



# MERRICK UNION FREE SCHOOL DISTRICT

21 Babylon Road, Merrick, New York 11566  
516 992-7293

[www.merrick.k12.ny.us](http://www.merrick.k12.ny.us)

Dominick Palma, Ph.D., *Superintendent of Schools*  
Salvatore Dossena, Ed. D, *Assistant Superintendent for Student Services & Technology*

## Summer Recreation Program 2025

**Program:** The Summer Recreation Program offers an engaging multi-disciplinary program for students entering kindergarten-6th grade, with experiences in art, physical education, music, crafts, technology, jewelry, and textiles. For children entering kindergarten, the program is designed to prepare preschoolers for the school experience in September.

**Dates:** July 1, 2025, through August 1, 2025 (NO PROGRAM July 4th)

**Hours:** 8:30 a.m. to 12:30 p.m. (Monday through Friday)

**Location:** **Lakeside School**, 2100 Babylon Road, Merrick, NY 11566

**Eligibility:** Incoming kindergarten through sixth grade children who are residents of the Merrick Union Free School District. Children who are enrolled in the Instructional Program may also enroll in the Recreation Program.

**Cost:** **Enrollment - \$650 per child**  
**Late Enrollment - - \$695 per child - After May 16, 2025**

**Registration:** Please return the bottom portion of this form along with a check (no cash) made payable to **Merrick UFSD** to your child's classroom teacher. You may also mail the check and enrollment form to: Melissa Robinson, Lakeside School, 21 Babylon Road, Merrick, NY 11566.

Notification regarding specific program information will be mailed on or before June 13, 2025.

**Health** **The Summer Recreation Program will operate under the most updated CDC & DOH guidance in reference to health & safety precaution**

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*Please cut and return to your child's teacher*

### 2025 SUMMER RECREATION PROGRAM REGISTRATION FORM

School Child Attends: ☐ Birch ☐ Chatterton ☐ Lakeside ☐ Other, please specify \_\_\_\_\_

Name of Child: \_\_\_\_\_ Grade in September: \_\_\_\_\_

Home Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Please list any allergies: \_\_\_\_\_

**\*\*\*Please notify the Director if your child has any medical concerns which may limit participation in activities or any other concerns.**

Emergency Contact Information:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Please fill out a separate form for each child you are enrolling in the program.**

**Program operation will be contingent upon the passing of the 2025 -2026 School District Budget.**

**NO REFUNDS WILL BE ISSUED AFTER JUNE 20, 2025**