City of Rensselaer
Youth & Recreation Department
2026 Summer Fun Program Application

July 6 - August 14, 2026

Program Location: Boys & Girls Club, 544 Broadway, Rensselaer, NY

Regular Program Hours: Monday - Friday, 8:00 AM - 4:00 PM

Program Cost: Free	**Ages:** 6 - 14
Program Site: Boys & Girls Club, 544 Broadway	**City Office:** 62 Washington Street, Rensselaer, NY 12144
Phone: 518-462-5488	**Email:** youth@rensselaerny.gov

Program Leadership

Honorable John DeFrancesco	Mayor
Salah Harris	Youth & Recreation Director
Mia Landor	Youth & Recreation Deputy Director
Elaina Heidinger	Camp Director
Juliana Spiak	Summer Youth Program Assistant

About the Program

The City of Rensselaer Summer Fun Program is a free summer recreation and enrichment program for children ages 6 - 14. The program includes structured recreation, enrichment stations, field games, creative arts, outdoor discovery, guest speakers, water activities, local park/community events, and daily reflection activities.

Children must be signed in and signed out by an authorized adult each day. Families are responsible for providing accurate contact information, health information, pickup permissions, and any records required by the City of Rensselaer Youth & Recreation Department or the Health Department.

Return Instructions

Please complete all pages of this application and return it to the City of Rensselaer Youth & Recreation Department. Applications may be returned to City Hall, 62 Washington Street, Rensselaer, NY 12144, or by another method announced by the Department. Incomplete applications may delay registration.

Office Use Only
Date Received: _____ Application Complete: [ ] Yes [ ] No Staff Initials: _____

Weekly Schedule Summary

This schedule is a general weekly outline. Activities may be adjusted due to weather, staffing, safety needs, field trip availability, guest speakers, or special events. Families will be notified of major schedule changes.

Day	Theme	Typical Activities
Monday	Enrichment Day	Arrival/check-in, morning meeting, art studio, music lab, science and technology, home economics/life skills, community projects, outdoor recreation, quiet hour, reflection, free play.
Tuesday	Discovery Day / Outdoor Exploration	Nature exploration, scavenger hunts, bug and plant observation, nature journals, community exploration, neighborhood walks, outdoor creativity, team challenges, lunch, recreation, discovery projects.
Wednesday	Field Games and Local Artist Day	Team setup, field games, relay races, sports challenges, cooperative games, local artist activities, awards, quiet choice activities, dismissal.
Thursday	Discovery Day and Guest Speaker	Outdoor discovery activities, guest speaker activity, recreation, playground/free play, water activities such as water balloons, water games, sprinklers, or fire department water activity.
Friday	Park Series and Community Event Day	Choice rotations, field games, creative zone, music/performance, STEM/discovery, life skills, lunch, travel to park when scheduled, event setup, awards and recognition. Some Friday events may run 4:00 PM - 6:00 PM with advance notice to families.

Daily Parent Reminders

[ ] Send a lunch and water bottle each day unless the program announces that lunch will be provided.
[ ] Children should wear sneakers or safe closed-toe shoes for outdoor play and field games.
[ ] Children should dress for weather, outdoor recreation, and movement activities.
[ ] Label personal items, bags, lunchboxes, water bottles, and any approved health items.
[ ] A parent/guardian or authorized adult must sign the child out at dismissal.

Child Registration Information

Child Full Name: _____	**Date of Birth:** _____
Age: _____	**Grade Entering:** _____
School: _____	**T-Shirt Size:** _____
Home Address: _____	**Apt/Unit:** _____
City/State/ZIP: _____	**Primary Language:** _____

Parent/Guardian Information

Parent/Guardian 1 Name: _____
Relationship: _____ **Phone:** _____ **Email:** _____
Address if different from child: _____
Parent/Guardian 2 Name: _____
Relationship: _____ **Phone:** _____ **Email:** _____
Address if different from child: _____

Emergency Contacts

List at least two emergency contacts other than the parent/guardian listed above.

Name	Relationship	Phone Number	Authorized to Pick Up?
1. _____	_____	_____	[ ] Yes [ ] No
2. _____	_____	_____	[ ] Yes [ ] No
3. _____	_____	_____	[ ] Yes [ ] No

Authorized Pickup / Restricted Pickup

Additional authorized pickup persons:

1. _____ Phone: _____ Relationship: _____
2. _____ Phone: _____ Relationship: _____

Persons NOT permitted to pick up child:

_____

Custody or court documentation attached, if applicable: [ ] Yes [ ] No [ ] N/A

Medical and Health Information

This information is required so staff can respond appropriately to routine health needs, restrictions, allergies, emergencies, and safety concerns. Attach additional pages if needed.

Child Doctor / Medical Provider: _____	**Phone:** _____
Preferred Hospital: _____	**Insurance Provider:** _____
Policy/ID Number: _____	**Group Number:** _____

Does your child have any allergies? [ ] No [ ] Yes If yes, list: _____

Allergy type: [ ] Food [ ] Medication [ ] Insect/Sting [ ] Environmental [ ] Other: _____

Does your child require an EpiPen, inhaler, or emergency medication? [ ] No [ ] Yes Explain: _____

Does your child have asthma, seizures, diabetes, heart condition, mobility limitation, or other medical need? [ ] No [ ] Yes

If yes, explain: _____

Does your child have any dietary restrictions or special food needs? [ ] No [ ] Yes Explain: _____

Does your child have an individual care, treatment, behavioral, safety, or support plan? [ ] No [ ] Yes Attach if applicable.

Medication During Program Hours

No child may carry or self-administer medication during the program unless approved by the Camp Director/Health Director and properly documented. If medication is needed during program hours, a parent/guardian must contact the Youth & Recreation Department before the child attends. Medication must be in the original container and accompanied by required written instructions/orders.

Will your child need medication during program hours? [ ] No [ ] Yes If yes, staff contacted: [ ] Yes [ ] No

Immunization Records

Current immunization records must be submitted or available for review as required by camp health and safety regulations. A statement that a child is simply "up to date" may not be sufficient without immunization dates. Families may be contacted if records are missing or incomplete.

Immunization record attached: [ ] Yes [ ] No **Parent/Guardian Initials:** _____

Permissions and Releases

Please read each section carefully and initial where required.

Walking, Park, and Community Exploration Permission
I give permission for my child to participate in supervised walking activities, neighborhood walks, local landmark/community exploration, Riverfront Park activities, local parks, Friday Park Series activities, and other approved nearby activities connected to the program.
[ ] Yes [ ] No Parent/Guardian Initials: _____
Transportation Permission
I give permission for my child to be transported for approved field trips, park events, and community activities by chartered bus, city-approved vehicle, approved transportation provider, or supervised walking group as applicable. Staff will account for children before departure, upon arrival, before return departure, and upon return.
[ ] Yes [ ] No Parent/Guardian Initials: _____
Water Activity Permission
I give permission for my child to participate in supervised water activities, which may include sprinklers, water balloon games, water games, water guns, or Fire Department water activities. These are not swimming activities unless separate notice and permission are provided.
[ ] Yes [ ] No Parent/Guardian Initials: _____

Sunscreen and Bug Spray

[ ] I give permission for my child to use sunscreen provided from home.
[ ] I give permission for my child to use bug spray/insect repellent provided from home.
[ ] I do not give permission for my child to use sunscreen or bug spray during the program.
Products should be labeled with the child's name and given directly to staff. Children should not carry bug spray unless approved by staff. Parent/Guardian Initials: _____

Photo and Media Release

The City of Rensselaer Youth & Recreation Department may take photographs or videos during program activities for program documentation, recognition, newsletters, flyers, social media, and community updates.
[ ] I give permission for my child to be photographed or recorded for program-related use.
[ ] I do not give permission for my child to be photographed or recorded.
Parent/Guardian Initials: _____

Safety Expectations and Parent Agreement

Parents/guardians and children must understand and follow the expectations below. Please initial each item.

Initials	Expectation
_____	I understand that my child must be signed in and signed out each day by an authorized adult.
_____	I understand that my child must follow staff directions, safety rules, program boundaries, and behavior expectations.
_____	I understand that unsafe behavior, fighting, bullying, leaving the group, repeated disrespect, or behavior that places my child or others at risk may result in suspension or removal from the program.
_____	I understand that staff must be notified in writing of changes to medical needs, allergies, dietary needs, custody restrictions, phone numbers, emergency contacts, or authorized pickup persons.
_____	I understand that my child should wear safe clothing and shoes for field games, outdoor recreation, walking, gym activities, and playground activities.
_____	I understand that a light snack may be provided, but lunch is scheduled daily and families should send lunch unless notified otherwise.
_____	I understand that some Friday Park Series or community events may run beyond regular program hours, and I will follow the pickup instructions provided by the program.
_____	I understand that the program may adjust activities due to weather, heat, air quality, facility needs, staffing, or safety concerns.

Emergency Medical Authorization

In the event of a medical emergency, I authorize City of Rensselaer Youth & Recreation staff to contact emergency medical services and/or arrange emergency medical care for my child if I cannot be reached immediately. Staff will make every reasonable effort to contact the parent/guardian and emergency contacts listed in this application.
Parent/Guardian Initials: _____

Final Certification and Signature

By signing below, I confirm that the information provided in this application is accurate to the best of my knowledge. I understand the program dates, hours, safety expectations, health requirements, pickup procedures, behavior expectations, and permission sections included in this packet.

Parent/Guardian Name Printed: _____	**Date:** _____
Parent/Guardian Signature: _____	**Relationship:** _____