



TOWN OF BEEKMAN
 RECREATION AND PARKS DEPARTMENT
 Mailing Address: 29 Recreation Center Rd, Hopewell Junction, NY 12533
 845-227-5783 227-9685(fax)
 email: RecAssistant@townofbeekmanny.us

2018-2019
School Year

After School /School's Out Program Registration

Takes place at the Beekman Community Center, 31 Recreation Center Road

Information on the children you would like to register:

Participant #1 Last Name				Participant #1 First Name				Middle Initial		
_____/_____/_____ Date of Birth				_____ Age		_____ Sex		_____ School		_____ Grade
Participant #2 Last Name				Participant #2 First Name				Middle Initial		
_____/_____/_____ Date of Birth				_____ Age		_____ Sex		_____ School		_____ Grade
Participant #3 Last Name				Participant #3 First Name				Middle Initial		
_____/_____/_____ Date of Birth				_____ Age		_____ Sex		_____ School		_____ Grade

Family/Parent Information:

Family Street Address				Town		State		Zip	
Parent/Guardian #1 Last Name		Parent/Guardian #1 First Name		Parent/Guardian #1 date of birth		Parent/Guardian #1email address			
Parent/Guardian #1 Home Phone			Work Phone			Cell Phone			
Parent/Guardian #2 Last Name		Parent/Guardian #2 First Name		Parent/Guardian #2 date of birth		Parent/Guardian #2email address			
Parent/Guardian #2 Home Phone			Work Phone			Cell Phone			

In the event the parent's cannot pick up the child list the other adults that may pick them up:

Emergency Adult #1 Last Name		Emergency Adult #1 First Name		Relationship to child					
Parent/Guardian #1 Home Phone			Work Phone			Cell Phone			
Emergency Adult #2 Last Name		Emergency Adult #2 First Name		Relationship to child					
Parent/Guardian #2 Home Phone			Work Phone			Cell Phone			
Emergency Adult #3 Last Name		Emergency Adult #3 First Name		Relationship to child					
Parent/Guardian #3 Home Phone			Work Phone			Cell Phone			

As the parent/guardian, I give permission for the person named above to participate in the After School Program sponsored by the Town of Beekman Department of Recreation & Parks. I release the Town of Beekman, its officers and its Directors from any liability from any injury or loss suffered during this program. I further state that said person is in good health and medical condition unless otherwise indicated. I agree that any letters, projects, photos and videos made during the program are the property of the Town of Beekman and as such can be used for display purposes and promotional materials.

 Parent/Guardian Signature

 Date



After School/School's Out Participant Information

2018-2019

Truthful information on this form will help us to serve your child better!

Use the back for any information that does not fit on the front

Child's Last Name _____ Child's First Name _____ Nickname if any _____

Grade in Fall _____ Birthdate _____ School _____

Please list the members of your child's household and their relationship to them:

Member	Relationship	Member	Relationship

Has your child been in After School Program before? _____ Where _____

Was he/she involved in the decision to come to Beekman Rec After School? _____ Are they looking forward to it? _____

Explain any significant losses or changes in the household your child has recently experienced _____

Explain any significant losses or changes that occurred this year in your child's circle of friends, classmates and extended family _____

If there is a family member or close friend or classmate that is seriously ill, please describe how this has impacted your child: _____

What concerns, if any, do you have about sending your child to the After School Program? _____

Describe any habits, characteristics or phobias we should be aware of to help us better serve your child: _____

Explain how your child copes with stress: _____

Any unusual eating habits your child exhibits: _____

List any food allergies your child has: _____

Please explain any special needs your child may have so we can be prepared to make their stay as comfortable as possible _____

Does your child receive any special services during the school year? _____ yes _____ no If yes, please explain _____

Town of Beekman Recreation & Parks

4 Main Street

Poughquag, NY 12570-9601

845-227-5783 845-227-9685F

RecAssistant@townofbeekman.us www.beekmanrec.com



Program Behavior Guidelines

The mission of the Town of Beekman Recreation & Parks Department is to provide recreational opportunities which will encourage a healthy and active lifestyle. We strive to promote lifelong leisure skills and to enhance the quality of life and sense of community for all residents of the Town of Beekman.

Expectations of Parents

- Child’s health and emergency information will be kept up to date; the Rec Office will be informed of any changes
- Children with a fever or contagious illness must be kept home
- For programs requiring a “sign-out a parent, or designated adult as indicated on Registration Form, will come with photo ID and sign child out
- Parents will support Beekman Rec expectations of children and the discipline policy
- Parents will be available, or have an emergency contact that is available, to pick up their child immediately in the event of an injury, a health, or a discipline issue

Expectations of Children

We expect the children in our programs to be a positive part of our caring community: staff model, and children are guided, to be kind, considerate, caring and helpful

- Children will be honest
- Children are responsible for their own belongings
- Children are responsible for controlling their own behavior keeping their hands and bodies to themselves
- Children will be toilet trained unless in “Care giver and Me” programs
- Children are respectful to staff and listen to staff with a caring heart
- Children are respectful to each other conducting themselves in a courteous manner; there will be no bullying
- Children will treat belongings, equipment and the park with care
- Children will discard their own garbage
- Children will not bring valuables or electronic equipment to the program
- Indoors, there will be no running, cart wheels, or throwing balls; but we will have time for that outside!
- Children will stay with the group

If the above rules are not followed we will adhere to the discipline policy below

Discipline Policy

The staff will create a warm and caring atmosphere with established rules to ensure the emotional and physical safety of all. There will be consistent consequences to children who have difficulty following the rules that include, verbal warning, time out, exclusion from activity, parental consultation, early pick-up by parent, suspension and/or removal from the program without refund.

1st Offense - the child will be warned verbally by a staff member.

2nd Offense - the child will be warned along with a 5-10 minute time out from the activity to reflect on their behavior.

3rd Offense - a parent will be called for immediate pick-up from a short term program and for a consultation in a long term program. If after the consultation there is a 4th Offense the parent will be called for immediate pick-up.

The Recreation Director reserves the right to ban any child from attending Rec programs based on repeated offenses at Rec programs.

In registering my child for a Beekman Recreation programs, I am agreeing to explain the expectations to my child and to support the Expectations and the Discipline Policy.

Child’s Name Printed

Child’s Signature

Date

Parent/Guardian Printed Name

Parent/Guardian Signature



After School/School's Out Program Health History

Participant Last Name _____ Participant First Name _____ Date of Birth ____/____/____ Date of last physical examination _____

Family medical/hospital insurance carrier _____ Policy/Group No _____

Health History (check, giving approximate dates where indicated):

<u>Conditions:</u>	<u>Allergies:</u>	<u>Diseases:</u>	Dates
<input type="checkbox"/> Frequent ear infections	<input type="checkbox"/> Asthma	<input type="checkbox"/> Mononucleosis:	_____
<input type="checkbox"/> Heart defect/disease	<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Chicken Pox:	_____
<input type="checkbox"/> Convulsions	<input type="checkbox"/> Poison Ivy	<input type="checkbox"/> Measles:	_____
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Insect Sting	<input type="checkbox"/> German Measles:	_____
<input type="checkbox"/> Bleeding/Clotting Disorder	<input type="checkbox"/> Penicillin	<input type="checkbox"/> Mumps:	_____

Other diseases or details of above: _____

Operations or serious injuries (dates): _____

For females: Has this child menstruated? If not, has she been told about it? If so, is her menstrual history normal? _____

Dietary Modifications: _____

Suggestions or health related information or restrictions for Rec staff: _____

Prescription drugs taken on regular basis: _____

Please note: No drugs will be administered by staff at the Program. Participants must be able to Self-Administer any needed medications

Standard Over the Counter/PRN Medications The following medications are available and will be administered at the discretion of the staff in the administration of First Aid IF the parent OK's the use by circling "yes". Please note, for CAMP this must be approved by a Physician!

Drug Name	Route	Dosage and	Indications	Parent's Permission	Comments
Antibiotic Ointment	Topical	Per label Instructions	Superficial Cuts/abrasions	Yes No	
Hydrocortisone Cream	Topical	Per label Instructions	Allergic Reactions, (contact dermatitis, insect bites)	Yes No	
Calamine Lotion (or Generic)	Topical	Per label Instructions	Allergic reactions (hives, insect bite)	Yes No	
Saline Solution/ Eye Wash		Per label Instructions	Dust/Sand In Eyes	Yes No	
Sting Stop	Topical	Per label Instructions	Insect bite	Yes No	
Alcohol Wipes	Topical	Per label Instructions	Superficial Cuts/ Abrasions	Yes No	

Physician Name	Dentist Name	Orthodontist Name
Physician Phone	Dentist Phone	Orthodontist Phone

This health history is correct so far as I know and the person herein described has permission to engage in all After School Program activities except as noted. **Emergency Authorization: If an emergency arises and neither parent nor alternative persons can be reached at once, I authorize Beekman Rec Staff to take all measures that they consider necessary for the protection of the health and safety of my child, including hospitalization.** I hereby give permission to the medical personnel selected by the Staff to order x-rays, routine tests and treatment for my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician to hospitalize, secure proper treatment for, and to order injections or anesthesia and/or surgery for me or my child as named above.

Signature of parent or guardian: _____ Date: _____