



Henrietta Parks & Recreation Afterschool Program

To: All Returning Henrietta Resident Afterschool Families

Re: Afterschool Registration 2015 – 2016

****Please Read Carefully****

- Henrietta residents who are enrolled in the program are grandfathered in each year until they age out.
- Siblings of children currently enrolled and who are returning for the following school year will receive a space for 2015 – 2016 Afterschool Program.
- All participants will automatically be placed at their current site. If a family requests another site, it must be listed under “Special Request for Alternate Site”. There will be no guarantees unless space is available.
- If a child is currently enrolled at a site other than their home school, but would like to request their home school, they may designate it on the registration form. If there are more requests than open spots, there will be a lottery for the open spots at that home school location. The participants that do not receive a spot at their home school will automatically get a space at their current program site.
- If a current participant who is not returning for the following year has a sibling who is looking to enroll for the first time; the sibling will need to participate in the general lottery on March 30th.

Registration:

- All applications for returning participants (and new siblings) **must** be returned by Friday, February 27th by 5:00 PM or you will automatically be put into the open lottery for Henrietta Residents on Monday, March 30th. There will be No Exceptions.

Payment:

- The first payment is due at the time of registration (see payment schedule) and quarterly, thereafter. No child will be able to attend if payment is not made on time.

Make checks payable to: Town of Henrietta

Mail or bring in person to: Henrietta Parks & Recreation
475 Calkins Road
Henrietta, NY 14467
(585) 359-2540



Henrietta Recreation Department Afterschool Recreation Program 2015 - 2016 School Year

PARENT'S INFORMATION SHEET

The Afterschool Program is for children in 1st - 5th grades.
Children may be registered for *ONE* to *FIVE* days per week

Afterschool Programs are held at the following sites: From dismissal to 5:30 p.m.

Crane Elementary School, 85 Shell Edge Drive
Fyle Elementary School, 133 Vollmer Parkway
Leary Elementary School, 5509 E. Henrietta Road
Sherman Elementary School, 50 Authors Avenue
Winslow Elementary School, 755 Pinnacle Road

Afterschool begins the first day of school and will follow the school calendar.

**A calendar listing the holidays and school breaks will be sent to all registered participants by May 4, 2015.
All sites will be closed during these times.

Alternate plans should be arranged for school breaks, emergency school closings, and child illness.

****IMPORTANT INFORMATION****

- The program ends **promptly at 5:30 P.M.** A late pick-up policy has been instituted. A copy can be found in the Parent Handbook given out at the program site.
- Parents are asked to provide a healthy snack and drink for the site one day per month. A monthly snack calendar assignment along with number of children will be handed out at the program site.
- Please contact the school to let them know your child is attending the Afterschool Program. A bus request form must be sent to the school for the 2015 - 2016 school year, noting the days and location your child will be attending the Afterschool Program. The Bus Request form is enclosed in this packet.
- A note should be brought to the teacher on the first day your child attends the program.
- If you are withdrawing your child from the program, **you must let the Recreation Dept. know immediately.**
- **Medications:** EpiPen with diphydramine (Benedryl) and Asthma Inhalers are the only medications allowed on site. Doctor's permission and signature is required. Forms are available in the Recreation Department.
- The Afterschool program:
 - **Will** be open when the Schools are in session for the full day.
 - **Will** be open when the RH Afterschool activities are canceled due to inclement weather. Please pick up your children as soon as possible so we can get our families and staff home safely.
 - **Will not** be in session when a snow day is declared and schools are closed for the entire day.
 - **Will not** be in session if students are dismissed early due to any circumstances (half day, weather related or any unforeseen emergency).

Henrietta Recreation Department
Afterschool Recreation Program 2015 - 2016 School Year
REGISTRATION INFORMATION

Current 2014 – 2015 Afterschool Program _____

Home School _____ Grade (2015-2016) _____

Special Request for Alternate Site: _____

Child's Name _____ Age _____ Birthdate _____

Home Phone _____ Other (Cell) _____

Address _____ Town _____ Zip _____

Parent/Guardian Name _____ Birthdate _____ Work # _____

Parent/Guardian Name _____ Birthdate _____ Work # _____

Address(if different) _____ Town _____ ZIP _____

In Case of Emergency Notify: Name _____

Address _____ Phone _____

Name _____

Address _____ Phone _____

Doctor to Notify _____ Phone _____

Any Medications? _____ If Yes, What Medications? _____

Insurance Carrier _____ Policy Number _____

My child will attend this program on the following days:

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

At the end of the program, my child will be picked up by:

Name: _____ Phone _____

Name: _____ Phone _____

Name: _____ Phone _____

Name: _____ Phone _____

Does your child have any allergies, health concerns, or special needs we need to be aware of? _____

(If yes, please fill out the medical health form.) *Please note we are licensed to have EpiPens with Benedryl and inhalers on site.*

Please Note: Due to NY State requirements any family whose child who requires a one on one aide during the school day must provide their own aide in the Afterschool Program.

WAIVER FOR PARTICIPATION:

I hereby understand and acknowledge that there is some risk inherent in all recreational activities. I acknowledge that the Town of Henrietta does not provide accident or medical insurance for program participants. I fully understand that I must provide proper medical insurance coverage for myself and/or my child. I give permission for a licensed physician or hospital staff to administer emergency medical care and emergency transportation deemed necessary for person(s) registered for such program and/or event if parental/guardian permission is unavailable. I agree to hold the Town of Henrietta, its employees and officials harmless for any accident, and injury or other cause of action occurring while myself and/or my child participates in a Recreation program and/or event.

Parent/Guardian Signature _____ Date ____/____/____

**Henrietta Recreation Department
Afterschool Recreation Program 2015 - 2016 School Year**

PAYMENT SCHEDULE

Registration is for the entire 2015 – 2016 school year. Payments are made in quarterly payments please see fee and payment schedules below.

Registered for:	Resident Fee	Non-resident Fee
5 days	\$210	\$230
4 days	\$180	\$200
3 days	\$135	\$150
2 days	\$90	\$100
1 day	\$45	\$50

Program Quarters	Payment Dates	Payment Due Date
1 st Qtr	First day of school-November 13	Upon Registration
2 nd Qtr	November 16-February 5	November 13
3 rd Qtr	February 8-April 22	February 5
4 th Qtr	April 25-Last day of school	April 22

**ALL PAYMENTS MUST BE MADE IN ADVANCE
NO CHILD WILL BE ABLE TO ATTEND PROGRAM IF FEE FOR THAT PERIOD IS NOT PAID**

**Afterschool Program 2015 – 2016
Mail In Payment Form**

*One registration form required per child. Please use only one payment form per family.

Henrietta Recreation		Afterschool Payment			2015—2016
Participant's Name				DOB	
Participant's Name				DOB	
Participant's Name				DOB	
2015 – 2016 Program Site:		# Days a week	M	T	W Th F
# of children: _____		Amount due per child: _____		Total Payment: _____	
<small>I hereby understand and acknowledge that there is some risk inherent in all recreational activities. I acknowledge that the Town of Henrietta does not provide accident or medical insurance for program participants. I fully understand that I must provide proper medical insurance coverage for myself and/or my child. I give permission for a licensed physician or hospital staff to administer emergency medical care and emergency transportation deemed necessary for person(s) registered for such program and/or event if parental/guardian permission is unavailable. I agree to hold the Town of Henrietta, its employees and officials harmless for any accident, and injury or other cause of action occurring while myself and/or my child participates in a Recreation program and/or event.</small>					
Parent Name: (Print)					
Parent Signature:				Date:	

RUSH-HENRIETTA CENTRAL SCHOOL DISTRICT
Transportation Department

1133 Lehigh Station Road • Henrietta, New York 14467
Phone: (585) 359-5370 • Fax: (585) 359-5367

Date of Request _____
School _____
Teacher _____
Child Care Start Date _____
Kindergarten A.M. ___ P.M. ___

Rick Pollock
Director of Transportation
(585) 359-5380
Fax (585) 359-5367
email: rpollock@rhnet.org

ANNUAL REQUEST FOR TRANSPORTATION TO BABYSITTER OR CHILD CARE
IN ACCORDANCE WITH BOARD OF EDUCATION POLICY 8411 AND REGULATION 8411-R

Parents or guardians of students living in the Rush-Henrietta Central School District who wish to have their child/children picked up or discharged at a child care location must file a written request on the appropriate form annually by **April 1**. This request is to be filed at the school in which the child/children attend. **The request must be renewed each subsequent year and must be renewed by April 1**. Requests for child care service for kindergarten students should also be submitted by **April 1** even though the A.M. or P.M. session may not be established.

- Parents/guardians must have a consistent, 5 day a week schedule for their child's bussing with a maximum of two pick-up and two drop-off points during the week. For example, a child may go to daycare Monday, Wednesday and Friday, and home the other two days. This form must be completed and submitted to the school office before service can be provided.
- Requests for child care transportation service received after the second week of school could require 5 full business days for processing.

Child's Name: _____

Parent/Guardian Name: _____

Address: _____ City/Zip: _____

Home Phone: _____ Work Phone: _____

Child Care Worker's Name: _____

Address: _____ City/Zip: _____

Telephone Number: _____

The following information is needed for child care service only:

1. Pick-up only every day from child care
 Dismissal only every day from child care
 Pick-up and dismissal every day to and from child care

OR

CHECK DAYS REQUIRED FOR VARIABLE CHILD CARE SERVICE:

2. **Monday** pick-up only dismissal only
 Tuesday pick-up only dismissal only
 Wednesday pick-up only dismissal only
 Thursday pick-up only dismissal only
 Friday pick-up only dismissal only

For office use only		
Babysitter:	Bus in _____	Bus out _____
Home:	Bus in _____	Bus out _____

Parent/Guardian Signature