

Town of Stony Point
Recreation Department
5 Clubhouse Lane
Stony Point, NY 10980
845-947-5261

Attached is the registration form for the 2009 Summer Playground Program.

The Program will run for 5 weeks (7/13-8/14), Mon-Fri 10:30am-1:30pm and be held at Veterans Park.

The Program will consist of organized sports, games, and daily arts and crafts projects. Each day will have a different theme.

The children need to bring a snack with them(the lunchpack should have a freezer pak) They should also bring an extra bottle of water(Water will be provided at the Program)

The children should dress appropriately for the weather and activities(they should wear sneakers).

If there is a child you would like your child to be placed with, please indicate that on the form.

Registration cannot be considered completed without all information requested.(Current immunizations from the M.D.; Registration form completed-no blanks; payment(ck or m.o.))

If you have any questions, please contact me at the number above or my email: nsmith@townofstonypoint.org

*Noreen Ann Smith
Recreation Facilities Super.*

Town of Stony Point Recreation Dept.
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2009 Summer Playground Program
July 13th- August 14th—10:30am-1:30pm
(5 weeks—Mon-Fri)
at Veterans Park

Open to Town Residents--- ages 4-8
\$250: 1st child--\$150:2nd child—3rd child--\$100

Checks payable to : Town of Stony Point

Child's Name: _____ Age: _____

Address: _____

Home Phone#: _____ Cell Phone#: _____

Parent/Guardian's Names: _____

Any Special Needs(Please List): _____

Emergency Contact Person:(person who can be reached while the
Child attends the program): _____

Name& Phone#: _____

If for any reason my child should need Emergency assistance, I
agree to allow Emergency Personnel to assist my child:

Parent/Guardian's Signature: _____

Immunization record rec'd & attached: _____