

TOWN OF BETHLEHEM

Albany County - New York

PARKS & RECREATION DEPARTMENT

ELM AVENUE PARK

261 ELM AVENUE

DELMAR, NEW YORK 12054

(518) 439-4955 opt 3

Fax: (518) 439-2144

Email: nlanahan@townofbethlehem.org



John Clarkson
Town Supervisor

Nan Lanahan
Administrator

POLICY FOR OFFERING DISCOUNT TO INDIVIDUALS/FAMILIES IN NEED FOR PARKS AND RECREATION ACTIVITIES AND SEASON POOL PASSES

Working in conjunction with community groups, to help serve and include families in need, the Town of Bethlehem Parks and Recreation Department is authorized to provide a 50% discount on recreation activities and/or pool passes in accordance with this policy.

ELIGIBILITY

Requests for the discount must come from one of the following schools, non-profit or charitable agencies: Bethlehem Community Fund, Bethlehem Senior Projects, Inc. (sponsor of the Bethlehem Food Pantry), Bethlehem, Guilderland, or RCS Central School District (school nurse or guidance counselor), Clergy, or other agencies as approved by the Administrator of Parks and Recreation.

Qualification for the discount will be the responsibility of the above named agencies with final approval of the Parks and Recreation Department.

PROCESS

Agencies will contact the Parks and Recreation Dept. to request discount for specifically approved recipient(s), after which the Parks and Recreation Administrator (or other designee) may approve a 50% reduction in the usual fee; and the requesting agency and recipient may also help cover the remainder.

For season pool passes, the requesting agency will provide a list of all approved family members to be included on the pass including name, date of birth, grade, and gender. Family members must come to the office during regular business hours (Monday-Friday, 8:30am-4:30pm) to obtain season pool passes. Family members must all come in together to have photos taken and passes printed. No discounted passes will be issued at the pool. Each family member must bring their printed pass with them when visiting the pool. The agency working with the individual/family will convey this information to them.

For camp or other activity registration, the agency will provide name, date of birth, grade, and gender of all participants. All participants must come to the office during regular business hours (Monday-Friday, 8:30am-4:30pm) to register. The agency working with the individual/family will convey this information to them.

PAYMENT

Agency will advise the Parks and Recreation Dept. of the portion to be paid by the recipient and the portion to be paid by the agency or other source, totaling 50% of the fee. Full payment of the recipient's portion of discounted fee(s), as determined by the agency, shall be received prior to or at the same time the recipient comes to the office. The agency's portion may be received afterward.

Any exceptions to this policy will be made at the discretion of the Administrator of Parks and Recreation.

Adopted 12/14/2016

Town of Bethlehem Parks & Recreation Dept.

REQUEST FORM-Family Assistance Discount

Working in conjunction with community groups, to help serve and include families in need, the Town of Bethlehem Parks and Recreation Department is pleased to provide a 50% discount on recreation activities and/or season pool passes in accordance with the FINANCIAL ASSISTANCE policy.

Eligibility: Requests for the discount must come from one of the following schools, non-profit or charitable agencies: Bethlehem Community Fund, Bethlehem Senior Projects, Inc. (sponsor of the Bethlehem Food Pantry), Bethlehem, Guilderland, or RCS Central School District (school nurse or guidance counselor), Clergy, or other agencies as approved by the Administrator of Parks and Recreation. Qualification for the discount will be the responsibility of the above named agencies with final approval of the Parks and Recreation Department. **THIS FORM MUST BE COMPLETED BY AN ELIGIBLE AGENCY ONLY.**

Name of Agency making request: Contact person: _____
 Title: _____
 Phone: _____
 Email: _____

Name of family in need of discount: Name of Primary Guardian: _____
 Street Address: _____
 City and Zip: _____
 Home phone: _____
 Cell Phone: _____
 Email: _____

The discount requested will be used for:

Family Member Name	Date of Birth	Grade	Gender	Activity # OR Season Pool Pass Type	Original Fee
TOTAL					



Town of Bethlehem-Less 50% = \$ _____

Amount to be paid by funding source \$ _____

Name of funding source: _____

Amount to be paid by Family \$ _____

FOR OFFICE USE ONLY

Date Received: _____

Date Approved: _____

Approved by: _____