

L 2016 C Lysander Day Camp

Camp Location: Lysander Town Park

~ FIELD TRIPS & ACTIVITY DAYS ~

- 7/13/16 **Week 1:** Van Buren Pool (Swimming)
7/20/16 **Week 2:** FunFlicks Video Games & Movie
7/27/16 **Week 3:** Abbotts Farm & Blueberry Picking
8/4/16 **Week 4:** WonderWorks
8/10/16 **Week 5:** FunFlicks Video Games & Movie
8/17/16 **Week 6:** Green Lakes State Park (Picnic & Swimming)

Registration starts April 4, 2016

Office Phone: 635-5999

Fax Phone: 635-1619

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

Web Site: www.townoflysander.org

Email: recreation@townoflysander.org

Facebook: Lysander Parks & Recreation

Special Registration & Info Day

Monday 4/4/16

9:00 am to 6:00 pm

At Lysander Town Hall

Or any day

9:00 am to 4:30 pm



Lysander Parks & Recreation Dept.

8220 Loop Rd

Baldwinsville, NY 13027

Camp Director: Tony Burkinshaw

On-site Director: Victoria Stanton

REGISTRATION AND PAYMENT INFORMATION

At the time of registration, please make sure that you have marked the week(s) that you are paying for. Be 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. Payment must be received by **Noon on the Friday prior to a week beginning, or before**. (Please Note: you only have to fill out the paperwork one time). Registration is on a first come, first served basis. Some weeks 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**. Once your registration is complete, you will be able to pay online with your credit card.

*Remember, your child is **NOT** allowed to attend camp unless **FULL PAYMENT** is received by noon on the Friday before for the week of camp.

REGULAR DAY CAMP - Is a program of Sports, Group Time, Music, Arts & 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 & drinks. The program is for students that have **completed** K - 6th grade. Fees include the price of the field trip/activity day.

PLACE: **NEW** Lysander Town Park
8439 Smokey Hollow Rd
DAY/DATES: July 11 - August 19, 2016
Weeks 1 - 6 (Monday - Friday)
TIME: **9:00 am to 3:00 pm**
GRADES: K - 6th (Must have completed grade listed)
FEES: **\$110 per week**
Lysander Day Camp Tie Dye T-Shirt:
\$13.00 for youth sizes \$15.00 for adult sizes (one time fee)

Weeks available to register for:

1st Week: July 11 - 15
2nd Week: July 18 - 22
3rd Week: July 25 - 29
4th Week: August 1 - 5
5th Week: August 8 - 12
6th Week: August 15 - 19

EXTENDED DAY CAMP - This program is the same as described above, but is intended to aid working parents 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 and drink*)

PLACE: **NEW** Lysander Town Park
8439 Smokey Hollow Rd
DAY/DATES: July 11 - August 19, 2016
Week 1 - 6 (Monday - Friday)
TIME: **7:30 AM to 6:00 PM**
GRADES: K - 6th (Must have completed grade listed)
FEES: **NEW** \$135.00 for Morning Extended (7:30 am - 3:00 am)
NEW \$175.00 for Afternoon Extended (9:00 am - 6:00 pm)
NEW \$200.00 for Both Morning & Afternoon (7:30 am - 6:00 pm)
Lysander Day Camp Tie Dye T-Shirt:
\$13.00 for youth sizes \$15.00 for adult sizes (one time fee)

Weeks available to register for:

1st Week: July 11 - 15
2nd Week: July 18 - 22
3rd Week: July 25 - 29
4th Week: August 1 - 5
5th Week: August 8 - 12
6th Week: August 15 - 19

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. As the parent or legal guardian of the registered child, I accept full responsibility for any and all injuries which may arise out of participation in the Lysander Day Camp and hereby release the Town of Lysander, its agents and/or employees from any claims of any nature whatsoever arising out of my/my child(ren)'s participation. 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 Recreation 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% Service Charge** will be added to this account if paying by Credit Card or a \$3.00 minimum.

Master Card _____ Discover Card _____ Visa Card _____ American Express _____

CARD #: _____ Expiration Date: _____

CARD HOLDER'S NAME: (Please Print) _____

Card Holder's Signature: _____

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

Date: _____ Check: _____ Cash: _____ Receipt #: _____

Charge: _____ Authorization #: _____ Reference #: _____ Amount Pd: _____

Disposal Year: _____ T-Shirt Pd: _____