City Council
Len Torres, *President*
Anthony Eramo, *Vice President*
Eileen J. Goggin
Scott J. Mandel
Anissa D. Moore

City of Long Beach

Recreation Department

City Manager
Jack Schnirman

Asst. Superintendent of Parks & Recreation
Paul Ferrante

2016

A Professional Recreation Staff Certified by the New York State Education Department, The New York Recreation Society and the Nassau County Board of Health.

For information:

www.longbeachny.gov/rec
516-705-7411
mangst@longbeachny.gov

The camp operator shall provide, with any enrollment application forms and/or enrollment contact forms mailed or delivered to a person for purposes of enrollment of a child for any children's camp, a written statement and/or brochure outlining the rights and responsibilities of campers and camp operators and declaring:

1. That such camp is required to be permitted to operate by Nassau County Department of Health;
2. That such camp is required to be inspected twice yearly; and
3. The inspection reports concerning such camps are filed at: 200 County Seat Drive, Mineola, New York 11501

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PLAYGROUND PROGRAM SWIMMING INSTRUCTION FOR BEGINNERS:

SWIMMING INSTRUCTION

Swimming instruction will be available during the weekday morning sessions. Parents may register children for this program with the Playground Supervisor.

Only those children registered with the Playground Supervisor will be permitted to attend.

Each child is required to bring a towel, bathing suit, goggles, and bathing cap.

Swimming will take place at the Long Beach Recreation Pool.

A swimming schedule will be made available at the beginning of camp.

OFF-SITE TRIPS

There will be a fee associated with all outside trips. Children will receive registration forms from their Playground Supervisor. All registration forms must be signed by the child's parent and returned with payment to the Playground Supervisor.

AMUSEMENT: Trips to various amusement parks on Long Island.
BOWLING: Bowling trips to Baldwin Lanes.
ICE SKATING: Ice skating at City of Long Beach Ice Arena.
MUSEUM: Trips to the Long Island Children's Museum

There will be a maximum of 35 campers allowed on each trip. First come first served.

SPECIAL PROGRAMS AND ACTIVITIES:
Included in a wide variety of programs we offer will be **Arts & Crafts, Aerobics, Games and Special Organized Activities** geared towards the individual interests of each age group enrolled in the Playground Program.

MORNING CAMP

CITY OF LONG BEACH
Parks & Recreation Department

DATES/HOURS: MONDAY, JUNE 27TH THROUGH FRIDAY AUGUST 19th 2016
MONDAY THROUGH FRIDAY (EXCEPT JULY 4th, 2016) 9:00 A.M TO 1:00 P.M
Only children entering Kindergarten, in September 2016, through 12 years of age (as of 6/27/16) are eligible for the Playground Program. **PROOF OF AGE IS REQUIRED.** Registration will be accepted at the Long Beach Recreation Center on Magnolia Boulevard & West Bay Drive.

I hereby authorize and give full consent to the City of Long Beach to use and/or publish photographs or video in which my child may appear while participating in Recreation Programs and grant permission for publication or use of those images. I also authorize and give permission for the City of Long Beach to transport my child to the Recreation Pool for swimming lessons.

REGISTRATION FEE: $500.00 for (Long Beach City School District Residents)
$625.00 for (Non-District Residents)
CREDIT CARD (VISA OR MASTERCARD)
CHECKS OR MONEY ORDERS PAYABLE TO: "CITY OF LONG BEACH"
CASH IS ALSO ACCEPTED

PHOTO

APPLICATION WILL NOT BE ACCEPTED WITHOUT THE FOLLOWING:

- PHYSICAL EXAMINATION COMPLETED AND SIGNED BY DOCTOR
- TWO (2) RECENT COLOR PASSPORT PHOTOS OF CHILD

****

RECREATION A.M. PLAYGROUND PROGRAM REGISTRATION 2016 (Please print clearly)

Name_____ Age on 6/27_____ Date of Birth_____

Address _____

Phone_____ **E-Mail**_____

Male ____ Female ____ Height _____ Weight _____ Hair Color _____ Eye Color _____

Physician _____ Phone _____

Emergency Name _____ Relationship _____ Phone _____

School (as of Sept. '16) _____ Grade _____

Will child be attending sports camp? _____

Parent Name(Print) _____ Parent Name(Signature) _____

Please check camp your child will be attending
/ / WEST ELEMENTARY SCHOOL / / LINDELL ELEMENTARY SCHOOL*
/ / EAST ELEMENTARY SCHOOL**
**Optional Drop-off will be available at the Recreation Center. A bus will leave from the Recreation Center at 8:45 a.m. sharp and bring them to Lindell Camp. The bus will return by1:15 p.m. to Recreation Center.*
***Point Lookout children will be picked up at Parkside Drive every morning at 8:45 a.m. **SHARP** and transported to East Elementary School and returned at 1:15 p.m. to Parkside Drive.*
NO REFUNDS
NO EXCEPTIONS

Office Use Only Posted By _____

_Receipt#_____ Amount $ _____ Proof of Age _____ Staff _____ Date _____

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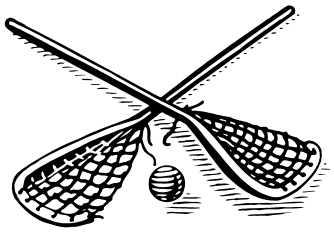
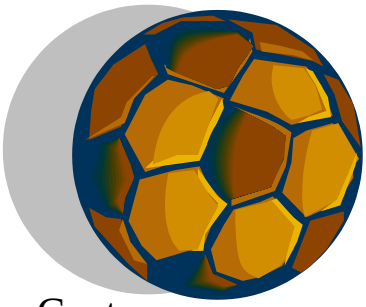
2016 Summer Sports Program



Afternoon Sports Program
for Boys & Girls
entering 2nd grade
through 12 Years of Age
From 1:00 p.m. to 5:00 p.m.
Camp will be held at the Long Beach Recreation Center



FEATURING:

Lacrosse, Basketball, Volleyball, Soccer, Softball, Swimming, Wrestling, Deck Hockey, Kickball, Ga-Ga, Football, Beach Activities

Certified by the Nassau County Board of Health
National Certified Youth Sports Administrator

For Information:
www.longbeachny.gov/rec
516-705-7411
mangst@longbeachny.gov

SPORTS CAMP

CITY OF LONG BEACH
Parks & Recreation Department

DATES & HOURS:	**JUNE 27TH – AUGUST 19th 2016** 1:00 p.m. to 5:00 p.m. Monday through Friday (Except July 4th)	**PHOTO**
AT:	**Long Beach Recreation Center**	
FEE:	**$500.00 for (Long Beach City School District Residents)** **$625.00 for (Non-District Residents)** **Credit Card (Visa & MasterCard)** **Check or Money Order** **(Payable to: City of Long Beach)** **Cash is also accepted**	

Only children entering 2nd grade, in September 2016, through 12 years (as of 6/27/16) of age are eligible for Sports Camp. **PROOF OF AGE IS REQUIRED.** Registration will be accepted at the Long Beach Recreation Center on Magnolia Boulevard & West Bay Drive.

I hereby authorize and give full consent to the City of Long Beach to use and/or publish photographs or video in which my child may appear while participating in Recreation Programs and grant permission for publication or use of those images.

APPLICATION WILL NOT BE ACCEPTED WITHOUT THE FOLLOWING:

- PHYSICAL EXAMINATION COMPLETED AND SIGNED BY DOCTOR
- TWO (2) RECENT PASSPORT COLOR PHOTOS

*****PROOF OF AGE IS REQUIRED UPON REGISTRATION*****

****

RECREATION SUMMER AFTERNOON SPORTS PROGRAM 2016 (Please Print Clearly)

Name_____ **Age on 6/27**_____ **Date of Birth**_____

Address _____

Phone_____ **E-Mail**_____

Male ____ **Female** ____ **Height** _____ **Weight** _____ **Hair Color** _____ **Eye Color** _____

Physician _____ **Phone #** _____

Emergency Name _____ **Relationship** _____ **Phone** _____

School (as of Sept. '16) _____ **Grade** _____

Parent Name(Print) _____ **Parent Name(Signature)** _____

***Bus Transportation will be provided to and from morning camp site**

*****Please note, applications <u>will not</u> be accepted by the Recreation Department without the two color photos, completed physical examination and the two emergency cards.***

Recreation Office Use Only Posted By _____

Receipt# _____ Amount $ _____ Proof of Age _____ Staff _____ Date _____

NO REFUNDS
NO EXCEPTIONS

In Cooperation with Earth Arts
Art & Design Camp

for grades K – 7

June 27th – August 19th, 1:00PM-5:00PM

FEE: $225 for one week *Checks or money orders made payable to Earth Arts.*
$425 for two weeks *Cash also accepted*
$825 for four weeks ***Credit Cards not accepted***
$1,600 for eight weeks

PHOTO

Registration & Location: Long Beach Recreation Center, 700 Magnolia Blvd.
Bus Transportation will be provided from morning camp sites.

APPLICATION WILL NOT BE ACCEPTED WITHOUT THE FOLLOWING:

- **PHYSICAL EXAMINATION COMPLETED AND SIGNED BY DOCTOR**
- **TWO (2) RECENT COLOR PASSPORT PHOTOS OF CHILD**

Name_____ Age on 6/27_____ Date of Birth_____

Address _____

Phone_____ **E-Mail**_____

Male ____ Female ____ Height _____ Weight _____

Physician _____ Phone _____

Emergency Name _____ Relationship _____ Phone _____

School (as of Sept. ’16) _____ Grade _____

Will child be attending morning camp? _____

Parent Name(Print) _____ Parent Name(Signature) _____

Please circle which weeks your child will be attending:

1 2 3 4 5 6 7 8

I, the parent or guardian of the above named child, gives permission and approval for his/her participation in the Long Beach Parks and Recreation Department’s Art & Design Camp. I further agree to explain to my child the Codes of Conduct set forth by the Long Beach Parks and Recreation Department and will follow those rules that apply to me as a parent and spectator. I hereby authorize and give full consent to the City of Long Beach to use and or publish photographs or video in which my child may appear while participating in Parks and Recreation Programs and grant permission for publication or use of those images.

For Rec Staff Use:

Receipt # _____ Amount Paid $ _____ Proof of Age _____ Date _____ Staff _____

CITY OF LONG BEACH

Parks and Recreation Department

earth arts

making mud masterpieces and more...

Welcome to our Art and Design Camp. We look forward to a summer of creativity, inspiration and making lots of memories and masterpieces. Here's what a day at our Art and Design Camp will look like.

1:00 - 2:00pm: Small exercises, art games and sketching leading up to the day or weekly projects. Some campers will be bussed from other rec camp locations, so this first half hour is designed for spontaneity and creativity.
2:00-4:00pm: This is our main block of working on our weekly medium. Some projects are designed for a day, where others will require more a couple of days to complete. Campers will have a 1/2 hour break during this period for snack, lunch and to play in the rec playground under supervision.
4:00-5:00pm: This is for art discussion, art games and a weekly group collaborative project, such as a painting mural, running cartoon strip, or a tile mosaic etc.

6/27- 7/1 Week 1: All About Painting. Campers will explore and learn a variety of painting techniques in different painting mediums, including watercolor, acrylic, tempera as well as using pastels as a painting medium. Traditional paper surfaces, canvases as well as experimental surfaces, such as aluminum foil will be explored.

7/5- 7/8 Week 2: All About Pottery. Different pottery pieces will be used, including tiles, functional pottery, figurines and creatively combining pottery pieces to create new functional pieces such as mirrors and clocks. Instruction is placed on glazing of ceramic pieces while introducing new techniques such as marbleizing, sponging and scraffito. Students will create 4-5 ceramic pieces at the end of the week.

7/11- 7/15 Week 3: All About Cartooning . Using basic shapes, campers will learn how to build their own cartoon characters. They will create environments and story lines, for their characters, culminating into a comic strip. Inking and coloring techniques of cartooning will be explored. Instruction on popular cartoons and anime will also be introduced. Students will create a comic book cover, a 6 frame comic strip as well as a Claymation version of their character.

7/18 – 7/22 Week 4: All About Sculpture. This week focuses on building three dimensional sculptures from clay, paper mache', wire, plaster craft and found objects. Students will learn the fundamentals of working with these mediums working with balance, creative problem solving as well as making aesthetic sculptures. They will work with 3d forms as well as using these materials to create reliefs .

7/25 – 7/29 Week 5: All About Drawing. Campers will learn how to draw from observation as well as using the imagination to create surreal and abstract images. They will use value and color to create powerful and imaginative drawings. Mediums that will be explored are various drawing pencils, charcoal, color pencils, water color pencils, and pastels.

8/1 – 8/5 Week 6: All About Glass Fusing and Mosaics. This week will focus on using glass fusion in decorative and functional forms. Students will create sun catchers, bowls and other decorative glass projects. Tile mosaics will also be introduced and students will create a decorative mosaic tile piece, such as a pottery planter. Alternative found and up-cycle objects as mosaics will be explored.

8/8 – 8/12 Week 7: All About Collage/transfers/mix mediums. Using found images, and creative problem solving skills, students will create a series of surreal images. They will learn the magic of transforming used children books into altered books. An altered book is a form of mixed media artwork that changes a **book** from its original form into a different form, altering its appearance and/or meaning. which uses previous printed words and images. They will also learn how to "upcycle" materials into works of art and sculpture. Different types of gel and acrylic transfers will be introduced to create layering of art.

8/15 – 8/19 Week 8: All About Printmaking. Printmaking allows an artist to create a series of prints, with the same or altered plate. Campers will learn how to create printmaking plates on cardboard, styrofoam, and etching on acrylic plastic. They will learn how to properly ink the plates and create prints on paper. Students will also learn how to create unique stamps that they can add to previous drawn images as well as using stamps to create successful repetitive and layered imagery

Camper Profile

We are requesting the following information so that our professional staff may gain some insight to better understand your child. In order to promote his/her welfare, we are asking that you supply complete and candid answers. This form is strictly confidential and we suggest that your child not have access to it.

Whether or not your child has previously attended the City of Long Beach Summer Recreation Program, kindly complete this for the use by your child's counselor(s).

Name:_____ 2016 School _____

Grade_____ Age_____ **Using Transportation YES / NO**

Date of Birth: _____ Prefers to be called: _____

Father's Name: _____ Mother's Name_____

Special Needs: (Please describe on the back of this form):

Physical_____Hearing/Visual_____

Allergies:_____Other:_____

Interests:
Group My Child With: 1-_____2-_____.
(Please note: This is a request that will be honored to the best of our ability.)
Please indicate your child's interests and favorite activities:_____

How well does your child socialize with others? _____
_____

Please check any areas where your child should be given special consideration or attention.
(Additional information may be given on the back of this page.)
Medication_____Swimming_____Athletics_____
Food_____Other_____

Will your child be using our buses for transportation to & from camp?_____

Swim: American Red Cross swimming levels previously achieved_____

Where_____ Date_____

This side of this form may be used to elaborate upon any item above. Also, feel free to describe any special needs or insights concerning your child that would be informative and helpful to your child's counselor, supervisory staff, and/or the nurse.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Parent/Guardian Signature: _____ Date: _____

Reviewed by: _____ Date : _____

CITY OF LONG BEACH
Recreation Department
PHYSICAL EXAMINATION

Camp_____

The law requires that all children in summer playground programs be examined by a physician upon entrance. Examination by the family physician is recommended yearly. Please return the completed form with the program application. **Applications <u>will not</u> be accepted by the Recreation Department without the completed physical examination.**

Child's Name_____

Date of Birth_____ Height_____ Weight_____

Eyes: Vision with Glasses R_____ L_____ Vision without Glasses R_____ L_____

Ears: Otoscopic_____ Genito-Urinary_____

Heart _____ Blood Pressure_____

Lungs _____ Lymph_____

Nervous System: Specify if epileptic_____

Nose_____ Nutrition_____

Orthopedic-Extremities _____

Scoliosis, etc. _____ Structural Defect_____

Skin_____ Speech_____

Thyroid_____ Tonsils_____

Allergies or Asthma _____

Operations/Serious Injury (include date) _____

_____

Current Medications & Diagnosis _____

Is this child able to participate in all Physical Education activities:_____

If no, please state limitation and diagnosis _____

Recommendations for follow-up _____

_____ _____

Doctor's signature and stamp Doctor's telephone number

_____

Doctor's address Date of Examination

HEALTH HISTORY
UPDATE OF HEALTH HISTORY RECORD

DISEASES	DATE	DISEASES	DATE	DISEASES	DATE
Anemia		German Measles		Pneumonia	
Asthma		Gynecological		Rheumatic Fever	
Allergy		Hepatitis		Scarlet Fever	
Chicken Pox		Measles		Tuberculosis	
Diabetes		Mononucleosis		Contact with Tuberculosis	
Ear Condition		Mumps		Whooping Cough	
Epilepsy/seizures		Nephritis		Other Illness Specify_____	

NEW YORK STATE REQUIRES A CERTIFICATE OF IMMUNIZATION BEFORE ADMITTANCE TO PLAYGROUND PROGRAMS

DPT Series	**Polio/OPV**	**MMR**	**Mumps**	**HIB/HBVC**	**Hepatitis B/HEP**
___/___/___	___/___/___	___/___/___	___/___/___	___/___/____	___/___/___
___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
___/___/___	___/___/___			___/___/___	___/___/___
___/___/___	___/___/___			___/___/___	
___/___/___	___/___/___	**Measles**	**Rubella**		
___/___/___	___/___/___	___/___/___	___/___/___	**Varicella**	
	___/___/___	___/___/___		___/___/___	

ADDITIONAL INNOCULATIONS AND TEST

Mantoux Test	**Tine Test**	**Chest X-Ray**	**Lead Screening**	**Small Pox**	**Other**
___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	_____
Results	Results	Results	Results		___/___/___
_____	_____	_____	_____		

This is to certify that the afore-mentioned child has completed all immunizations.

Doctor's Signature_____ Date_____

This is to certify that the afore-mentioned child will have completed all immunizations by _____

Doctor's Signature_____Date_____

CITY OF LONG BEACH – RECREATION DEPARTMENT – EMERGENCY CARD

What program(s) are you signing your child up for?

Name of Child:			Date of Birth:	
Parent/Guardian Names:			Address:	
Home Phone:	Mom's Cell:	Mom's Work	Dad's Work:	Dad's Cell:

Emergency Contacts (Other than home) Name, Phone, and Relation to Child

Physician: Name, Address, Phone

PERSON(S) AUTHORIZED
TO PICK UP CHILD

ALLERGIES:	FOOD ALLERGIES:	MEDICATION ALLERGIES:

Physical Restrictions:

*IMPORTANT: List your Health Insurance Company's Name & Policy Holder & Number

Company:	Policy Holder:	ID/Policy Number:

List any and all medications child must take in the section below.
A Doctor's prescription with dosage must accompany all medications. Medications must also be in ORIGINAL prescription bottle.

Medications:

_____Yes, I give my child_____permission to walk home at the end of the program day.

Parent will be contacted in any emergency. However, if neither parent nor other emergency adults cannot be reached, I give permission for my child to be treated by Child's Physician (listed above), if available, or other physician and/or hospital.

Parent Signature:_____

CITY OF LONG BEACH – RECREATION DEPARTMENT – EMERGENCY CARD

What program(s) are you signing your child up for?

Name of Child:			Date of Birth:	
Parent/Guardian Names:			Address:	
Home Phone:	Mom's Cell:	Mom's Work	Dad's Work:	Dad's Cell:

Emergency Contacts (Other than home) Name, Phone, and Relation to Child

Physician: Name, Address, Phone

PERSON(S) AUTHORIZED
TO PICK UP CHILD

ALLERGIES:	FOOD ALLERGIES:	MEDICATION ALLERGIES:

Physical Restrictions:

*IMPORTANT: List your Health Insurance Company's Name & Policy Holder & Number

Company:	Policy Holder:	ID/Policy Number:

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Parent Signature:_____