

Fun In The Sun (FITS)

Welcome Summer at:

What is FITS? An enriching, nurturing
Summer Program offered at the
East Rochester School District.

Who can go? Students entering 1st-7th grades.
*Participants must have the
ability to self toilet

When is FITS? July 10- August 18 (6 weeks)
Monday through Thursday
11:30am to 3:30pm (dismissal begins at 3:15pm)

What Activities are at FITS? Group & individual games, sports,
arts, crafts, indoor and outdoor swimming and more!!!

**It's our intent and belief to provide a fun, active and safe
environment for students to be engaged in and enjoy all day!**



WEEKLY RATES:

Monday - Thursday
\$60

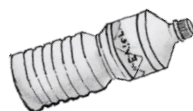
All Registration will be online

FITS Daily REQUIREMENT: ALL participants must BRING

SNEAKERS



WATER BOTTLE



SWIMSUIT



Don't forget Sun Screen!



Fun In The Sun (FITS) Registration Form

Child's name _____ M/F ____ Age ____ Grade(2022-23) _____
Parent name(s) _____
Home Address _____
Home phone _____ Dad's work/cell _____ Mom's work/cell _____
E:mail _____ Emergency contact (name/#) _____



2023 WEEKLY RATES:

11:30am-3:30pm \$60

FITS is based on WEEKLY ENROLLMENT and will be cancelled if registration numbers are too low. WE pride ourselves by keeping our weekly rates as low as possible, therefore we appreciate registration and full payment for all sessions at least 2 weeks before each session.

Please check the weeks and sessions attending below:

<input type="checkbox"/> July 10-13	<input type="checkbox"/> July 17-20	<input type="checkbox"/> July 24-27
<input type="checkbox"/> July 31 - August 3	<input type="checkbox"/> August 7-10	<input type="checkbox"/> August 14-17

Number of weeks _____ x rate (\$60) = \$ _____ Total



FITS will be using an ONLINE registration system. Please follow the link to register.

<https://erschools.cr3.rschooltoday.com/public/home/>

FREE Breakfast and Lunch will be provided by the USDA'S SUMMER MEAL PROGRAM!

The Summer Meal Program is during the weeks of July 10 – August 17

Monday-Friday free of charge in the Senior High Cafeteria

Breakfast: 7:30-10am and Lunch: 10:45am-12:45pm

****This program is funded by the U.S. Department of Agriculture;
ERSD and USDA are equal opportunity providers and employers.***



MUST BE TURNED INTO FITS PRIOR TO START DATE

HEALTH INFORMATION (required by the NYS Department of Health)

Child's Name _____

I certify that all my child's immunizations are up to date. ☐ (check box to confirm)

Health history (check all that are applicable):

<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Hay fever	<input type="checkbox"/> Behavior problems
<input type="checkbox"/> Convulsions	<input type="checkbox"/> Mumps	<input type="checkbox"/> Asthma	<input type="checkbox"/> Hearing <input type="checkbox"/> Vision
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Medication (name and dose)	<input type="checkbox"/> Special diet	<input type="checkbox"/> Ear Infections

Allergies

<input type="checkbox"/> Nuts/peanuts	<input type="checkbox"/> Poison Ivy	<input type="checkbox"/> Latex	<input type="checkbox"/> Foods (please supply list)
<input type="checkbox"/> Insect stings	<input type="checkbox"/> Penicillin	<input type="checkbox"/> Other drugs	

Doctor's name: _____ **Phone:** _____

Insurance carrier: _____

Policy holder name: _____ **Policy number:** _____

Recommendations and restrictions while at FITS:

Any recent surgery (type[s] and date[s]) _____

Are there any medical or developmental conditions requiring attention? _____

Serious injury (type[s] and date[s]) _____

Any chronic or recurring illnesses _____

Any other conditions, or details of above: _____

Is your child currently on medication? Yes ☐ No ☐

If yes, list name(s) and dosage(s)* _____

List any problems that might confront your child at FITS (i.e. homesickness, anxiety, moodiness, allergies, etc.)? _____

Note: All prescriptions & over-the-counter medications must be administered by parents prior to the student attending FITS.

Parent/Guardian Agreement: I hereby register my child for designated session(s) of Fun in the Sun. I understand the NYS Department of Health requires my child to have completed health information, including immunization dates, in order to attend camp. It is understood that FITS will make every reasonable effort to contact the parents and emergency contacts listed if any type of emergency arises. The health form is correct as far as I know, and the person described has permission to engage in all camp activities, except as noted by me and his/her physician. I have provided the staff with any pertinent information that might help FITS staff in caring for my child (including, but not limited to, allergies, previous existing illness or condition, sun burn sensitivity, diet requirement, long-term medications, disability or limiting conditions, or emotional, developmental, or behavioral challenges). I understand that not fully disclosing the above may put my child's health and safety at risk. I give consent for my child to take part in field trips or excursions off camp property under proper supervision. I assume all risks of damages to my child while participating in any of these activities sponsored by the school district, and its agents, servants, and employees from any claim of any nature arising out of participation in these activities, and hold the district and any staff acting as agents of the district harmless. * I understand that pick up time is **NO LATER THAN 3:30**. If I am late more than once, my child is subject for removal.

Signature of parent/guardian _____ **Date** _____

Superintendent of Schools: Dr. James Haugh

Asst. Superintendent for Finance and Operations: Staci SanSoucie

Elementary AP: Mr. Jared Snyder

Program Coordinator: Mrs. Barb Regan

