

Town of Kingston
Recreation Department
Summer Recreation Program
2026

Welcome to the 2026 Town of Kingston Summer Recreation Program!

The Town of Kingston has prided itself in offering this program to children from our town at NO COST. This year is no different. Below is a listing of some basic information regarding the program. If you have any other questions feel free to contact us Monday through Friday from 9am to 12 noon at 845-336-8853 ext. 10.

1. The program is for children ages 5 to 15.
2. Drop off is at 8:55 and Pick up is No Later than 12:15.
3. When dropping off your children please park by the firehouse and then walk your children over to the pavilion.
4. Dates of operation will be July 7th through July 31st
 - a. Tuesday through Friday each week 9am to 12 noon.
5. Program is open Rain or Shine. If a day is cancelled for severe weather, you will be notified.
6. We will provide your child with water and/or juice.
7. All rules of conduct from school will be followed at the program as well. Your child should follow the rules and respect the staff members. If at any time there is a problem with a child, the parent/guardian will be notified and the child may be suspended from the program.
8. Appropriate shoes and clothing should be worn. No clothing with offensive wording.
9. The biggest rule to follow is Have Fun and Be Safe!

Our success depends on the input from parents, guardians and campers. All suggestions are welcomed.

Councilman Darren Wells

dwells@tokny.us

Town of Kingston Summer Recreation Program

PERMISSION SLIP

Child's Name: _____ Age: _____ Sex: _____

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Allergies (if any): _____

Address: _____ Phone: _____

Father/Guardian: _____ Mother/Guardian: _____

Day Phone: _____ Day Phone: _____

Person to be notified in the event of an emergency if parents/guardians cannot be reached at home or work.

Name: _____ Phone: _____

In the event that the Town of Kingston staff is unable to locate promptly either parent or person designated to be notified in case of medical emergency, medical personnel may take such emergency measures as they deem appropriate and shall notify the parent or legal guardian as soon as possible.

Date: _____

Signature of Parent or Guardian

PLEASE RETURN TO THE TOWN HALL BEFORE JUNE 30, 2026

Town of Kingston
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Medical Form

Child's Name: _____ Age: _____

Grade Attending in Fall: _____ Birthdate: ___/___/___

Parents/Guardians: _____

Home Phone: _____ Work: _____ Cell: _____

Street Address: _____

City, State, Zip: _____

Emergency Contacts:

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

Physicians Name: _____ Phone: _____

Allergies: _____

Medications: _____

Health Issues: _____

In the event that the Town of Kingston staff is unable to locate promptly either a parent or designated contact to be notified in case of emergency, medical personnel may take such emergency measures as they deem appropriate and shall notify the parent or guardian as soon as possible.

Parent/Guardian Signature: _____ Date: _____