

Town of Carlisle  
Recreation Commission  
www.carlislema.gov

Carlisle Recreation  
Email rec@carlisle.mec.edu

66 Westford St.  
Fax: 978.371.6686

Carlisle, MA 01741  
Phone: 978.369.9815

**Welcome Carlisle Recreation Summer Fun -  
Grades 4 thru 7 and Grades 7 thru 10  
Program Confirmation and Parent Handbook 2007**

We have received registration for your child/ren for Carlisle Summer Fun and look forward to offering them an exciting experience.

Please review the enclosed invoice and schedule of activities. Let us know of any corrections (978-369-9815) as soon as possible. If you have a balance due, please submit a check payable to the **Town of Carlisle** before the start of the Summer Fun Program by June 22nd. Payments received after this date will incur a late fee of \$25.

There are openings in most classes. Carlisle Recreation reserves the right to cancel classes due to low enrollment. Final decisions on cancellations will be made one week prior to the start of the class.

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**IMPORTANT TELEPHONE NUMBERS**

**During Summer Program (Office Hours Only – 8:15 am to 3:00 pm)**  
Program Office, Corey Gym Lobby – Cell Phone #: (978-761-1188)  
**To Leave a Message (before and after hours) - (978-369-9815)**

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**Program Hours** are 9:00 am to 3:00 pm. The Main Program Office is located at the Carlisle Public School-Gym Lobby in the Lower Corey Building. Early Morning Drop Off: 8:15 am and Extended Day: 3:00 to 6:15 pm Options available for an additional fee – see Brochure.

**Drop Off 9:00 am - Pick Up 3:00 pm** for all Grade 4-10 activities will be at the Carlisle Public School (Corey Dining Room). Please **check in and out** at this location with the Grade 4-7 Assistant Coordinator (Katie Lynch) each day. A counselor will accompany all students to activities held off site.

**Program Forms** Please be sure to fill out all appropriate forms and return before the start of the program. (See Handbook)

**Parent Handbook** - enclosed. Please Read and **Save** for reference.

Looking forward to a great summer.

Sincerely,

Jan Deyoe / Cindy Nock  
Program Co-Directors

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**PARENT HANDBOOK**  
**(4 to 7 Program) and (7 to 10 Program)**

**4 to 7 and 7 to 10 Program Hours:** Monday thru Friday – 9:00 am to 12 noon and/or 12 noon to 3:00 pm – depending on activities.

**Program Assistant Coordinator:**

**Morning Drop Off and Afternoon Check Out:**  
**Check In and Out at Carlisle School – Corey Dining Room**

**Early Drop Off** (for those registered): **8:15 am Corey Gym – Sign In**

**Extended Day Option:** 3:00 pm to 6:15 pm (for those registered) – see brochure. Also daily Drop In is available at an additional charge see Office staff for details.

Children Registered for the Extended Day Option will be bused to Kids' House at 3:00 pm: - **142 East Street**  
Parents responsible for Pick Up – no later than 6:15 pm @ Kids' House

**Drop Off and Pick Up:**

**Check In and Out each day** with the Assistant Coordinator (Katie Lynch) for this program in the Corey Dining Room

**Late Arrival and Early Dismissal Procedure:**

If you arrive late, please check in at the Office located in the Corey Gym Lobby. You will be directed where to accompany your child to his/her activity. If you find it necessary to pick up your child/ren before the end of the day, bring a note for the 4-10 Assistant Coordinator and inform the Office. Indicate time, date & place of pick up.

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**IMPORTANT TELPEHONE NUMBERS:**

**During Summer Program (Office Hours Only – 8:15 am to 3:00 pm)**

**Reach us by phone at: 978-761-1188 (Corey Summer Office)**

**To Leave A Message (before and after hours) – 978-369-9815**

**\*\* PLEASE CALL AND INFORM US IF YOUR CHILD WILL BE ABSENT \*\***

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**Safety is Important:**

**NO cars** will be allowed in the Upper Parking Lot or along the road in front of the gym area...this is especially important as **Buses** will be parked and children will be in that area. Children leave for off-sight activities by 9:05 am. Promptness is appreciated.

**Supervision:**

Two counselors are assigned to each group of children and travel with them to their activities. Each activity area is supervised by at least one adult. The Summer Program Office, in the Corey Gym Lobby will have an adult in charge at all times.

**Facilities and Activities:**

**4 thru 10 Activities:** Held in the Corey Dining Room. and at off-site locations as designated.

**Program Forms:**

Please fill out and return **all applicable forms** asap before the start of the program by June 20

- Up to date Emergency Numbers and Authorized Pick-Up Form
- Walk/Bike Waiver (must be signed by Parent or Guardian)
- Horse Riding Release Form (if applicable)
- Canoe/Kayak and Wall Climbing Release Form (if applicable)
- Video and Photo Release Form
- Change Form – any change in class schedule must be made in writing.

**Registration Information:**

- Register for programs either in person at Town Hall, by Mail or after (July 2<sup>th</sup>) at the Summer Office – Corey Gym Lobby.  
Checks payable to: **TOWN OF CARLISLE.**
- Use a Separate Form for K to 3 and 4 to 10 Programs and use a Separate Form for each participant.
- Sessions must be paid in full 3 weeks before the start of the program or at time of Registration.
- Registration will be on a first come, first serve basis.

**No ONE WEEK Registrations Available – AT THIS TIME:** Call the week prior to the time you are interested to see if space may be available.

**Conduct and Expectations:**

All children are entitled to a pleasant and harmonious environment. Throughout the summer, we work to develop values, emphasizing:

**Responsibility – Friendship – Respect – Teamwork**

**Staff and Children:**

- Treat others with courtesy and respect.
- Always stay with their group.
- Follow all safety rules and listen to the staff.

**Discipline Procedure:**

We operate under a “3 strikes” policy for behavior that would be detrimental to the safety of all concerned:

1. Verbal warning to child and parent notification.
2. Written warning to parent.
3. Dismissal from program.

### **Red Cross Swim Instruction:**

Children are evaluated during the first class of each session in order to place them in the appropriate swim level. This determination is based on their swimming history and the skills they currently display. (Often children who swim infrequently during the “off-season” need additional practice to regain former skills). When children are placed in a lower level, it is for their own comfort and safety. They can rapidly rebuild their strength; assessment is done on an ongoing basis and when ready, children are placed in a more challenging level. Each pool is supervised by two qualified Red Cross Trained Swim Staff.

### **Medical Notes:**

- All medications will be kept in a locked container and dispensed by the Health Supervisor. Please speak directly to the Health Supervisor about any medication.
- Children must never keep any medication, (prescription or over-the-counter), in their possession. **Exception: Epi-pen and Inhalers**
- Be sure all medical information is submitted and up to date, including Emergency Cell Phone #'s etc.
- We ask that you screen your child/ren for things such as head lice, poison ivy, etc. Any child with head lice or nits will not be allowed to attend until they are totally gone.
- If your child feels sick in the morning, it is recommended that you keep them at home. Experience has shown that children who feel ill in the morning generally feel worse as the day progresses. Please call the Program Office to report any absence.
- The Office Staff person will contact parents/guardians regarding illness and/or medical issues which may occur during program hours.
- All staff are trained in CPR and First Aid.

### **What to Bring:**

**Lunch:** Children **must** bring a lunch. We provide a mid-morning snack. Bottled water is available at the Office area (Corey).

- **Food Allergies:** If your child has a life threatening food allergy, please let us know. However, it is the parent’s responsibility to pack all snacks and lunches for the safety of their child with life-threatening food allergy.

**Water Bottle with Name:** Students should have a water bottle to bring to all activities.

**Canoe/Kayaking:** Wear bathing suit or shorts, and sneakers/water shoes. Bring a towel, water bottle, shirt, sun screen, sun glasses and hat for protection from the sun.

**Golf:** Golf gloves recommended to protect hands from blisters. Clubs provided or you may bring your own.

**Horseback Riding:** Wear long pants and paddock boots or shoes with a heel (no sneakers). Bring a riding or bike helmet, if you have one. Flying Change has some helmets for use. Sign the enclosed Release Form from Flying Change and return to us along with other forms.

**Swimming:** Bathing suit, towel, and a **sweatshirt to keep warm**. Swimmers must wear footwear to and from the pool. Be prepared to swim rain or shine.

**Tennis:** Tennis racket and water bottle. Please mark with child’s name – Masking tape written with a Sharpie Permanent Marker works well for this.

**Wall Climbing:** Sneakers and snug-fitting clothes.

**WSA:** Bathing Suit and Towel

**Art Mania, Acrylic Painting:** Bring an old long sleeve shirt.

**Cooking:** Bring an apron.

**Karate:** Loose fitting clothes.

**Multi-Sports/Games:** Hat – sunscreen, water bottle, outdoor clothes.

**Archery, Babysitting, Pet Care, Pottery, Theatre, CIT, Child Care -**  
**No special requirements.**

### **What To Leave At Home:**

- Candy and gum
- Any kind of knife (pen, Swiss army, toy or otherwise), or any weapon – including squirt guns
- Expensive toys (CDs, radio/walkman, game boy, electronic pets, money etc)
- Items of great personal value (i.e. expensive tennis racket.

### **Personal Possessions and Lost and Found:**

To help minimize lost and found items, please mark your child/ren's name on all articles including: backpack, clothing, lunch box, thermos, swimsuit, towel, sweatshirt, tennis racket etc. (Sharpie permanent markers work well for this task). Items that children lose are collected daily and brought to **Lost & Found at the Office in the Corey Gym area.** **Please check on a daily basis.** At the end of each session whatever is left behind will be donated to charity.

### **Late Pick Up/Registration Fees:**

Children often undergo stress when the designated pickup person is late, therefore it is important that you arrive on time at the end of the day. Late pickup fees will be charged as follows:

- |                     |               |
|---------------------|---------------|
| - less than 10 min. | <b>No Fee</b> |
| - 10 to 20 min.     | <b>\$15</b>   |
| - 20 to 30 min.     | <b>\$25</b>   |

**Late Registration Fee** – Registrations will close at Noon on the Thursday before each Session begins (if space available). Registrations and changes made after this date will incur an additional processing fee of \$25. All changes must be made in writing.

### **Refunds and Cancellations:**

- The Recreation Department reserves the right to cancel classes due to insufficient enrollment, with a full refund.
- Refunds may be requested up to 2 weeks before the session begins with a \$25 cancellation fee. After this time, all cancellations will result in a 50% refund. Once a session begins, no other refunds apply.

### **Grievance Procedure:**

- All grievances must be made in writing (form available at Office) and given to the Program Office Staff. If your grievance cannot be answered immediately, an appropriate staff member will contact you as soon as possible.

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**\*Please Note:** In order for your child/ren to attend Carlisle Summer Fun, it is mandatory that these forms be filled out and returned to Carlisle Recreation before the start of the Program. Mail to the address listed above. Thank you,

Child's Name: \_\_\_\_\_ Entering Grade: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Entering Grade: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Entering Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_

### Emergency Phone Numbers

We know phone numbers occasionally change during the year. Please keep us updated on the following information so that we know how to reach you in case of an emergency.

**Parent or Guardian**

**Parent or Guardian**

Name \_\_\_\_\_

Name \_\_\_\_\_

Home # \_\_\_\_\_

Home# \_\_\_\_\_

Work # \_\_\_\_\_

Work# \_\_\_\_\_

Cell # \_\_\_\_\_

Cell# \_\_\_\_\_

**If one of the above cannot be contacted, please call:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell# \_\_\_\_\_  
(please print)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell# \_\_\_\_\_  
(please print)

### Authorized Pick-Up

We authorize the following people to pick-up our children

Name \_\_\_\_\_ Phone \_\_\_\_\_  
(please print)

Name \_\_\_\_\_ Phone \_\_\_\_\_  
(please print)

Signature Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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Child's Name: \_\_\_\_\_ Entering Grade: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Entering Grade: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Entering Grade: \_\_\_\_\_

### **Photo and Video Release Form – (All Participants K thru 10)**

I give permission for my child/ren to be Video taped and/or Photographed as part of the Summer Fun Program. Photos may be published in the Carlisle Mosquito and a film will be placed on file at the Gleason Library for residence to sign out and view.

I do hereby waive, release, absolve and agree to hold harmless the Town of Carlisle, Carlisle Recreation Dept. Directors, sponsors, supervisors, coaches, participants, volunteers, and counselors.

Signature Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_

### **Walk/Bike Waiver (Gr. 4 to 7 only)**

I give permission for my child/ren to ride their Bike or Walk to and from Carlisle Summer Fun Program. Please print child's name above. Please circle: **BIKE** **WALK**

I do hereby waive, release, absolve and agree to hold harmless the Town of Carlisle, Carlisle Recreation Dept. Directors, sponsors, supervisors, coaches, participants, volunteers, and counselors.

**Note:** No child in the K-3 Prog. Will be released unless met by an "authorized" adult.

Signature Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_

### **Canoe/Kayak/Rock Climbing Release Form (Gr. 4 to 7 only)**

I give permission for my child/ren to participate in the Canoe/Kayak Program.

I do hereby waive, release, absolve and agree to hold harmless the Town of Carlisle, Carlisle Recreation Dept. Directors, sponsors, supervisors, coaches, participants, volunteers, counselors and any person transporting my child/ren to or from activities, for any claim arising out of an injury to my child while participating in this program. I give permission for medical treatment to be given if the need arises. Please print child/ren's name above.

Signature Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_

