for emergency first aid treatment to be administered, or at the discretion of City staff, for my child to be taken to a hospital.

My child is capable of participating in this program. I have read and understand the regulations governing this program.

Parent/Guardian Name: _____

Signature: _____ Date: _____

Photograph Release/Permission to Use Photographs

I hereby give permission to the City of Rochester to record the image and voice of my child for purposes of the City of Rochester Department of Recreation and Youth Services.

Parent/Guardian Name: _____

Signature: _____ Date: _____

Please return completed 2013 ArtSmart Registration Packet & deposit to:

City of Rochester Bureau of Recreation

400 Dewey Avenue

Rochester, NY 14613

Fax: 585-428-6021

A non-refundable \$85 deposit for City residents and \$130 deposit for non-City residents is required to reserve space in the program, and will be credited to the first week's attendance.

Checks should be made payable to "City Treasurer" and dropped off or mailed to address above.

City residents will be enrolled first. After all City resident applicants are enrolled, if additional openings are available, non-City residents will be enrolled.

For more information, please call 428-6755 or go to www.cityofrochester.gov/artsmart