

TINY TOTS GROUP

Children will be assigned to a group according to age. Groups will have a child to staff ratio of approximately 6 to 1. This ratio has proved most successful in providing, counselor-children rapport, peer relationships; and for the diversification of activities.

ILLNESS & EARLY DISMISSAL

Attendance will be taken each day. If your child needs to leave early, a note must be sent to the Director.

LOST & FOUND

Tiny Tots has a "Lost & Found". If your child has lost something, inform the counselor, who will check for you. Be sure to label all personal belongings.

SNACKS

Children should bring a snack each day. Water will be available to children all day long.

RAINY DAYS

A complete rainy day schedule is planned.

NOTE: No refunds will be issued for the Tiny Tots Program.

PROGRAM

June 27th - August 12th \$200.00

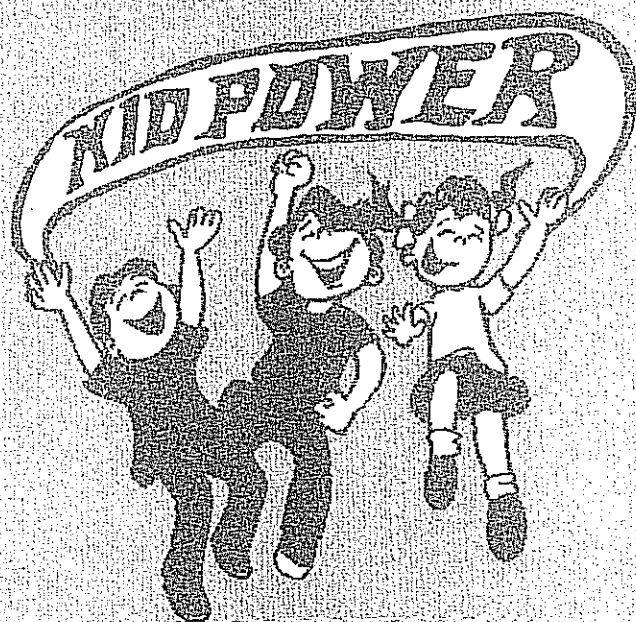
There will be no session on Monday, July 4 (Independence Day Observance)

Please call the Recreation Office at 738-0153 regarding any concerns. Cooperation between staff and home will result in a better experience for the children.

PELHAM RECREATION AFTERNOON SESSION

Tiny Tots Program

AT HUTCHINSON SCHOOL ONLY



2011

JUNE - AUGUST

27th

12th

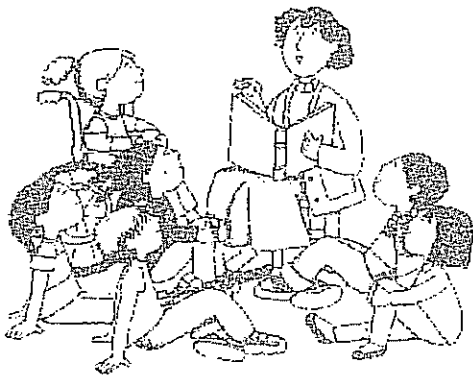
12 noon - 3:00 p.m.

Dear Pelham Resident,

We would like to welcome you and your children 3-6 years old, to the Pelham Recreation Tiny Tots Program. We hope the following information will be of help to you in preparing your children for Tiny Tots. If you need additional information, please call the Recreation Department at 738-0153.

DESCRIPTION OF PROGRAM

A Director, experienced school teachers & a staff supervise toddlers 3-6 at Hutchinson and Siwanoy. Tiny Tots is held from 12noon - 3pm, Mondays thru Fridays from June 28th to August 13th. The fee of \$125 includes a name tag and t-shirt. A helpful, courteous staff offers an active fun-filled morning of activities for the children. We ask that your child is potty trained & that you pick them up at 12pm SHARP!



LOCATIONS

Tiny Tot Program sites will be at Siwanoy School and Hutchinson School.

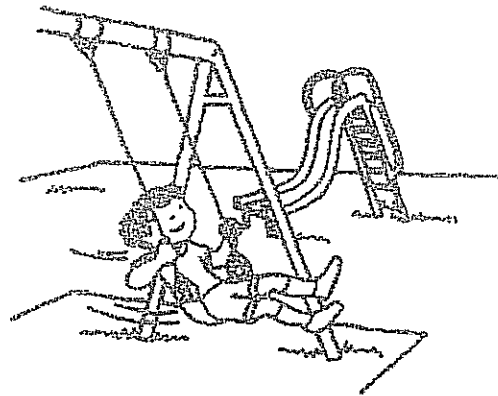
CLOTHING

Each registered child will receive one free t-shirt. Children should come as comfortable as possible. Program shirt and sneakers are advised. All articles of clothing, lunch bags, tote bags, and swim wear should be labeled with child's name. Please have child wear issued name tags each day.

Additional t-shirts and can be purchased at \$5.00 each.

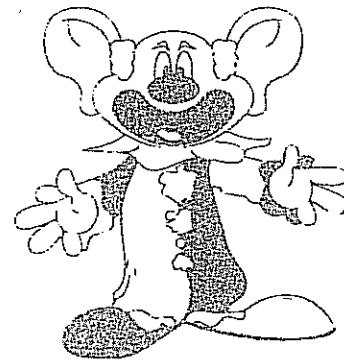
GENERAL PROGRAM

- Playgrounds
- Arts & Crafts
- Sprinklers
- Kickball
- Parachute
- Movies
- Soccer
- Games
- Music
- Story Time



PLANNED SPECIAL ACTIVITIES

- Fireman's visit
- Policeman's visit
- Clown
- Music
- Nature Studies



KEEP THIS PORTION FOR YOUR INFORMATION.

PLEASE DETACH, COMPLETE AND MAIL APPLICATION FORM.

PELHAM RECREATION - TINY TOTS PROGRAM 2011 ENROLLMENT APPLICATION

Dear Parents: Please complete all questions in detail for your child's welfare and enjoyment.
Additional information must be completed on other side.

First Name: _____ Last Name: _____ Middle Initial: _____

Child's Full Name _____ Telephone _____

Nickname if used _____ Boy Girl Child's age on 6/1/11 _____ Birthdate ____/____/____

Address _____ Apt # _____, PELHAM, NY 10803

Allergies (Peanuts, etc.) _____ Medical (Asthma, etc.) _____

PARENTS:

Mother's Name _____ Day/Bus. Tel: _____

Cell Phone _____ Email _____

Father's Name _____ Day/Bus. Tel: _____

Cell Phone _____ Email _____

Referral Method of Contact _____

EMERGENCY CONTACTS:

Name _____ Telephone _____

Cell Phone _____ Relationship _____

Name _____ Telephone _____

Cell Phone _____ Relationship _____

Signature of Parent or Guardian: _____

PROGRAM SESSION: June 27th to August 12th\$200.00

*There will be no session on Monday, July 4 (Independence Day Observance)

Amount Enclosed: \$ _____ Date ____/____/____

Payment by check or money order only (no cash accepted)
Applications must be submitted in person at the

Pelham Recreation Department
20 Fifth Avenue, Pelham, NY 10803

Proof of Residency and Age is required.

- FOR OFFICE USE ONLY -

Check No. _____ Receipt No. _____ Age Group _____

HOLD HARMLESS AGREEMENT

Important: This agreement contains a waiver of rights by the people signing it. Please **READ IT CAREFULLY**. If you have any questions or reservations about it whatsoever, please do not sign it.

This AGREEMENT entered into this ____ day of _____, 20____ by and between THE PELHAM RECREATION COMMISSION ("The Commission") and _____ (the "Participant"), or _____ and _____ (the "Parent(s) of the Participant" if he or she is under the age of 18 years.)

WITNESSETH: In consideration of the Participant being allowed by the Commission to participate in all Pelham Recreation programs to use the fields and facilities of the Town of Pelham and the Pelham Union Free School District in consideration of the covenants and representations herein made, the Participant or the Parent(s) of the Participant do hereby agree as follows:

1. The Participant or the Parent(s) of the Participant as the case may be, do hereby release and discharge and agree to hold harmless the Town of Pelham and its Town Council, The Pelham Recreation Commission, The Pelham Union Free School District and its Board of Education, and their members, officers, directors, employees and agents (including persons serving as volunteers) (Hereafter collectively referred to as "the Sponsor") individually and collectively of and from any and all liability, action, cause of action claim, demand and responsibility whatsoever in law and in equity, arising out of or in consequence of the Participant participating in the Program, or being a passenger in a vehicle provided by the Sponsor in conjunction with the Program – including specifically but without limitation injury and/or death – unless the same is caused by the gross negligence or willful misconduct of the Sponsor.
2. The Participant or the Parent(s) of the Participant specifically acknowledge the potential of risk and injury involved in participation in the Program and do hereby assume said risk and authorize the Commission or its representative to obtain emergency medical treatment for the Participant should the same be necessary during the course of the Program and should the Commission or its representative be unable to make immediate contact with the Parent(s) of the Participant. The Participant or the Parent(s) shall be responsible for the costs of said emergency treatment.
3. It is understood and agreed that the Town of Pelham, the Pelham Recreation Commission, and the Pelham Union Free School District shall not be required to maintain medical or hospitalization insurance coverage with respect to the program and those who participate in it.

(Participant) _____

Parent(s) _____

Pelham Rec. Dept. _____
