

Clute Memorial Park
155 S. Clute Park Dr
Watkins Glen, NY 14891
607-535-4438
parksdept@watkinsglen.us



The Village of Watkins Glen
303 N. Franklin St
Watkins Glen, NY 14891
P: 607-535-4438
F: 607535-7621

Please return completed registration
To above address or email

2025 SUMMER RECREATION REGISTRATION

Clute Park 586 E. FOURTH STREET

July 7th – August 15th 2025 8am – 4pm

Registration will **ONLY** be accepted if **ALL** of the following information has been completed **AND** submitted along with your child's immunization records as per NYS Department of Health Regulations.

Registration is open for children **entering** Kindergarten – 5th grade. 1 Child per application.

Name of Child: _____

What grade is your child **ENTERING** in September 2025: _____ School district? _____

Birth Date: _____ Age: _____ Gender: _____

Address: _____

(Street) (City) (State) (Zip)

Village of: _____ Town of: _____

Parent/Guardian #1: _____

Phone Numbers: _____
(Cell) (Work or other)

E-mail Address: _____
(E-mail is our primary communication tool)

Parent/Guardian #2: _____

Phone Numbers: _____
(Cell) (Work or other)

E-mail Address: _____

EMERGENCY CONTACT INFORMATION: In the event that we cannot reach parent/guardians. Please list those who can pick up your child within 15 minutes in the event of an emergency. **(ID REQUIRED):**

Name: _____ Phone# _____ Relation _____

Name: _____ Phone# _____ Relation _____

*Campers may only be picked up by person listed as emergency contact unless a note is sent in for each occurrence.

ADDITIONALLY: THERE ARE NO REFUNDS OR CREDITS FOR ANY OF OUR PROGRAMS, UNLESS WE CANCEL THE PROGRAM.

By signing this form, you agree to these requirements, dates, times, and fee structure. Please see handbook for additional information.

Parent/Guardian Signature:

Immunization Records: Please attach your child's immunization records. Immunization dates are required for diphtheria, Hemophilus influenza type B, hepatitis B, measles, mumps, poliomyelitis, rubella, tetanus and varicella (chicken pox), or acceptable exception notification. If your child is not immunized, you must provide: a letter from a physician stating that there is a medical reason why he/she can't receive the vaccine.

List any allergies, medical concerns, special diets, activity restrictions or anything additional that we should be aware of:

Has your child ever been stung by an insect? Yes No Reactions? _____

MEDICATIONS: By law any medications taken at camp **MUST BE ACCOMPANIED BY A DOCTOR'S NOTE:**

Asthma Inhaler: Type: _____ Frequency of Use: _____

Epi-Pen: Type: _____ Frequency of Use: _____

Medication: Type: _____ Frequency of Use: _____

Medication: Type: _____ Frequency of Use: _____

For our Summer Rec program, we will be having a Tie-Dye Day and will provide each child with a T-shirt. Please let us know your child's T-shirt size by selecting from the options below:

Youth: S M L XL

Adult: XS S M L

CAMPER NAME: _____

CAMP SESSIONS & HOURS: PLEASE FILL IN WHICH WEEKS YOU WILL BE SIGNING UP FOR:

- Full Day (8 AM – 4 PM) – \$125 per full week
- \$100 per additional child

- Half Day (8 AM – 12 PM or 12 PM – 4 PM) – \$75 per week
- Half Day with Full Day Friday – \$90 per week

Will your child be attending Watkins Glen School Summer Program? Yes or No

If **YES** will your child attend full day on Fridays at Clute Park? Yes or No?.

What time?

IF half days will Friday be a full day?

Week 1: 7/7-7/11 Far out Summer		
Week 2: 7/14-7/18 Slime Week		
Week 3: 7/21-7/25 Superheroes Training		
Week 4: 7/28-8/1 Performing Arts		
Week 5: 8/4-8/8 Nature Explorer		
Week 6: 8/11-8/15 *Comm Center due to IAF Summer Carnival		

Camp themes are subject to change.

*Note if attending WG summer program there is no bus service on Fridays.

Scholarship information is attached with this application.

PARENT NAME: _____

CAMPER NAME: _____

Payments must be made at least 10 days prior to Week Session.

_____/_____/_____
Credit Card number Expiration Date Security Code
_____ **Initial here if it is OK to charge on the Friday due date.**

Full Day: \$125
\$100 each additional child

Half Day: \$75
Half Day with Full Day Friday: \$90

Families are responsible for prompt drop off and pickup, 3 late occurrences will result in camper termination.

ADDITIONALLY: THERE ARE NO REFUNDS OR CREDITS FOR ANY OF OUR PROGRAMS, INCLUDING NOT CANCELING ON TIME OR OUT SICK. ONLY UNLESS WE CANCEL THE PROGRAM.

Billing is placed when you turn in your registration in and is due 10 days prior to weeks' session.

10 days' cancelation notice is required otherwise you are responsible for dates you signed up for.

PAYMENT DUE DATE SCHEDULE

	Due		Due
Week 1 7/7 - 7/11	<u>27-Jun</u>	Week 4 7/28 - 8/1	<u>18-Jul</u>
Week 2 7/14 - 7/18	<u>4-Jul</u>	Week 5 8/4 - 8/9	<u>25-Jul</u>
Week 3 7/21 - 7/25	<u>11-Jul</u>	Week 6 8/11 - 8/15	<u>1-Aug</u>

PLEASE READ CAREFULLY AND INITIAL

INITIAL

_____ **Emergency Permission:** In the event of a serious emergency, I give permission for my child to be taken to the nearest hospital for treatment including any necessary diagnostic test/exams. I understand that every attempt to reach me will be made prior to taking my child to the hospital.

_____ **Medication Permission:** In the event that my child needs his/her medication, I give permission to the Camp Medical Director/Nurse to administer the necessary medications. I understand that I will be notified by the Camp Nurse in the event my child needs his/her medications.

_____ **Permission to participate and swim:** I give permission for my child to participate in all swim sessions during Watkins Glen Summer Recreation Program.

_____ **Permission to Walk/Bike Home:** I give permission for my child to walk/bike home from camp, 5th grade only. Younger siblings may go with an older sibling.

_____ **Sunscreen Permission:** I consent to have my camper carry and use sunscreen she/he has brought to camp, which is FDA approved for the over-the-counter use to avoid overexposure to the sun.

_____ I consent to have a day camp staff member assist with **SPRAY** application of sunscreen when my child is unable to do so, or if my child requests assistance.

_____ **Photo Release:** I consent that any photography or video of myself and/or my child having to do with Watkins Glen Summer Recreation Program and other programs can be used for publicity, promotion or showing.

_____ **Handbook:** Please read the attached Camper Handbook carefully, confirm that you have read and agree to the rules and expectations.

_____ **General Release:** I hereby agree to hold harmless the Village of Watkins Glen, the respective Board of Trustees thereof, the agents, employees and volunteers from any claim whatsoever, for property or personal damage that I/my child may sustain as a result of his/her participation in the activities of the Watkins Glen Summer Recreation Program, including swimming, field trips and/or other events sponsored in conjunction with the Watkins Glen Recreation Department.

Signature of Parent/Guardian: _____ Date: _____

Print Parent/Guardian name: _____

Print Campers name: _____

Summer Recreation Handbook

Welcome to The Village of Watkins Glen Summer Recreation program, please take the time to read over the Camper handbook and become familiar with the rules and expectations of campers and their guardian's.

Contact Information: Parks office 607-535-4438 you can leave a message here after hours.

Arrival, Departure, and Release Procedures

- Guardians must sign their camper in and out each day at the Lakeside Pavilion.
- Campers will only be released to persons listed in the Parent/Guardian section of the enrollment form.
- If another person needs to pick up your camper, a note must be sent in for each occurrence, including the person's full legal name. They must present proper identification (driver's license or government-issued ID).
- Only designated individuals on the enrollment form may modify information. Changes must be made in person with the Summer Recreation Director or Assistant.
- Staff are not permitted to transport campers.
- If a camper is released to a sibling under 18, the sibling must be listed as an authorized pickup person.
- If a custody restriction is in place, a court order signed by a judge must be provided. Without documentation, we are obligated to release a child to any listed parent or guardian.
- In difficult custody situations, contact the Summer Recreation Director to discuss guidelines. A copy of any court document must be provided at that time.
- Summer Recreation will not mediate parental disputes. Parents are responsible for resolving any custody issues.

Late Pick-Up Policy

- Call Parks office 607-535-4438 if an emergency will delay pickup.
- A \$10 charge applies if a camper is not picked up by 4:00 PM.
- Additional fees apply: \$5 after 4:45 PM, \$20 after 5:00 PM (per occurrence).
- If a camper is not picked up within one hour of closing time, Children's Protective Services will be contacted.
- Repeated late pickups may result in termination of program enrollment.

Cancellations & Program Withdrawals

- Cancellations must be in writing and received at least 10 days prior to the first day of a session.
- If a session is canceled due to facility issues, account credits will be issued.

Billing Policies & Procedures

- Sessions must be paid in full at least 10 days prior to the start date.
- No refunds or credits will be issued after a session has started.

Discipline & Guidance Procedures

- Campers are encouraged to develop self-management skills and positive social interactions.
- Our program uses positive guidance methods including reminders, redirection, logical consequences, and trust-building.
- Campers must adhere to consistent, clearly stated rules and behave appropriately for their age and development level.

Disciplinary Actions:

1. First Incident: Parents are notified, and the child is redirected.
2. Second Incident: Camper receives a written warning, which may lead to a one-day suspension.
3. Third Incident / Gross Violation: Action is determined by the Summer Recreation Director, which may include suspension or termination from the program.

Code of Conduct

A camper may be suspended or removed from the program without refund for:

- Leaving camp without permission.
- Using obscene language, fighting, or disrespecting staff/campers.
- Threats (verbal or written) toward staff or campers.
- Vandalism of property.
- Fighting, intentional harm, or bullying.
- Possession of illegal substances or weapons.
- Public displays of affection.
- Theft or destruction of property.
- Refusing to participate or follow safety procedures.

Health & Safety Policies

- Immunization records are required **before** attending camp.
- Do not send your child to camp if they are sick. This includes pink eye, stomach ache/vomiting, fever, and lice.
- Campers with symptoms of illness or a fever (100°F or higher) will be sent home.
- Campers with head lice are not permitted at camp and will be sent home.
- Allergy action plans must be signed by a doctor and parent.

- Campers must be fully toilet trained. Staff will not assist with accidents, and repeated incidents may result in termination.
- Medication Administration:
 - Parents must provide an "Authorization to Administer Medication" form signed by a doctor.
 - Medication must be in its original container with labels intact.
 - Only enough medication for each week is accepted, bottles are returned at the end of each week.
 - Over-the-counter medication also requires a doctor's order specifying dosage and usage.

Accidents & Medical Emergencies

- In case of an emergency, parents will be notified immediately.
- If parents cannot be reached, the Nurse, Summer Recreation Director, or Assistant has authority to seek medical attention at the parent's expense.
- In major emergencies, 911 will be called immediately.
- Parents are responsible for emergency transport fees.
- Head injuries will always require a 911 call.

Emergency Preparedness Plan

- Staff are trained in emergency procedures, including responses to natural disasters, fires, and hostile situations.
- Weekly fire drills and periodic severe weather drills are conducted.
- If relocation is necessary (e.g., gas leak), parents will be notified immediately.
- If weather conditions worsen, parents should pick up their camper as soon as possible.
- Schuyler County Emergency Management is notified as well of the children's location in these situations.

Daily Camper Needs

Required Items (Labeled):

- Backpack
- Healthy snack
- Labeled water bottle (mandatory)
- Towel & swimsuit
- Spray sunscreen (staff cannot apply lotion)
- Comfortable play clothes
- Hat/visor

- Closed-toe, closed-heel athletic shoes
- Positive attitude!

Prohibited Items:

- Cell phones
- Makeup
- Electronics
- Toys/stuffed animals
- Weapons
- Trading cards
- Jewelry

Camper Belongings

- Label all items. Lost items will be placed in a lost & found area. Unclaimed items will be donated.
- Summer Recreation is not responsible for lost, misplaced, or stolen items.

Child Abuse Prevention & Response Policy – Summer Recreation

At Summer Recreation, the safety and well-being of the children in our care is our top priority. Our staff are trained to **recognize** the signs of abuse, **supervise** youth in a way that ensures they are always within sight, and **respond** appropriately when concerns arise.

To help prevent child abuse, we have implemented the following procedures:

- **Thorough Screening:** All camp staff and individuals employed in or by our centers and programs undergo background checks and reference verification before being hired.
- **Mandatory Reporting:** Allegations or suspicions of child abuse are taken seriously and reported immediately to law enforcement and state agencies for investigation.
- **Supervision & Safety Protocols:** Our programs are structured to ensure that staff and volunteers are never alone with children, except in emergency situations.
- **Parental Engagement:** We encourage open communication with parents and conduct evaluations to gather feedback on daily experiences, ensuring any concerns are addressed promptly.
- **Incident Reporting:** Staff are required to report all incidents, including any disclosure of abuse, following established procedures.

Empowering Children to Seek Help

A key part of child safety is ensuring children know they can seek help and that trusted adults—both at Summer Recreation and at home—will listen and respond supportively. It's important to recognize that abusers can be parents, caretakers, friends, neighbors, or even other youth.

- **Encourage Open Communication:** Let children know they have the right to say "NO" to anyone who makes them feel uncomfortable, even if that person is a familiar adult or peer.
- **Be Proactive:** Foster an environment where children feel safe sharing their thoughts and concerns—and take time to truly listen.
- **Establish Safety Rules:** Teach children how to stay safe both online and offline.

If a child discloses abuse, or if you suspect abuse but are unsure or lack proof, **trust your instincts and take action immediately**. You can call the **Child Abuse Hotline at 1-800-342-3720** for guidance.

If you believe a child is in immediate danger, call 911 first.

Thank you for your commitment to keeping our children safe.

Attached is the Elmo M. Royce Camp Scholarship Application, if you are in need of assistance please fill out and return to the parks department as there is a section for us to fill out regarding the program. This scholarship's due date is **April 16, 2025**.

Also attached is the Campership through the Village of Watkins Glen which you may apply for also if you need additional assistance. Please fill out and return with all required paperwork. You will receive an email with awarded amount.

Elmo M. Royce Camp Scholarship Application

Applicants' Name _____ Age _____
Address _____ City _____ Zip _____
County _____
Phone _____
School _____ Grade _____

Name of Camp _____
Camp Address (must be filled out) _____
Camp Phone Number _____
Date(s) Attending Camp _____ Number of Days/Weeks Attending _____
Full Cost of Camp \$ _____ Scholarship Request \$ _____

Camp Affiliation: Please check one.

- Girl Scout/Boy Scout
- 4-H
- Religious
- Sports
- Private
- Other

Reason for need, other remarks _____

Signature of Applicant _____ Date _____

Parent/Guardian Signature _____ Date _____

Please attach your guardian/parents most recent tax return.

REFERENCE SECTION (must be completed)

To be completed by sponsor/group leader/pastor: I (do) (do not) recommend this applicant. (Add pertinent information) _____

Name _____ Phone _____
Organization _____
Address _____

Complete and return this application postmarked on or before April 16 to:

Royce Camperships
Community Foundation
301 South Main Street
Horseheads, NY 14845

Clute Memorial Park
155 S. Clute Park Drive
Watkins Glen, NY 14891
607-535-4438
parksdept@watkinsglen.us



Village of Watkins Glen
303 N. Franklin Street
Watkins Glen NY 14891
607-535-2736

2025 SUMMER RECREATION SCHOLARSHIP APPLICATION
Clute Park 586 E. FOURTH STREET

The Scholarship Program is intended for families that otherwise would be unable to send their child(ren) to Summer Recreation. Scholarships are awarded based on need and the availability of funds. The Scholarship Committee will review in order of receipt and applicants will be contacted. Funds are limited.

Instructions: (please read carefully to make sure your application can be processed)

1. Please complete a 2025 Summer Recreation Registration by going to <https://www.senecalakeevents.org/summer-rec> Please be sure to register before submitting your scholarship application. Your application cannot be processed unless you have registered your child(ren) first.
2. Complete the scholarship application and submit with your completed 2025 Income Tax Form. The Scholarship Committee will not finalize any application without this form. **2024 return acceptable with a copy of 2025 W2.**
3. Return the Scholarship form to: Clute Park Summer Recreation, 155 Clute Park Drive Watkins Glen, NY 14891 or e-mail to parksdept@watkinsglen.us

PLEASE PRINT CLEARLY

Parent Name _____ Employer _____ Phone # _____
Parent Name _____ Employer _____ Phone # _____
Street Address _____ City _____ State _____ ZIP _____
Village of: _____ Town of: _____
Home Phone _____ Email _____
School District Children Attend: _____
Family Status (please circle one) Married Single Parent Foster Guardian Other _____

List all child(ren) in household:

Child #1 _____ Applying for scholarship? Yes or No
Child #2 _____ Applying for scholarship? Yes or No
Child #3 _____ Applying for scholarship? Yes or No
Child #4 _____ Applying for scholarship? Yes or No

Additional children in home: _____

1. Does your family receive food stamps? _____
2. Is your child eligible for childcare services through the Department of Social Services? _____
3. Does your child require one on one support? _____ If yes please include IEP/504

**We reserve the right to adjust rates and scholarships based on funding.
All Scholarship awards are subject to availability.**

- 4. Will you receive other financial aid or funding to assist in payment of Summer Recreation? Yes or No
 - 5. Have you received campership from Elmo Royce Community Foundation? Yes or No

 - 6. Is there anything else you would like us to know about your child or family?
-
-
-

Summer Camp Hours and Rates:

Full Day 8AM – 4PM, \$125 per full week
Half Day 8AM - 12PM or 12PM – 4PM, \$75 per full week
Half Day with Full Day Friday, \$90 per week

Applying for full days \$125:

- 75% Partial Scholarship, I can afford to pay \$31.25 towards the weekly rate per child.
- 50% Half Scholarship, I can afford to pay \$62.50 towards the weekly rate per child.
- 25% Scholarship, I can afford to pay \$93.75 towards the weekly rate per child.

Applying for half days \$75 (\$90 plus Friday):

- 75% Partial Scholarship, I can afford to pay \$18.75 (22.50 + Fri) towards the weekly rate per child.
- 50% Half Scholarship, I can afford to pay \$37.50 (\$45 +Fri) towards the weekly rate per child.
- 25% Scholarship, I can afford to pay \$56.25 (\$67.50 +Fri) towards the weekly rate per child.

By accepting a scholarship, the applicant agrees and confirms:

- All information submitted is accurate including all financials.
- To have child attend Summer Recreation for all sessions scholarships were awarded for.
- Future scholarship applications will not be accepted unless these requirements have been met.
- You agree to pay your portion at least 10 days prior to the week’s session camper is attending.
- I will not talk about scholarship amount received or I may forfeit my scholarship.
- **If you are awarded scholarship, family discount rates no longer apply.**

Initial here _____

Parent/Guardian Signature

Date