

Town of Verona  
Summer Park Program  
6600 Germany Road  
Durhamville, NY 13054

### Summer Park Application

Childs' Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

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Parents Name: \_\_\_\_\_

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

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Please list any special needs your child may have: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Emergency Contacts:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

#### CHILD SPONSORSHIP

Participating children must be sponsored by a resident of the township of Verona. Eligible sponsors are limited to immediate family members of the participating child: parents, grandparents, aunts, uncles, brothers, sisters or legal guardians, over 18 years of age.

Complete ONLY if residence of parent/guardian is outside the township of Verona.

Sponsor Name: \_\_\_\_\_

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

#### NON-RESIDENT

Name: \_\_\_\_\_

Fee: \$100.00

Payment: Cash or Check

Receipt # \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

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### ***Authorization for Medical Treatment***

Name of Minor: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I/We being the parent(s) or legal guardian(s) of the above named minor, do hereby Appoint:

Name: Kelly Ross

Title: Park Recreation Director

Phone: 315-271-5664

To act in my/our behalf in authorizing unexpected medical, dental, surgical care and hospitalization for the above named minor during the period of my/our absence from:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ through \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year Month Day Year

\_\_\_\_\_  
Signature Parent/Guardian Date Address

\_\_\_\_\_  
Signature Parent/Guardian Date Address

### **Hospitalization Coverage for Above Named Minor:**

Insurance Co. or Government program: \_\_\_\_\_

ID or Contact Person: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## **CHILD EXPECTATIONS**

FOR THE SAFETY OF THE PARTICIPATING CHILDREN, EACH MUST BE ABLE TO DEMONSTRATE THE FOLLOWING KNOWLEDGE AND BEHAVIORS:

- ✓ STATE FIRST AND LAST NAME
- ✓ IDENTIFY THE PERSON RESPONSIBLE FOR PICKING CHILD UP FROM PROGRAM.
- ✓ USE RESTROOM INDEPENDENTLY, INCLUDING WASHING HANDS AND ADJUSTING OWN CLOTHING
- ✓ TAKE OFF AND PUT ON OUTER CLOTHING
- ✓ EAT INDEPENDENTLY, INCLUDING THE SAFE USE OF UTENSILS
- ✓ FOLLOW DIRECTIONS FROM, AND IS RESPECTFUL OF, THE PARK PROGRAM STAFF
- ✓ CAN SHARE WITH, AND IS RESPECTFUL OF, OTHER CHILDREN
- ✓ USE APPROPRIATE LANGUAGE

## **SUMMER PROGRAM RULES**

1. Parent/Guardian **MUST** sign child/children in and out **EVERYDAY**.
2. Hitting, slapping, pinching, poking, smacking, punching, etc. will **NOT** be allowed at all.
3. **NO** cursing or foul language (such as any and all swear words and the words such as jerk, stupid, dumb, fat, ugly, etc.) will **NOT** be allowed.
4. **NO** "Bossing" or "Bullying" will be tolerated or allowed.
5. Program workers must be notified in order to leave the area such as to go to the bathroom or leave with a parent

## **CONSEQUENCES FOR BREAKING OF RULES**

- First Time: Verbal Warning
- Second Time: Time Out
- Third Time: Parents will be notified to pick up child for the rest of the day.
- Fourth Time: Parent will be notified to pick up child and the child will not be allowed back for the rest of the week.
- Fifth Time: Parent will be notified to pick up child and the child will not be allowed back for the rest of the Summer Program.

PARENT SIGNATURE: \_\_\_\_\_

CHILD'S SIGNATURE: \_\_\_\_\_

Dear Parents/Guardians:

The Town of Verona Summer Park Program strives to provide several fun and exciting activities for everyone to enjoy. During the six-week program, we try to plan weekly activities such as field trips, special visitors, talent shows or outdoor activities for the entire group. During these activities we like to take pictures and post them on the Town of Verona website. This enables working parents, grandparents and extended family members to view the exciting activity their child was able to participate in. The sole use of the photos are ONLY to be viewed on the Town of Verona website and placed in a scrapbook that will be located at the Town Supervisor's office. All others will be erased and/or discarded.

Please check your preferred choice, fill in child(s) name, and Parent/Guardian signature and return with the Park Application and Medical form.

Thank You!!

See You Soon!!!

\_\_\_\_\_ I give permission for my child/children to have their picture taken and posted on the Town of Verona website.

\_\_\_\_\_ I do not give my permission for my child/children to have their picture taken and posted on the Town of Verona website.

Child(s) Name: \_\_\_\_\_

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