



Oceanside Public Schools

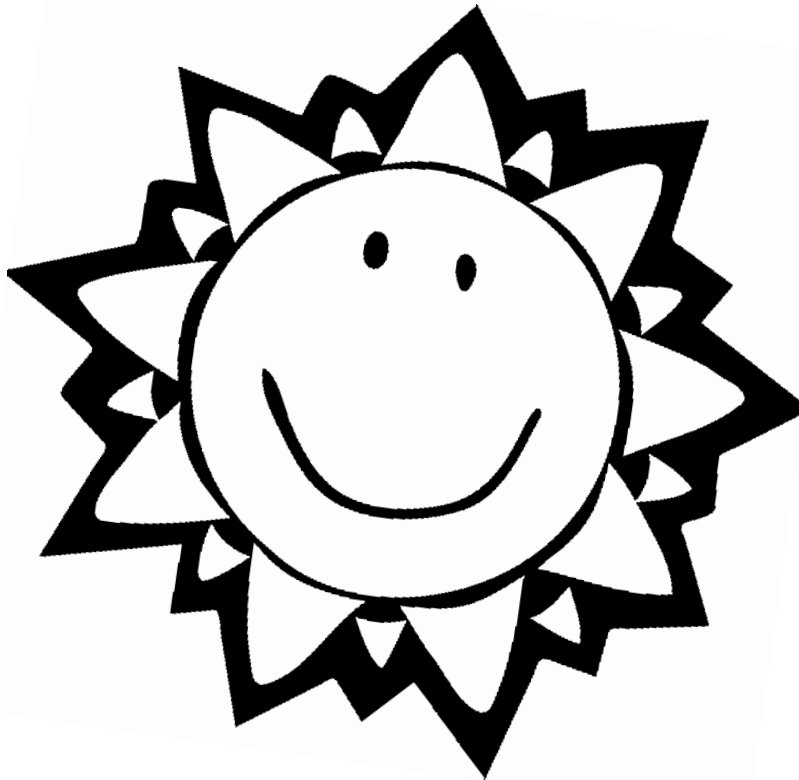
DEPARTMENT OF COMMUNITY ACTIVITIES

594-2336

**SUMMER
2018**

Early Childhood
**SUMMER PLAYGROUND
REGISTRATION**

3, 4, & 5 YEAR OLD PROGRAMS



**Any questions please call
The Department of Community Activities • 594-2336**

BOARD OF EDUCATION

Kimberly Grim Garrity- *President*

Sandie Schoell- *Vice President*

Trustees

Seth J. Blau

Michael D'Ambrosio

Donald Maresca

Mary Jane McGrath-Mulhern

Robert M. Transom

Dr. Phyllis S. Harrington

Superintendent of Schools

Dr. Jill DeRosa

***Asst. Superintendent
for Human Resources,
Student Services
& Community Activities***

Christopher Van Cott

***Asst. Superintendent
for Business***

Diane Provvido

***Asst. Superintendent
for Curriculum,
Instruction and Research***

DEPARTMENT OF COMMUNITY ACTIVITIES

Supervisor - Maria Bavaro

Youth Coordinator - Nancy Baxter



Dr. Jill DeRosa *Assistant Superintendent for Human Resources,
Student Services and Community Activities*

Maria Bavaro *Supervisor*
Nancy Baxter *Youth Coordinator*

School #6, 125 Merle Avenue
Oceanside, NY 11572-2218

(516) 594-2336
Fax (516) 678-8944

March 2018

Dear Parents:

Our 2018 Early Childhood Summer Playground program for children ages 3-5 will begin on Monday, July 2nd and end Friday, August 10th.

The EARLY CHILDHOOD Program will operate at School #6 during the hours indicated:

Pre-K 3 & 4 Year Olds

Monday thru Friday
9:15am-12:15pm

Child must be 4 years old by December 31, 2018

Child must be 3 years old by June 30, 2018
and **must** be toilet trained.

Kindergarten - 5 Year Olds

Monday thru Friday
9:15am – 1:45pm

Child must be 5 years old by
December 31, 2018

The EXTENDED PLAYGROUND Program will operate at School #6 during the hours indicated:

Grades K-6 Extended Playground

Choice of 3 or 5 days a week
8:00am to 4:00pm or 8:00am to 6:00pm

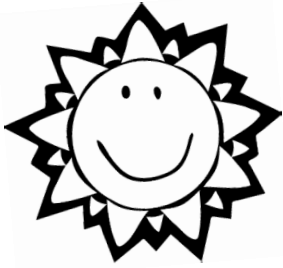
PROGRAM INFORMATION

All Early Childhood playgrounds will have daily organized activities in addition to several special events for your child.

Youngsters must bring their lunch if attending the Kindergarten program, or the Extended Playground program.

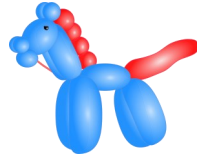
Trip/Event info will be distributed at the D.O.C.A office at the time of registration.

See enclosed forms for all fees and registration information



Early Childhood (3, 4 & 5 year olds): The cost of these three events has been built into the Playground fee.

Goowins Balloons, Janice Buckner - Puppeteer & The Singing Bus Driver



REGISTRATION INFORMATION

◆ **\$30 EARLY BIRD REGISTRATION DISCOUNT APPLIED to all Playground programs** ◆

MONDAY, MARCH 5th - SATURDAY, MAY 5th.

Discounts are automatically deducted at the time of registration.

Participants are also eligible to receive a Multiple Child Discount (if applicable)!!

You may come into the D.O.C.A. office during registration hours between March 5th and April 21st and be guaranteed a spot in the Early Childhood Program.

After April 21st, registration will be subject to availability.



◆ REGISTER EARLY ◆ SPACE IS LIMITED! ◆

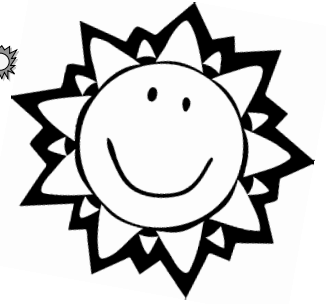
- Please refer to the **REGISTRATION HOURS** sheet, included in this packet, for days and times during which registration can be accepted.
- **PLEASE NOTE:** After May 5th Standard Registration Fees Apply!
- The deadline for ALL registration is **JUNE 1, 2018**
- A separate registration form is needed for each child. Forms may be photocopied, or are available at the Dept. of Community Activities Office. You may also download forms from our website at www.oceansideschools.org: Click on **DOCA** in red bar at top and choose **Summer Playground Program**. There you will find the link to download the 2018 Early Childhood Summer Playground Registration packet.
- **PLEASE CHECK THAT YOU HAVE THE CORRECT REGISTRATION FORM.**

We look forward to having you join us for another fun-filled summer!

Dr. Jill DeRosa
Assistant Superintendent

Maria Bavaro
Supervisor

Nancy Baxter
Youth Coordinator



SUMMER PLAYGROUND
REGISTRATION HOURS

You may register at the D.O.C.A. Office
March 5th through June 1st*
during the following hours **ONLY!**

Monday-Friday

9:00am-12:00pm & 1:30pm-3:30pm

Monday-Thursday Evenings

7:30pm-8:30pm

Saturdays until May 19th

10:00am-12:00pm

**REGISTRATION CANNOT BE ACCEPTED
DURING ANY OTHER OFFICE HOURS.**

EARLY BIRD REGISTRATION

DISCOUNT SCHEDULE*

*\$30 Discount per child is automatically deducted at the
time of registration,*

If you register between March 5th through May 5th

*Participants are also eligible to receive a
Multiple Child Discount (if applicable).*

Please Note:

**Standard Registration Fees apply after May 5th.*



DEPARTMENT OF COMMUNITY ACTIVITIES
SUMMER PLAYGROUND REGISTRATION

**3 & 4 Yr Olds
2018**

NO REGISTRATION AFTER JUNE 1, 2018

**SEPARATE APPLICATION FOR EACH CHILD ♦ PLEASE PRINT CLEARLY
REGISTRATION ACCEPTED ONLY AT DEPT. OF COMMUNITY ACTIVITIES ♦ NO MAIL-INS**

CHILD'S LAST NAME FIRST HOME PHONE BOY GIRL

_____ ADDRESS _____ TOWN _____ ZIP _____ AGE _____ DATE OF BIRTH

SCHOOL #6 EARLY CHILDHOOD SUMMER PROGRAM (3 & 4 YR OLD)

5-DAY PROGRAM ♦ MONDAY THRU FRIDAY ♦ 9:15 am – 12:15 pm

✦ Child must be 3 years old by June 30, 2018 ♦ Child *must* be toilet trained ✦ Child must be 4 years old by December 31, 2018✦

Father's Name _____ Work # _____ Cell # _____

Mother's Name _____ Work # _____ Cell # _____

EMERGENCY CONTACT & RELEASE INFORMATION - *Must be provided for profile sheet to be considered complete!*

Additional persons, besides parents, to call in an emergency for pick up from the playground:

| | <u>Name</u> | <u>Relationship to Child</u> | <u>Phone</u> |
|----|-------------|------------------------------|--------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |

*** If someone other than the above will pick up your child at any time, the staff must be notified in writing.**

Name of friend(s) you wish your child to be grouped with (*Please limit to two*):

Are there any medical, emotional or other problems the playground staff should be aware of?
Specify: _____

Does your child have allergies? _____ Specify: _____

Does your child take medication on a daily basis? _____ Specify: _____

If divorced/separated, name of person with legal custody: _____

If there is any other information that you feel the staff should be aware of, please indicate below:

Doctor's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

**Please Sign & Date
Reverse side of Form**

3 & 4 YEAR OLD PROGRAM ♦ 5 DAYS

Monday, July 2nd – Friday, August 10th ♦ 9:15am - 12:15pm

**♦ \$30 EARLY BIRD REGISTRATION DISCOUNT APPLIED: ♦
March 5th through May 5th**

| | |
|--|-------------------------------------|
| ♦ <u>AFTER MAY 5th THESE STANDARD REGISTRATION FEES APPLY:</u> ♦ | |
| <u>1st Child</u> | <u>Each Additional Child</u> |
| \$514 | \$484 |

PLEASE NOTE THE FOLLOWING:

There will be NO REGISTRATION after June 1, 2018
There will be NO change in fees due to absence for illness or vacations.
Space is limited at each site. Placement is based upon availability.

REFUND POLICY:

Withdrawal by Friday, June 1st.....FULL REFUND
Withdrawal by Thursday, July 5th50% REFUND
Withdrawal after Thursday, July 5thNO REFUND

IN-OFFICE REGISTRATION ONLY ♦ NO MAIL-INS or ON LINE

Department of Community Activities ♦ School #6, 125 Merle Ave.

PAYMENT MUST ACCOMPANY ALL REGISTRATIONS

Checks, Cash (Exact Change), Visa, MasterCard, American Express & Discover accepted

MAKE CHECK(S) PAYABLE TO: *Oceanside UFSD*

PLEASE READ AND SIGN BELOW

Each registrant is required to comply with all rules and regulations established by the Oceanside Dept. of Community Activities. Right of participation is limited to registered Oceanside School District residents in good standing.

Participation may be suspended or revoked for violation of any established rules, or for unacceptable behavior.

In case of emergency, I authorize the Dept. of Community Activities staff to act as my legal representative and to see that proper medical, surgical or hospital treatment is provided in the event that no one can be reached at the emergency phone numbers.

PERMISSION TO ATTEND TRIPS:

My signature below gives permission for my child to take part in all planned and supervised trips. My signature below does hereby covenant and agree to release and hold harmless the Oceanside UFSD from and against any and all liability, loss, damages, claims, or actions (including costs and attorneys fees) for bodily injury and/or property damage, to the extent permissible by law, arising from participation in any and all trips.

I understand participation in any or all trips may involve rigorous physical activity and risks of physical injury, and I assume these risks. I hereby give consent for emergency transportation and treatment in the event of illness or injury. I hereby accept responsibility for the payment of any emergency transportation or treatment on behalf of the participant. I further certify the participant is in good physical condition, and has no medical or physical conditions that would restrict his/her participation in this event.

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE** _____

FOR OFFICE USE ONLY:

TOTAL PD: \$ _____ **CASH** **CHECK #** _____ **CREDIT CARD**

FEE FOR: **1ST** **ADDIT'L** **TYPE:** **LATE** **SCHL** **RECEIPT #** _____



DEPARTMENT OF COMMUNITY ACTIVITIES
SUMMER PLAYGROUND REGISTRATION

**5 Yr Olds
2018**

NO REGISTRATION AFTER JUNE 1, 2018

SEPARATE APPLICATION FOR EACH CHILD ♦ PLEASE PRINT CLEARLY
REGISTRATION ACCEPTED ONLY AT DEPT. OF COMMUNITY ACTIVITIES ♦ NO MAIL-INS

| | | | | |
|-------------------|-------|------------|--------------------------|--------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| CHILD'S LAST NAME | FIRST | HOME PHONE | BOY | GIRL |
| _____ | _____ | _____ | _____ | _____ |
| ADDRESS | TOWN | ZIP | AGE | DATE OF BIRTH |

SCHOOL #6 KINDERGARTEN SUMMER PROGRAM (5 YR OLD) † 9:15 AM – 1:45 PM

† Child must be 5 years old by December 31, 2018 †

| | | |
|---------------------|--------------|--------------|
| Father's Name _____ | Work # _____ | Cell # _____ |
| Mother's Name _____ | Work # _____ | Cell # _____ |

EMERGENCY CONTACT & RELEASE INFORMATION - *Must be provided for profile sheet to be considered complete!*

Additional persons, besides parents, to call in an emergency for pick up from the playground:

| | <u>Name</u> | <u>Relationship to Child</u> | <u>Phone</u> |
|----|-------------|------------------------------|--------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |

✳ *If someone other than the above will pick up your child at any time, the staff must be notified in writing.*

Name of friend(s) you wish your child to be grouped with (*Please limit to two*):

Are there any medical, emotional or other problems the playground staff should be aware of?
Specify: _____

Does your child have allergies? _____ Specify: _____

Does your child take medication on a daily basis? _____ Specify: _____

If divorced/separated, name of person with legal custody: _____

If there is any other information that you feel the staff should be aware of, please indicate below:

| | |
|-----------------------|--------------|
| Doctor's Name: _____ | Phone: _____ |
| Dentist's Name: _____ | Phone: _____ |

**Please Sign & Date
Reverse side of Form**

KINDERGARTEN 5 YEAR OLD SUMMER PROGRAM

Monday, July 2nd – Friday, August 10th ♦ 9:15am - 1:45pm

♦ **\$30 EARLY BIRD REGISTRATION DISCOUNT APPLIED:** ♦

March 5th through May 5th

| | |
|--|------------------------------|
| ♦ <u>AFTER MAY 5th THESE STANDARD REGISTRATION FEES APPLY:</u> ♦ | |
| <u>1st Child</u> | <u>Each Additional Child</u> |
| \$575 | \$545 |

PLEASE NOTE THE FOLLOWING:

There will be NO REGISTRATION after June 1, 2018.

There will be NO change in fees due to absence for illness or vacations.

Space is limited at each site. Placement is based upon availability.

REFUND POLICY:

Withdrawal by Friday, June 1st FULL REFUND

Withdrawal by Thursday, July 5th 50% REFUND

Withdrawal after Thursday, July 5th NO REFUND

IN-OFFICE REGISTRATION ONLY ♦ NO MAIL-INS

Department of Community Activities ♦ School #6, 125 Merle Ave.

PAYMENT MUST ACCOMPANY ALL REGISTRATIONS

Checks, Cash (Exact Change), Visa, MasterCard, American Express & Discover accepted

MAKE CHECK(S) PAYABLE TO: *Oceanside UFSD*

PLEASE READ AND SIGN BELOW

Each registrant is required to comply with all rules and regulations established by the Oceanside Dept. of Community Activities. Right of participation is limited to registered Oceanside School District residents in good standing.

Participation may be suspended or revoked for violation of any established rules, or for unacceptable behavior.

In case of emergency, I authorize the Dept. of Community Activities staff to act as my legal representative and to see that proper medical, surgical or hospital treatment is provided in the event that no one can be reached at the emergency phone numbers.

PERMISSION TO ATTEND TRIPS:

My signature below gives permission for my child to take part in all planned and supervised trips. My signature below does hereby covenant and agree to release and hold harmless the Oceanside UFSD from and against any and all liability, loss, damages, claims, or actions (including costs and attorneys fees) for bodily injury and/or property damage, to the extent permissible by law, arising from participation in any and all trips.

I understand participation in any or all trips may involve rigorous physical activity and risks of physical injury, and I assume these risks. I hereby give consent for emergency transportation and treatment in the event of illness or injury. I hereby accept responsibility for the payment of any emergency transportation or treatment on behalf of the participant. I further certify the participant is in good physical condition, and has no medical or physical conditions that would restrict his/her participation in this event.

SIGNATURE OF PARENT/GUARDIAN: _____ *DATE* _____

FOR OFFICE USE ONLY:

TOTAL PD: \$ _____ CASH CHECK # _____ CREDIT CARD

FEE FOR: 1ST ADDIT'L TYPE: STANDARD SCHL RECEIPT # _____



DEPARTMENT OF COMMUNITY ACTIVITIES
EXTENDED PLAYGROUND PROGRAM

**GRADES K-6
SUMMER
2018**

FOR OFFICE USE ONLY
[]

NO REGISTRATION AFTER JUNE 1, 2018

SEPARATE APPLICATION FOR EACH CHILD ♦ PLEASE PRINT CLEARLY
REGISTRATION ACCEPTED ONLY AT DEPT. OF COMMUNITY ACTIVITIES ♦ NO MAIL-INS

| | | | | |
|-------------------|-------|------------|--------------------------|--------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| CHILD'S LAST NAME | FIRST | HOME PHONE | BOY | GIRL |
| _____ | _____ | _____ | _____ | _____ |
| ADDRESS | TOWN | ZIP | AGE | D.O.B. |
| | | | | Grade in Sept 2018 |

SCHOOL #6 EXTENDED PLAYGROUND SUMMER PROGRAM (Grades K-6)

♦ If registering for Kindergarten, child must be 5 years old by December 31, 2018 ♦

You will have a choice between 3 Days a Week or 5 Days a Week. Please circle choice of Days and Times:

| | | |
|-------------------------|-------------|-------------------------|
| <u>8:00am to 4:00pm</u> | -OR- | <u>8:00am to 6:00pm</u> |
| Mon Tues Wed Thurs Fri | | Mon Tues Wed Thurs Fri |

| | | |
|---------------------|--------------|--------------|
| Father's Name _____ | Work # _____ | Cell # _____ |
| Mother's Name _____ | Work # _____ | Cell # _____ |

EMERGENCY CONTACT & RELEASE INFORMATION - Must be provided for profile sheet to be considered complete!

Additional persons, besides parents, to call in an emergency for pick up from the playground:

| | <u>Name</u> | <u>Relationship to Child</u> | <u>Phone</u> |
|----|-------------|------------------------------|--------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |

* If someone other than the above will pick up your child at any time, the staff must be notified in writing.
_____ Initial here to grant permission for your child to WALK or BICYCLE home at dismissal.

Are there any medical, emotional or other problems the playground staff should be aware of?

Specify: _____

Does your child have allergies? _____ Specify: _____

Does your child take medication on a daily basis? _____ Specify: _____

If divorced/separated, name of person with legal custody: _____

If there is any other information that you feel the staff should be aware of, please indicate below:

Doctor's Name: _____

Phone: _____

Dentist's Name: _____

Phone: _____

**Please Sign & Date
Reverse side of Form**

EXTENDED PLAYGROUND SUMMER PROGRAM

Monday, July 2nd – Friday, August 10th

◆ \$30 EARLY BIRD REGISTRATION DISCOUNT APPLIED: ◆

March 5th through May 5th

◆ AFTER MAY 5TH THESE STANDARD REGISTRATION FEES APPLY: ◆

8:00am to 4:00pm

1st Child Each Additional Child

5 days: \$1,224.....\$1,194

3 days: \$982 \$952

8:00am to 6:00pm

1st Child Each Additional Child

5 days: \$1,636.....\$1,606

3 days: \$1,224.....\$1,194

3 Day Program: In addition to the 3 days you select, your child may attend the Extended Playground program from 9:00am to 2:00pm on non-extended days for no additional charge.

PLEASE NOTE THE FOLLOWING:

- Remember Your Pick-Up Schedule! There will be a late charge of \$25 for each day or incident.
- There will be NO change in fees due to absence for illness or vacations.

REFUND POLICY:

Withdrawal by Friday, June 1st FULL REFUND

Withdrawal by Thursday, July 5th50% REFUND

Withdrawal after Thursday, July 5thNO REFUND

IN-OFFICE REGISTRATION ONLY ◆ NO MAIL-INS

Department of Community Activities ◆ School #6, 125 Merle Ave.

PAYMENT MUST ACCOMPANY ALL REGISTRATIONS

Checks, Cash (Exact Change), Visa, MasterCard, American Express & Discover accepted

MAKE CHECK(S) PAYABLE TO: *Oceanside UFSD*

PLEASE READ AND SIGN BELOW

Each registrant is required to comply with all rules and regulations established by the Oceanside Dept. of Community Activities. Right of participation is limited to registered Oceanside School District residents in good standing.

Participation may be suspended or revoked for violation of any established rules, or for unacceptable behavior.

In case of emergency, I authorize the Dept. of Community Activities staff to act as my legal representative and to see that proper medical, surgical or hospital treatment is provided in the event that no one can be reached at the emergency phone numbers.

PERMISSION TO ATTEND TRIPS:

My signature below gives permission for my child to take part in all planned and supervised trips. My signature below does hereby covenant and agree to release and hold harmless the Oceanside UFSD from and against any and all liability, loss, damages, claims, or actions (including costs and attorneys fees) for bodily injury and/or property damage, to the extent permissible by law, arising from participation in any and all trips.

I understand participation in any or all trips may involve rigorous physical activity and risks of physical injury, and I assume these risks. I hereby give consent for emergency transportation and treatment in the event of illness or injury. I hereby accept responsibility for the payment of any emergency transportation or treatment on behalf of the participant. I further certify the participant is in good physical condition, and has no medical or physical conditions that would restrict his/her participation in this event.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE _____

FOR OFFICE USE ONLY:

TOTAL Pd: \$ _____ CASH CHECK # _____ CREDIT CARD

FEE FOR: 1ST ADDIT'L STANDARD SCHL RECEIPT # _____

ENL