

TOWN OF HUNTINGTON TOWN BOARD

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TOWN OF HUNTINGTON
DEPT. OF PARKS & RECREATION
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YOUNG TEEN PROGRAM
for the Developmentally Disabled
2009/10

A structured recreation program operated by the Town of Huntington Department of Parks and Recreation for young teens with developmental disabilities, including autism. This program provides a special opportunity for teens to socialize with their peers while enjoying carefully supervised activities. These activities will include arts and crafts, gym, interactive games, music, parties, special events and field trips. A professional staff will direct the program. A lunch period is provided. Participants must bring a lunch of non-perishable food and a beverage.

ELIGIBILITY: Children, ages 9-21. Applicants must be independent in personal care areas. Preference is given to Town of Huntington residents.

DATES & TIMES: Saturdays, 10:30 AM to 1:30 PM, October 10, 2009 to June 12, 2010 except for vacation periods and holidays that will follow the school calendar. On occasion, date or time constraints might vary due to the nature of a special event or trip.

LOCATION: Maplewood Intermediate School, located off Maplewood Road on School Lane in Huntington Station. From Jericho Turnpike: travel north on Park Avenue; make a left turn onto Maplewood Road, (there is a traffic light at this intersection), then make a left turn onto School Lane, which leads directly to the school. From Pulaski Road: Travel south on Park Avenue, make a right turn onto Maplewood Road, and then make a left turn onto School Lane, which leads directly to the school.

FEE: \$75 with a Recreation ID card; \$100 without Recreation ID card.
(check made payable to Town of Huntington)

\$60 activity fee is due at registration to assist in subsidizing special activities such as parties and special events.

(check made payable to cash)

Separate fees will be collected for special events & trips during the program.

REGISTRATION: On Saturday, September 26 from 10 AM to 12:30 PM at Maplewood Intermediate School on a first come first serve basis. No mail in registrations will be accepted. The enclosed registration/medical form must be completed and brought to registration. New participants will be required to submit a recent medical or psychological report. The report should include a full scale IQ score not one that is abbreviated. An adaptive living skills assessment with a low score will be required if a child has an IQ score of 60 or over. New applicants will be interviewed/screened by the Program Director in order to determine eligibility for the program.

FOR MORE INFORMATION, CALL THE PARKS & RECREATION DEPT. AT 351-3071

September 2009

Dear Parents:

Welcome back to our ninth season of the Town of Huntington Saturday Recreation Program for Young Teens with disabilities.

We would like to welcome back our program director, Toni Neuschaefer and members of our competent staff. We are pleased to inform you that funding from our New York State Grant will continue this year to assist with the operation of this program.

Attached is a flyer, which describes the program in detail including the registration procedure. At the beginning of each month you will receive a schedule of activities.

As a way of subsidizing special activities such as parties and special events, we are requesting a \$60 activity fee per participant. This check, made payable to cash, is due at registration. Also, please bring the enclosed registration /medical form to registration.

New participants will be required to submit a recent medical or psychological report. The report should include a full scale IQ score not one that is abbreviated. An adaptive living skills assessment with a low score will be required if your child has a FSIQ of 60 or over. This report is required by New York State in order to receive the funding for the program.

We have been very happy with the success of this program so far. It is a unique opportunity for special kids to enjoy the company of old friends and experience the making of new friends; thereby improving socialization skills, building confidence and promoting independence.

We welcome your input and look forward to another year at this exciting program.

Sincerely,

Sincerely,

Jack R. Fass
Recreation Supervisor
Enclosures

Toni Neuschaefer
Site Director

TOWN OF HUNTINGTON
REGISTRATION FORM FOR YOUNG TEEN PROGRAM

NAME _____

Last _____ First _____ M.I. _____

ADDRESS _____

Street _____ Town _____ Zip _____

HOME TELEPHONE # _____ **EMERGENCY #** _____
(Other than Home #)

SOCIAL SECURITY # _____ (This information is required from NYS in order to receive program funding. The information will only be shared with the State).

DATE OF BIRTH _____ **AGE** _____ **SEX** _____

HEIGHT _____ **WEIGHT** _____ **EYE COLOR** _____

DOES THE PARTICIPANT LIVE IN A GROUP HOME? Yes No

NAME OF PARENT/GUARDIAN/RESIDENCE MANAGER/CARE PROVIDER

School Attending _____ Grade _____

Where Employed _____

MEDICAL INFORMATION

In order to determine eligibility, a recent medical or psychological report, which lists the FSIQ, is required in order to participate. The report should specifically state the developmental disability and a FSIQ of 60 or under. If the IQ is over 60, an adaptive living skills assessment must show a low score. The report will be held in the strictest of confidence. If this information was submitted last year, please ignore this request.

Please indicate developmental disability(i.e. autism, cerebral palsy, Epilepsy, neurological impairment, mental retardation)

Medication () Yes () No Type _____

Is medication administered on a daily basis? () Yes () No

Seizures () Yes () No Type _____

Doctor's name _____ Phone # _____

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PARENTAL PERMISSION/PUBLICITY RELEASE

I do grant permission for my child's name & picture to be included in publicity, press releases and newspapers describing the Huntington Parks & Recreation Dept. Program for the Developmental Disabilities.

Date

Parent/Guardian Signature

PARENTAL TRIP PERMISSION RELEASE

I do hereby give permission for my son/daughter to go on all field trips taken during the year. There is no medical/accident insurance available. If there are any trip restrictions such as beach, zoo, etc.-- Please indicate.

Date

Parent/Guardian Signature

FOR OFFICE USE ONLY

Recreation ID card # _____

Expiration Date _____

Registration Fee: Amount Paid _____ Cash _____ Check # _____

Activity Fee: Amount Paid _____ Cash _____ Check # _____

Received By _____ Date _____