



The City of Beacon
 Recreation Department
After School Program
2018 - 2019, Session 2
 November 19th to February 2nd

Welcome to the Beacon After School Program, held in J.V. Forrestal, Sargent and South Ave. Elementary schools. This program offers more than just child care; the program offers exposure to many different activities; an opportunity for your child to try something new or learn more about something they already enjoy. It is our goal to provide a safe and fun recreational experience to all participating children while providing opportunity for enrichment

Each day, the children are dismissed from their classroom directly to the program, where they have about thirty minutes of free play followed by a snack. From about 4:00 to 4:50 is the first activity period followed by a second fifty-minute activity period. Scheduled activities are complete around 5:45. Parents are welcome to pick their child up at any time prior to 6:00.

Your child may attend any number of days per week. Activities will fill up fast; secure your space early if you want a particular activity. Please see the chart below for the schedule of daily activities.

SESSION 2	Monday	Tuesday	Wednesday	Thursday	Friday
Sargent	Fantastic Beasts	¡Hola!	Mighty Kids	BeBhakti	Kid's Kitchen
South	Small Tribe Hoops	BeBhakti	¡Hola!	Kid's Kitchen	Beacon Bookworms
J.V. Forrestal	Silly Science	Fantastic Beasts	Small Tribe Hoops	¡Hola!	Kid's Kitchen

In addition to the main activities above, children have additional activities each day. This includes an opportunity to complete homework.

We offer four sessions each school year, each session will have different activities at each school. You must re-register for each session. We thank you for the opportunity to be inspired by your children.

This program is registered through the New York State Office of Children and Family Services.

Office Use Only Register Code: AFTSCH	Total Fees Paid: \$	Date:	Pymt Type:
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ABOUT OUR ACTIVITIES



BeBhakti Kids Yoga - Children naturally practice patience, compassion, love and devotion which we cultivate through yoga play. Children get to know themselves and connect with each other by exploring and sharing their creativity and inner wisdom. Yoga teaches kids to use breathing to create space between their thoughts and their reactions. We will learn to move and to pause with awareness and intention

Beacon Bookworms will read and explore classic children's literature. Spend some time with Dr. Seuss, Mother Goose and more contemporary kid stories. Each week we'll read a book and do activities related to the tale. We might climb "beanstalks," plant some 'truffula' or even have a wild rumpus! We will also be spinning our own yarns and children will be coming home with their own story to tell. We're sure it will be an epic time



Bienvenido a **¡HOLA!** In this class, your child is going to be 100% immersed in the Spanish language; learning the foundations of another language with a focus on fun. We do a wide variety of activities such as dancing, singing and playing games. The children will start to acquire vocabulary and language skills for real life situations. ¡Esperamos verte ahí! (We hope to see you there!)

(Even More) Fantastic Beast and How to Build Them Using a variety of materials, kids will be introduced to the limitless world of making sculpture. Using various crafting techniques to imagine and build creations of all types - people, pets, mythical creatures or forms of their own invention. With a focus on using upcycled materials, we will experiment with building smaller figures, wearable sculptures and larger installations.



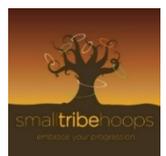
Let's get cooking! Kids will get creative in the kitchen to learn basic skills with simple equipment. Each week, kids will make their own snacks with a focus on trying new things. Each recipe will be something that the kids can make for themselves, with supervision. A great start to a lifetime of self-sufficient, healthy, snacking!

Come to **MIGHTY KIDS** to learn more about Health & Hygiene, Exercise & Energy, Food & Fun! Incorporating information from the Eat Smart New York of the Hudson Valley Region program, kids will learn about nutrition and making healthy choices to help enjoy a lifetime of fitness. Each workshop includes interactive activities, games, movement and a food tasting



We hypothesize your child will have a lot of fun at **Silly Science!** Each week we will undertake a different experiment to learn about chemical reactions, the physical properties of matter and the manipulation of energy. The focus is fun with a sprinkle of science and discovery.

Small Tribe Hoops is a super-fun program that introduces hula hooping as an art form. In this series, students will play hoop games and learn how to do circus-style tricks! Each week students will be introduced to a new age-appropriate trick or skill. By the end of the program students will be dancing in their hoop, moving fluidly from one hoop trick to the next!





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Return Completed Document to:
Beacon Recreation
 23 W. Center Street Beacon, NY 12508

Please select days you are enrolling and the school your child attends.
Fee is per entire session of programming. This works out to approx. \$13.00 per day.

School	Monday	Tuesday	Wednesday	Thursday	Friday	5 Days	Total
	\$130	\$130	\$130	\$130	\$130	\$625	
	Add'l child \$115	Add'l child \$575					
Sargent							
Forrestal							
South Ave							

Child Name:		
Current Grade:	Gender:	Age:
Teacher	Date of Birth:	
Parent/ Guardian Name:		<input type="checkbox"/> Allowed to pick up and can be called in case of emergency
Address:		
City:	State:	Zip:
Home Phone:		Work Phone:
Cell Phone:		Email:

List any and all persons who will be picking up child from program. You may add additional names.
 (ONLY THE PERSONS LISTED BELOW WILL BE ALLOWED TO TAKE CUSTODY OF YOUR CHILD)

Name	Phone	Relationship	Emergency Contact
1			<input type="checkbox"/> Can be called in case of emergency
2			<input type="checkbox"/> Can be called in case of emergency
3			<input type="checkbox"/> Can be called in case of emergency

Medical Information: (Allergies, Existing Physical Conditions and/or Limitations, Medications)

Additional Information (Please list anything that you feel would be helpful to provide your child a fun, safe and enriching experience)

As a parent/legal guardian of _____, I give my permission to Beacon Recreation Afterschool Program to access my child's school medical records in case of an emergency. I have read the attached waiver and release, and by signing it, agree it is my intention to exempt the City of Beacon, its officers, directors, employees and volunteers from liability for personal injury, property damage, and/or wrongful death by negligence or any other cause.

Parent/ Guardian:

Date:

Office Use Only Register Code: AFTSCH	Total Fees Paid: \$	Date:	Pymt Type:
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Beacon Recreation Department
23 West Center Street Beacon, NY 12508
845.765.2470 •845.765.8439 fax

PARENTAL WAIVER and RELEASE of LIABILITY

In consideration of the City of Beacon, its officers, directors, employees and volunteers furnishing services and/or equipment and/or facilities to enable my child to participate in the **Beacon After School Program**, and/or transportation to and from such activities, I agree as follows:

I fully understand, acknowledge and agree that: (1) there are risks and dangers inherent in participation in such activities and the use of equipment and facilities provided; (2) these risks and dangers may be caused by the negligence of the City of Beacon, its officers, directors, employees and volunteers, the negligence of other participants, the negligence of others, and by accidents, breaches of contract, forces of nature, or other causes; (3) these risks and dangers may arise from foreseeable or unforeseeable causes; and (4) by my child's participation in these activities, I hereby assume all such risks and dangers and all responsibility for any losses and/or damage, whether caused in whole or in part by negligence of the City of Beacon, its officers, directors, employees or volunteers, or by any other person.

I, on behalf of myself, my child, my personal representatives, and my heirs voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify the City of Beacon, its officers, directors, employees and volunteers from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services, personal income and otherwise which may arise out of my child's participation in the proposed activities or use of equipment or facilities provided in connection therewith. I specifically understand I am releasing, discharging and waiving any claims or actions I or my child may have presently or have in the future for all actions, omissions or other conduct by the City of Beacon, its officers, directors, employees and volunteers.

While participating in the forgoing activities offered by the City of Beacon, its officers, directors, employees and volunteers are in no way responsible for loss or damage to personal items, including my vehicle.

I further understand, acknowledge and agree that outdoor sports activities are an athletic activity and require a certain amount of physical fitness. My child does not suffer from chronic wrist, arm, shoulder, neck, back, leg or knee problems, or if they do, I have consulted my physician before their participating in the above mentioned activities. If medication is required for any reason, it is my sole responsibility to bring and administer such medication when participating in the programs offered by the City and to inform the City of Beacon, its officers, directors, employees and volunteers of my child's condition before beginning the above mentioned activities.

I authorize and agree to use by the City of Beacon, its officers, directors, employees and volunteers of any and all photographs which may be taken of any aspect of the program and which may include my or my child's image.

I also hereby grant permission for my child to be transported and treated in the event of a medical emergency if I cannot be reached. Any expenses advanced by the City or its representatives for such care shall be reimbursed upon demand.

As a parent/legal guardian of _____, I give my permission to Beacon Recreation Afterschool Program to access my child's school medical records in case of an emergency.

I, _____ have read the above waiver and release, and by signing it, agree it is my intention to exempt the City of Beacon, its officers, directors, employees and volunteers from liability for personal injury, property damage, and/or wrongful death by negligence or any other cause.