

MIDDLETOWN

Recreation Department

"Commitment to Community"

AFTER SCHOOL RECREATION ACADEMY 2018-2019

The Middletown Recreation Department in conjunction with the Middletown Athletic Department will be running an After School Recreation Academy (ASRA) for students grades K-5th. Students will receive an after school snack, homework help and instruction in various sports and recreational games. The After School Recreation Academy is available to students at Maple Hill, Presidential Park and William A. Carter. All programing and instruction for the ASRA will end at 5:30pm and pick up will be between 5:30pm and 6:00pm. Any child picked up after 6:00pm will receive a \$25.00 late pick up fee that MUST be paid at the Middletown Recreation Department before the child can return to the After School Recreation Academy. The After School Recreation Academy will follow the school schedule; No school, No After School Recreation Academy, ½ days No After School Recreation Academy, closings or early dismissal No After School Recreation Academy. If you have any questions please feel free to call the Middletown Recreation Department (845) 346-4180.

COST BREAKDOWN:

\$8.00 per day, per child. The cost breaks down to \$2.66 per hour

LIMITED SPACE:

60 students in Presidential Park (K-5th grade)

50 students in Maple Hill (K-5th grade)

40 Students in William A. Carter (K-5th grade)

Your Child is not enrolled until payment is received

After School Recreation Academy Registration Form

Student's Name _____

School _____ Grade _____ Sex _____

Address _____

Allergies _____

Medical Concerns _____

Parent/Guardian Name _____

Cell # _____ E-Mail _____

Work # _____ Home # _____

Emergency Contact Name and # _____

I give my child _____ permission to participate in the

After School Recreation Academy _____ .
(Parent/Guardian Signature)

The Following individuals are allowed to pick up my child

1. _____
(Name & Phone Number)

2. _____
(Name & Phone Number)

3. _____
(Name & Phone Number)

PAYMENT:

NOTE: your child is not registered until we receive payment.

-Payments are always due on **the last Friday of every month.**

-If you would like to make a payment for multiple months at once you may.

-Cash, Check (Middletown Recreation Department) or Money Order.

-There will be a \$20 Bounced Check Fee.

-There is a \$25.00 late payment fee

September:

Cost: \$112 (14 days) Due on: 8/31/18

Payment_____

October:

Cost: \$160 (20 Days) Due on: 9/28/18

Payment_____

November:

Cost: \$136 (17 Days) Due on: 10/26/18

Payment_____

December:

Cost: \$112 (14 Days) Due on: 11/30/18

Payment_____

January:

Cost: \$168 (21 Days) Due on: 12/28/18

Payment_____

February:

Cost: \$144 (18 Days) Due on: 1/25/19

Payment_____

March:

Cost: \$136 (17 Days) Due on: 2/ 22/19

Payment_____

April:

Cost: \$128 (16 Days) Due on: 3/29/19

Payment_____

May:

Cost: \$168 (21 Days) Due on: 4/26/19

Payment_____

June:

Cost: \$120 (15 Days) Due on: 5/31/19

Payment_____

After School Recreation Academy Parent/Guardian Agreement Form

I, _____ am the Parent/Guardian of _____.
(Parent/Guardian Name Printed) (Child's Name Printed)

I understand that my child MUST be picked up between the 5:30pm and 6:00pm _____.
(Parent initial)

I understand if I pick up my child AFTER 6:00pm I will receive a \$25.00 Late Pick up Fee and may child WILL NOT be allowed back into the program until the fee is paid at the Middletown Recreation Department office _____.
(Parent initial)

I understand if I make a payment AFTER the due date I will receive a \$20.00 Late Payment Fee in addition to the amount that is owed _____.
(Parent initial)

I understand I must make payments on the last Friday of every month regardless of weekends, vacations, illness, holidays, or inclement weather. _____.
(Parent initial)

I understand if payments are not made on-time my child may not attend the program until a payment is made _____.
(Parent initial)

I understand the **After School Recreation Academy** is based on playing sports and learning what it takes to be a student athlete in Middletown. My child MUST participate in the sports being played in the session they are signed up for _____.
(Parent initial)

My child is physically capable of participating in sports and is in good health _____.
(Parent initial)

I understand that if there is No school, ½ days, school closings or early dismissals the **After School Recreation Academy** will be cancelled _____.
(Parent initial)