

# 2011 Lysander Day Camp

LDC  
Tie Dye T-shirts  
\$10.00/\$12.00

Camp Location: Palmer School

## ~ FIELD TRIPS & ACTIVITY DAYS ~

(All Transportation will be provided by the Baldwinsville School District)

**Week 1:** Cold Spring Fire Station Visit & Activities

**Week 4:** Oneida Shores

**Week 2:** Van Buren Pool

**Week 5:** LDC Carnival Day

**Week 3:** B'ville Sports Bowl

**Week 6:** Lysander Park & Picnic

**crafts**      **Friends & Fun**  
**Memories Sports**  
**Music**      **Wii Time**      **Group Time**

Office Phone: 635-5999

Fax Phone: 635-1619

Office Hours: 9:00 AM to 4:30 PM

Web Site: [www.townoflysander.org](http://www.townoflysander.org)

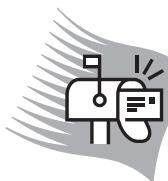
Email: [recreation@townoflysander.org](mailto:recreation@townoflysander.org)

Facebook: Lysander Day Camp

Special Registration  
& Info Day

Monday 4/11/11

9:00 am - 6:00 pm



Lysander Parks & Recreation Dept.

8220 Loop Rd

Baldwinsville, NY 13027

Park Director: Ann Smiley

Camp Director: Tony Burkinshaw

## REGISTRATION AND PAYMENT INFORMATION

At the time of registration, please make sure that you have marked the week (s) that you are paying for. Also make sure that you have filled out the HEALTH form on the back & have included payment for each week that you have marked. Registration may be done all at once or on a week to week basis with payment received by **Noon on the Friday prior to a session beginning**, *if there are openings*. (Please Note: you only have to fill out the paperwork one time). Registration is on a first come, first served basis. Some sessions may fill up! You **must** register & pay BEFORE attending Camp.

**PLEASE REMEMBER** – YOU ARE NOT REGISTERED WITH THE DAY CAMP UNTIL PAYMENT IS RECEIVED AT THE PARKS & RECREATION OFFICE (8220 Loop Rd.) — No money will be taken at camp.

**TO REGISTER >>>** You can **Mail it, FAX it w/credit card information or drop it off in-person.**

\* **Must have proof of residency** & completion of grade when submitting Lysander Day Camp Registration Form. A copy of drivers license preferred for proof of residency.

\* Remember, your child is **NOT** allowed to attend camp unless **FULL PAYMENT** is received for that week.

**Credit Card Option:** Parents may guarantee a spot for their child/children by participating in our automatic charge option. It is as simple as filling out an automatic charge form. Each week we will charge your account & hold a spot for your child. If interested, contact us for a form.

**REGULAR DAY CAMP** - This is a program of Sports, Group Time, Music, Wii-Time, Crafts, and a Field Trip/activity day once a week with a different theme each week. Each participant will need to supply their own lunch & drink. The program is for students that have **completed** K - 6th grade, broken up into four different grade groups: K & 1, 2 & 3, 4 & 5, 6 graders. The Camp is open to all residents in the Town of Lysander, Van Buren & the Baldwinsville School District. Fees include the price of the field trip/activity day.

PLACE: **PALMER SCHOOL CAFETERIA**  
DAY/DATES: July 5 - August 12, 2011  
Week 1 (Tuesday - Friday), Week 2 - 6 (Monday - Friday)  
TIME: **9:00 AM to 3:00 PM**  
GRADES: K - 6th (K & 1, 2 & 3, 4 & 5, 6) Must have completed grade listed  
FEES: **Lysander Day Camp Tie Dye T-Shirt** -\$10.00 for youth sizes  
\$12.00 for adult sizes (one time fee)  
Town of Lysander Resident **\$75.00 per week**  
Non Resident **\$85.00 per week**  
**\$5.00 discount if paid** by June 17, 2011 (not postmarked)  
*(This discount does not include the automatic charge option)*

Weeks available to register for:

1st Week: July 5 - 8  
2nd Week: July 11 - 15  
3rd Week: July 18 - 22  
4th Week: July 25 - 29  
5th Week: August 1 - 5  
6th Week: August 8 - 12

**EXTENDED DAY CAMP** - This program is the same as described above, but is intended to aid the working parent during the summer time. Children will be supervised before & after regular hours of Day Camp. PARENTS ARE REQUIRED TO BRING THEIR CHILDREN IN EACH DAY & SIGN THEM IN & OUT. Fees include price of field trip/activity day. Parents should send an afternoon snack.

PLACE: **PALMER SCHOOL CAFETERIA**  
DAY/DATES: July 5 - August 12, 2011  
Week 1 (Tuesday - Friday)  
Week 2 - 6 (Monday - Friday)  
TIME: **7:30 AM to 5:30 PM \*NEW\***  
GRADES: K - 6th (K & 1, 2 & 3, 4 & 5, 6) Must have completed grade listed  
FEES: **Lysander Day Camp Tie Dye T-Shirt** -\$10.00 for youth sizes  
\$12.00 for adult sizes (one time fee)  
Town of Lysander Resident **\$120.00 per week**  
Non Resident **\$135.00 per week**  
**\$10.00 discount if paid** by June 17, 2011 (not postmarked)  
*(This discount does not include the automatic charge option)*

Weeks available to register for:

1st Week: July 5 - 8  
2nd Week: July 11 - 15  
3rd Week: July 18 - 22  
4th Week: July 25 - 29  
5th Week: August 1 - 5  
6th Week: August 8 - 12

# DAY CAMP REGISTRATION FORM - PLEASE PRINT OR TYPE (1 CHILD PER FORM)

Lysander Day Camp is licensed by the N.Y. State Department of Environmental Health  
Day Camp will be inspected before Camp opens and after.

CHILD'S NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(street) (city) (zip)

AGE (as of 7/5/11): \_\_\_\_\_ GRADE COMPLETED (As of 7/11) \_\_\_\_\_ SEX: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ CELL # \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ CELL # \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

Email address: \_\_\_\_\_

- \* Please complete the Health Form on the Back > Must be filled out in full.
- \* Also, please read through the registration form BEFORE filling out.

Only mark the week (s) that you are **PAYING FOR** at the time of registration. Any other weeks that you want to register for must be paid for in advance at the Parks & Recreation office (or by using the automatic charge option). Your child is **NOT** registered until payment is received. Spots are **NOT** saved, even if you check them. There will be NO payments accepted at Day Camp and NO registrations accepted after noon on the Friday before each week.

Please Note: *There will be no pick up or drop-off of campers to other camps on the school grounds*

### Regular Day Camp (DC) or Extended (EXDC) (Please mark with an "X" Day Camp ~ Or ~ Ext. Day Camp)

Week 1: 7/5 - 7/8:	Regular Day Camp _____	Extended Day Camp _____
Week 2: 7/11 - 7/15:	Regular Day Camp _____	Extended Day Camp _____
Week 3: 7/18 - 7/22:	Regular Day Camp _____	Extended Day Camp _____
Week 4: 7/25 - 7/29:	Regular Day Camp _____	Extended Day Camp _____
Week 5: 8/1 - 8/5:	Regular Day Camp _____	Extended Day Camp _____
Week 6: 8/8 - 8/12:	Regular Day Camp _____	Extended Day Camp _____

Tie Die T-Shirt (Please indicate size & quantity) Youth Size (\$10) \_\_\_\_\_ Adult Size (\$12) \_\_\_\_\_ Quantity \_\_\_\_\_

**No registrations will be accepted after noon on Friday for the following Monday. Your child will not be registered to attend, will not be on any lists & will not be allowed to stay at Camp until payment can be confirmed. Bounced Check Fee is \$20.00**

**Make Check Payable to: T o w n o f L y s a n d e r**  
8220 Loop Road, Baldwinsville, NY 13027

----- WEEKLY REGISTRATION FEES -----

<u>DAY CAMP</u>			
Town of Lysander Resident	\$75.00/week	Non Resident	\$85.00/week
<i>(Please be prepared to show proof of Residency when registering)</i>			
\$5.00 discount if paid by June 17, 2011 (not postmarked)			
<u>EXTENDED DAY CAMP</u> *NEW*(LDC now Closes at 5:30 PM)*			
Town of Lysander Resident	\$120.00/week	Non Resident	\$135.00/week
<i>(Please be prepared to show proof of Residency when registering)</i>			
\$10.00 discount if paid by June 17, 2011 (not postmarked)			

**\*\*\* Refunds \*\*\***

Refunds will be given until the **WEDNESDAY BEFORE** the session begins minus a \$15.00 administrative fee per child.  
**NO REFUNDS** will be given once the session begins.

# HEALTH INFORMATION FORM - TO BE FILLED OUT BEFORE MAILING

This form must be filled out completely or we will be unable to process it and it will be returned.

Doctor's Name and Phone #: \_\_\_\_\_

Allergies/Medicines \_\_\_\_\_

Immunization: Give dates child was immunized. Where shots are given in a series - we need ALL the dates. Unless these dates are filled in completely, your child's form will not be processed. **You may include a copy of your child's immunization record.** (We do not keep previous year's health records at the office)

DTP Series: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_ 5) \_\_\_\_\_

Polio Series: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_

HIB: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_

HEP: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_

M/M/R: 1) \_\_\_\_\_ 2) \_\_\_\_\_ Varicella (chicken pox) \_\_\_\_\_

**Special Information** - Please list anything about your child that we should know prior to arrival to camp:

In Case Of Emergency and Parent/Guardian can not be reached, **PLEASE CONTACT** the following authorized person:

➡ NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**Parent Authorization:** To the best of my knowledge, the above information is correct and the child described herein has permission to engage in all Camp activities and Field Trips, EXCEPT noted by me or the physician named above. I also understand there is NO MEDICAL OR ACCIDENT INSURANCE included as part of the program. I authorize the Town to seek medical attention if necessary. I understand and agree to all policies, including refunds, payments etc. At times we like to publish pictures of what the campers are doing - if you do not want your child's picture on our website, on facebook, in the end of summer slideshow (available for sale) or in articles to the newspaper, please make sure to inform the Park Office.

➡ PARENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please note any **INDIVIDUALS** who are **NOT** allowed to pick up your child from Day Camp:

CREDIT CARD INFORMATION: (Please Note a 2.45% convenience fee will be added to this account if paying by credit card)

Master Card \_\_\_\_\_ Discover Card \_\_\_\_\_ Expiration Date: \_\_\_\_\_

CARD #: \_\_\_\_\_

CARD HOLDER'S NAME: \_\_\_\_\_

Card Holder's Signature: \_\_\_\_\_

I would like to sign up for the automatic credit card payments - please send paperwork \_\_\_\_\_

----- **OFFICE USE ONLY** -----

Check \_\_\_\_\_ Cash \_\_\_\_\_ Charge \_\_\_\_\_ Receipt #: \_\_\_\_\_ Proof of Residency: \_\_\_\_\_

Date: \_\_\_\_\_ Authorization #: \_\_\_\_\_ Reference #: \_\_\_\_\_ Amount Pd: \_\_\_\_\_

Disposal Year: \_\_\_\_\_