

March 2009

Attention Middle School Parents:

The Youth Commission is pleased to announce plans for its MIDDLE SCHOOL SUMMER ACTIVITY PROGRAM (MSSAP) this summer. Affectionately dubbed *Camp Menace*, the program dates are: Monday's through Thursday's, June 22 - July 30, from 9:00a.m. - 3:00a.m. daily. Sign-ups for the program are by the week (or any combination up to all six weeks). Registration dates are March 9 - June 12.

Janice Marzano will once again be running this program with the assistance of four counselors. Planning and scheduling has not yet been finalized, however we are currently working on offering a variety of field trips. Some of the tentative destinations being considered are: Rip Van Winkle Bowling, tubing on the Farmington River, movies at that Darien Playhouse, ferry trip to Port Jefferson, Splash Down Water Park, Play Land, Bridgeport Bluefish and more. These trips are not guaranteed, however will be confirmed at a later date, including specific dates, times and entry fees.

Upon receipt of your registration form and payment, a confirmation of registration packet will be returned to you. It will include: field trip waiver; permission to walk/ride bike; Student Agreement form to be signed by both student and parent (indicating rules have been read and agreement is made to abide by them). When the calendar is ready for distribution, we will include sign-ups for parents to drive for field trips in this packet. Please bear in mind that due to the small size and the low cost of the MSSAP, the success of the program relies very heavily on volunteer drivers for many of our activities.

Please feel free to contact the Youth Commission office with any questions or for additional information.

Sincerely,

Alicia Sillars
Youth Director

MIDDLE SCHOOL SUMMER ACTIVITY PROGRAM – 2009
REGISTRATION FORM
(REGISTRATION DATES: MARCH 9 – JUNE 12)

NAME OF PARTICIPANT _____
CURRENT GRADE _____
NAME OF PARENT/GUARDIAN _____
ADDRESS _____
HOME PHONE _____ WORK PHONE _____
E-MAIL ADDRESS _____
EMERGENCY CONTACT/PHONE _____

PROGRAM DATES:

(Circle dates wanted)

Week 1: June 22, 23, 24, 25
Week 2: June 29, 30, July 1, 2
Week 3: July 6, 7, 8, 9
Week 4: July 13, 14, 15, 16
Week 5: July 20, 21, 22, 23
Week 6: July 27, 28, 29, 30

\$425 for 6 WEEKS _____
\$75 for 1 WEEK _____

(For those requesting scholarship assistance, please indicate on this form and include a \$25 non-refundable registration fee for the program. A scholarship form will be returned with confirmation of registration packet. Please follow those guidelines carefully, and return form with ALL supporting documentation to this office by May 1. You will be notified of award/determination after May 18 with any remaining balance due by June 5. Scholarship award does NOT cover any applicable admission/entrance fees.)

Please indicate if requesting scholarship application: _____ (Please include \$25 non-refundable registration fee with registration form.)

FOR OFFICE USE ONLY: TOTAL DUE: _____ AMOUNT PAID _____ CHECK #: _____

Please make checks payable to: TOWN OF DARIEN, and return them to:
YOUTH COMMISSION
2 RENSRAW RD.
DARIEN, CT. 06820: ATTN: MSSAP

NOTE: ALL FIELD TRIPS ARE EXTRA. SCHOLARSHIP AWARD DOES NOT COVER ANY APPLICABLE ADMISSION/ ENTRANCE FEES. PAYMENT PER TRIP MUST BE BROUGHT IN THE DAY OF THE EVENT. PLEASE KEEP IN MIND THAT WE RELY ON PARENT VOLUNTEERS TO DRIVE ON OUR LOCAL FIELD TRIPS.

-Please complete Medical Information on Reverse-

DARIEN YOUTH COMMISSION MEDICAL INFORMATION

Please complete the following information regarding your child's health

Child's Name _____

Physician's Name & Address _____ Phone _____

Date of last physical exam _____

Family Dentist & Address _____ Phone _____

Is your child in good physical condition? Yes _____ No _____

Does child have any medical or physical condition that staff should be aware of? Yes _____ No _____

If so, please describe _____

Please list any allergies your child has: _____

Is your child required to take medication during program hours? Yes _____ No _____

If yes, please describe _____

(Please be advised that if your child needs medication during program hours, a completed Authorization to Administer Medication form must be completed by physician & returned to NYC prior to program start date. Additionally, medications must be in original container and be given to Janice Marzano at the start of each week.)

In the event of injury or illness, and reasonable attempts to contact parent/guardian and other emergency contact have been unsuccessful, I hereby give my consent for the administration of any emergency treatment necessary by a licensed medical professional or facility.

Hospital of Choice: Stamford _____ Norwalk _____

I agree to hold the Town of Darien, its agents, employees and volunteers harmless from any and all claims for bodily injury, illness and property damage arising from the Youth Commission's Middle School Summer Activity Program.

Signature of Parent/Guardian _____ Date _____