

Dear Parents/Guardians,

The end of the school year is quickly approaching! The Town of Ashford is sponsoring summer recreation for children ages 6-12. The West Valley Central School is once again allowing us to use their facilities. The program will begin July 2<sup>nd</sup> and run through Aug. 10<sup>th</sup> Monday through Friday. (No rec on July 4<sup>th</sup>)

The projected plan is as follows: Crafts and organized games will be offered each week on Monday, Wednesday, and Friday from 9:00am to 11:30am. We are once again offering Red Cross certified swimming lessons through the Town of Machias. Lessons will take place each week on Tuesday and Thursday 9:30-1:30. All activities are well supervised. \*(reflected dates/times are subject to change upon approvals)

New this year, we are pleased to announce that each child will receive a nutritious lunch from the Community Action Summer Lunch Service. Each child will be served lunch Monday through Friday. Please note these lunches do not comply with individual dietary restrictions. Children with restrictions/needs may choose to bring a lunch or opt-out of the food service.

We will utilize the school gym and be outdoors as the weather allows. Please make sure your child wears sneakers each day, including swim days. as they will still be playing outdoors on those days. They will need a towel and may want to bring a water bottle on swim days.

Use the doors at the gymnasium entrance for pickup and drop off.

You will find a registration form attached, each child needs a separate registration. You may send it in to school or bring it on their first day that they attend. We look forward to a great summer!

If you have any questions regarding the Summer Recreation Program, please contact Angela Ghani at 716-244-0122.

**Get Connected!** Facebook group: **Ashford Summer Recreation**

Remind App name: **Ashford Summer Recreation** (class code: @ashfordsu or 81010)

## Town of Ashford Summer Youth Recreation Program Registration Form

An individual form must be completed for each child attending the summer youth recreation program before they participate.

Please Print

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

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

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

Parents/Guardian: \_\_\_\_\_

Emergency Contact/Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any other person or persons that are authorized by you to pick up your child at the conclusion of the program each day.

My child is allowed to walk home by him/herself: Yes/No

(please circle one)

My child will participate in: school rec program only      swimming only      both

Lunches do not comply with dietary restrictions. Check here if you wish to opt-out of the lunch program.  Opt-out

Medical information: please list any allergies or medical conditions staff should be aware of:\*(this information is not pertaining to the lunch program)

Does the Town of Ashford Summer Youth Recreation Program have permission to seek medical treatment if unable to reach parents/guardians? Yes/No

Since we are using the school building, equipment and busses; all of the rules in the school handbook apply. Please remind your child of these rules. If your child consistently violates the rules, he or she may be asked to leave the program.

I agree not to hold the Town of Ashford or Summer Recreation Program liable for accident or injury occurring during the participation of my child in any program activity. I hereby consent to my child participating in the Town of Ashford Summer Recreation Program subject to all the foregoing rules and regulations.

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