

• school's out, inc. •



— a non-profit, school age childcare program —

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Office: (518) 439-9300
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February 2010

Dear Summer Program Parents,

Enclosed please find your child's registration packet for the School's Out Full Day Summer Program located in our air conditioned Storefront Site at 239 Delaware Avenue. Our program will be traveling most days either to a field trip or swimming, weather permitting, and is staffed with our Site Managers and Activity Leaders. The Summer Program begins on **Monday, June 28th through Friday, August 20th from 7:30 am to 5:30 pm (M-F). The cost is \$200.00 per week.**

School's Out will be accepting children entering into 1st through entering 6th grades. Siblings of currently enrolled children who are entering 1st through 6th grades may also enroll in the Summer Program at this time. **A minimum of 2 weeks enrollment is required.**

If you are interested in registering your child for the program, please fill out all of the enclosed forms and return to the School's Out office as soon as possible. **Include a non-refundable Summer registration fee of \$25 per family and a \$50.00 per week per child deposit made payable to School's Out, Inc. to reserve a space for your child. Of the remaining balance, \$100.00 per week will be due May 1st and the remaining balance is due on Tuesday, June 1st. No refunds are given for cancellations or changes after May 1st, 2010.** After June 1st and upon receipt of all application forms and the balance of the fees due, a confirmation will be sent to you. For your convenience, School's Out, Inc. accepts MasterCard and Visa.

NEW: We are offering a limited opportunity for 30 minute private swim lessons in collaboration with Bethlehem Parks & Recreation during weeks 1-6 of the summer program. Please see the attached registration form for more information and fees.

We are looking forward to seeing your child(ren) at the School's Out Summer Program. It will be another exciting and fun summer! Each year we have a waiting list, so please act quickly as we open the remaining spaces to the public on March 15th. If you have any questions, please feel free to call the office at 439-9300. Thank you.

Sincerely,

Jayne Maloney
Executive Director

**SCHOOL'S OUT, INC.
FULL DAY SUMMER PROGRAM 2010
STUDENT REGISTRATION FORM**

A t-shirt will be provided. Please check the appropriate size.

Child Size: (S) 6-8 ____ (M) 10-12 ____ (L) 14-16 ____
 Adult Size: (S) 34-36 ____ (M) 38-40 ____ (L) 42-44 ____
 (XL) 46-48 ____

Child's Name: _____ Sex: _____ Birth Date: ____/____/____

Address: _____ City: _____ Zip Code: _____

Grade When Starting School in September 2010: 1 2 3 4 5 6 E-Mail Address (Day) _____

Parent/Guardian 1: _____ Home Phone: _____

Employer: _____ Work Phone: _____

Cell Phone: _____

Parent /Guardian 2: _____ Home Phone: _____

Employer: _____ Work Phone: _____

Cell Phone: _____

Does your child have special needs or receive any special services from the school district? YES ____ NO ____
For example: an IEP, speech, physical, or occupational therapy, counseling, classroom aide, etc.
If yes, please give a brief description: _____

(Please <input checked="" type="checkbox"/> which week you need)		<u>Fees</u>	Registration fee: \$25 per family per Summer	<u>Fees</u>
June 28 – July 2		\$200.	July 26 – July 30	\$200.
July 5 – July 9		\$200.	August 2 – August 6	\$200.
July 12 – July 16		\$200.	August 9 – August 13	\$200.
July 19 – July 23		\$200.	August 16 – August 20	\$200.

Two week minimum is required.

PHOTO CLEARANCE

Has my permission to photograph my child.

Please do not photograph my child.

PARENTAL CONSENT - DELEGATION FOR MEDICAL TREATMENT

As parent/legal guardian of (name of child) _____, I hereby authorize a staff person (an adult 18 years of age or over) of School's Out, Inc. to grant consent to any physician she/he deems appropriate to conduct the required tests and provide necessary medical treatment/care to the above named child in the event of a medical emergency IF I OR MY SPOUSE CANNOT BE REACHED.
 Medical Conditions (allergies, asthma, seizures, etc.) _____

Any Medications the Child is Taking: _____

Medical Restrictions: _____

Date of Child's Last Tetanus Immunization: _____ Pediatrician: _____

Hospital Preference: _____ Health Insurance Plan: _____ Plan # _____

This authorization is valid throughout the Summer of 2010 ending the last day of August, unless revoked in writing.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

School's Out, Inc.

ADDITIONAL PICK-UP AUTHORIZATION

(In case of emergency, list two people we can contact if neither parent can be reached and for authorized pick up.)

My child/ren, _____, may be picked up

by the following additional people.

I have explained to the people listed below that they may be asked for identification upon pick up of my child(ren).

_____ Name	_____ Phone #
_____ Name	_____ Phone #
_____ Name	_____ Phone #
_____ Name	_____ Phone #
_____ Name	_____ Phone #

_____ Parent/Guardian Signature	_____ Date
_____ Parent/Guardian Signature	_____ Date

School's Out, Inc.

Conditions of Acceptance

Child's Name _____

Child's Name _____

Child's Name _____

1. **TRANSPORTATION PERMISSION** - I give permission to School's Out, Inc. to transport my child(ren) to and from swimming at area state parks, field trips, and special activities. School's Out, Inc. has contracted with a certified bus transport company to provide daily bussing. The bus will drop off and pick up at the Summer Program Site located at 239 Delaware Avenue, Delmar, NY. The bus will return every day at approximately 4:15 pm.
2. **SWIM PERMISSION FOR THE USE OF THE DIVING BOARD** - I give permission for School's Out, Inc. to allow my child to use the diving boards when she/he is attending the full day School's Out Summer program. School's Out requires that the children can swim safely across the pool in deep water. (Please attach a copy of the latest swim lesson level card.)
 I do not want my child to use the diving board.
 I do not want my child to swim in deep water.
 **My child can use the slide at the Saratoga Pool if one of the field trips.
(The water is 3 ft. deep)**
3. **SUNSCREEN / INSECT REPELLANT PERMISSION** – I give permission for School's Out, Inc. to administer the sunscreen and/or insect repellent I provide for my child when she/he is attending the School's Out Program if my child cannot apply it. It will be my responsibility to supply a sunscreen lotion and/or insect repellent and to bring it to the child's site with his or her name on it.
4. **ACKNOWLEDGEMENT FORM FOR PICK UP** - I acknowledge that the pick up time for my child enrolled in the School's Out Full Day Summer Program is 5:30 pm. This is a ½ hour earlier than the school year. I agree to pick up my child from the Summer Program by 5:30 pm closing time. If I am late, the charge will be \$2.00 per minute after 5:30 pm. This fee must be paid to the office within 3 days and I understand I need to sign the late pick up form upon arrival that notes the time according to the School's Out clock.

Parent Signature

Date

Parent Signature

Date

TOWN OF BETHLEHEM
 PARKS & RECREATION DEPARTMENT
 (518) 439-4955 Option 3
 FAX (518) 439-2144

OFFICE USE ONLY:

Date Request Received: _____ Lesson # _____

Amount Paid: \$_____ (Circle One): Cash Check Credit Card

SCHOOL'S OUT, INC. INDIVIDUAL SWIMMING LESSON REQUEST 2010

(Please refer to your copy of this request when making inquiries)

Child's Name _____ D.O.B. _____ Age _____ Male or Female
Circle one

Parent/Guardian Name _____ E-mail Address _____

Address _____ Phone (home) _____ (work) _____
 _____ Zip _____ (cell) _____

Best time for instructor to reach you? _____ Approximate skill level? _____

Any medical condition or other special need? _____

***INITIAL REQUEST LIMITED TO 6 LESSONS.**

***PLEASE PAY \$10.00 PER ½ HOUR LESSON REQUESTED. NON-RESIDENTS (NR) PAY \$15 PER ½ HOUR LESSON. CHECK PAYABLE TO TOWN OF BETHLEHEM. TOTAL FEES PAID AFTER YOU RECEIVE LESSON REQUEST CONFIRMATION FROM SCHOOL'S OUT, INC.**

***THERE WILL BE A \$20 FEE FOR RETURNED CHECKS.**

Circle date(s) desired:

Time desired: Choose 1/2 hour between 1:00 and 3:00pm: <i>(subject to instructor availability)</i>	JUNE/JULY	Monday 28 5 12 19	Friday 2 9 16 23	#OF CLASSES DESIRED (MAX. 6)
1 st choice: _____	JULY/AUGUST	26 2	30 6	_____

CANCELLATION/REFUND POLICY *(Please read carefully!)*

- *Lesson will be **rescheduled** by the instructor in the event of pool closing, instructor's absence, or if the Parks and Recreation office is notified at least 24 hours prior to the lesson. If parent or guardian fails to notify the office at least 24 hours in advance, the lesson may not be rescheduled.
- *If parent or guardian cancels the lesson for any reason, **on the day** mutually agreed upon by the parent and instructor, the lesson will not be rescheduled and no refund will be issued. **Lessons are held rain or shine!**
- *All refund requests must be made by the parent or guardian-call the Park office by **August 20, 2010**. A processing fee of \$1.00 per lesson will be deducted from all refunds.
- *The Parks and Recreation Department reserves the right to cancel or change classes due to instructor availability.

OTHER IMPORTANT INFORMATION

- *Minimum age of student is 4 years. No testing or certifications given. Teaching aides will not be used for this program. No diving instruction.
- *Lessons are taught Monday-Friday only, at Elm Avenue Park.
- *Students must be prompt for lessons-lessons will end at scheduled times. If student is more than 10 minutes late, lesson will be cancelled.
- *Parent or Guardian will be telephoned to confirm lessons no later than 2 to 3 days prior to lesson.

INSTRUCTOR USE ONLY:

If not completed, why?
 No Show T/L Not 24 hrs.

If not completed, why?
 No Show T/L Not 24 hrs

Lesson A (Date/Time): _____	<input type="radio"/>	<input type="radio"/>	Lesson D (Date/Time): _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lesson B (Date/Time): _____	<input type="radio"/>	<input type="radio"/>	Lesson E (Date/Time): _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lesson C (Date/Time): _____	<input type="radio"/>	<input type="radio"/>	Lesson F (Date/Time): _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>