



Little People Playtime

Come join us at our "Little People Playtime" where you and your friends can enjoy indoor and outdoor sports, activities, crafts, swimming and trips. Little People Playtime is located at the Michael G. Perkins Community Center on 47 Academy Avenue, Middletown, New York.

Little People Playtime is for 4, 5 & 6 year old girls and boys. Playtime hours are 9:00 a.m. to 2:00p.m., Monday thru Friday, rain or shine. Lunch will be provided but children should bring a snack and a drink. A camp T-Shirt and secondary accident insurance is included in fee.

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|------------------|---|--------------------------------------|
| FEES are: | Session # 1: \$75.00 for Middletown Residents | \$95.00 for Non-Middletown Residents |
| | Session # 2: \$65.00 for Middletown Residents | \$85.00 for Non-Middletown Residents |
| | Session # 3: \$75.00 for Middletown Residents | \$95.00 for Non-Middletown Residents |
| | Session # 4: \$75.00 for Middletown Residents | \$95.00 for Non-Middletown Residents |
| | Session # 5: \$75.00 for Middletown Residents | \$95.00 for Non-Middletown Residents |
| | Session # 6: \$75.00 for Middletown Residents | \$95.00 for Non-Middletown Residents |

SESSION # 1 ... June 26 to June 30

SESSION # 2 ... July 3 to July 7 (no camp July 4)

SESSION # 3 ... July 10 to July 14

SESSION # 4 ... July 17 to July 21

SESSION # 5 ... July 24 to July 28

SESSION # 6 ... July 31 to August 4

All registrations must be made by mail or in person at the Recreation Department Office, 47 Academy Avenue, Middletown. The medical form attached must be returned with the registration. All registration fees are non-refundable. Pay by CASH-CHECK-MONEY ORDER. We Do Not Take Credit or Debit Cards. There is a \$20.00 Service Charge on bounced checks.

Disclosure Statement: Little People Playtime is licensed by the NY State Dept of Health and is inspected twice yearly. Inspection reports are filed at the Rec. Office.

****Little People Playtime Registration Application****

Name _____ Age _____ Birthdate _____
 Address _____ Zip _____
 Phone # {home} _____ {work} _____ {cell} _____

Please CIRCLE Sessions Desired = #1 #2 #3 #4 #5 #6 Please CIRCLE t-shirt size = 6-8 10-12 14-16

Full payment is required with application. Mail or Bring to the Recreation Office, 47 Academy Avenue, Middletown, NY
 Phone: (845) 346-4180. MAKE CHECKS PAYABLE TO: MIDDLETOWN RECREATION DEPARTMENT.

Little People Playtime

Dear Playtime Participant & Parent,

Please return the "MEDICAL INFORMATION" form at the bottom of this notice, with your completed Playtime application and complete payment.

Little People Playtime will begin each day in the Michael G. Perkins Community Center, 47 Academy Avenue, Middletown. Participants need comfortable clothing, a snack and drink. Playtime begins at 9:00 a.m. and ends at 2:00 p.m. Please drop off and pick up your child in the Gym, entrance is at the back of the building. Please make necessary arrangements to depart at 2:00 p.m. Little People Playtime will be in full swing...rain or shine.

Although we hope to have no use for it, secondary accident insurance is provided.

Please Return with Playtime Application to: Middletown Recreation Dept, 47 Academy Ave., Middletown, NY 10940

MEDICAL INFORMATION

Playtime Participant's Name _____ Age _____ Birthdate _____

Address _____ Zip _____

Phone: (Home #) _____ (Work #) _____ (Cell #) _____

| IMMUNIZATION AGAINST | DATE IMMUNIZED mo./date/yr. | IMMUNIZATION AGAINST | DATE IMMUNIZED mo./date/yr. |
|--------------------------|--------------------------------|-----------------------------------|--------------------------------|
| Diphtheria/Tetanus (DTP) | ____/____/____ | Measles/Mumps/Rubella(MMR) | ____/____/____ |
| Poliomyelitis(OPV) | ____/____/____ | Varicella(Chicken Pox) | ____/____/____ |
| Hepatitis B | ____/____/____ | Haemophilus influenza type B(HIB) | ____/____/____ |

Please inform us of any medications, allergies or health concerns:

Name, Address & Phone Number of Responsible Person to Contact in Case of Emergency:

NAME

ADDRESS

PHONE #

1. _____

2. _____

Parent or Guardian's Certification: I certify that the applicant named above is in good health and has my permission to participate in the 2017 Little People Playtime. I also certify that I understand and acknowledge that I will be required to pay a late registration fee of \$20.00 if I fail to meet the registration deadline(prior to 1st day of session), or a late pick-up fee of \$25.00 if I fail to pick-up my child at the designated pick-up time as stated on the registration form.

Parent's Signature: _____