

Lysander Summer 2017 Playground Program

Camp Location: 8439 Smokey Hollow Rd., Baldwinsville

~ FIELD TRIPS & ACTIVITY DAYS ~

- 7/13/16 **Week 1:** Van Buren Pool (Swimming)
7/20/16 **Week 2:** Flamingo Bowl (Bowling)
7/27/16 **Week 3:** Abbotts Farm & Blueberry Picking
8/4/16 **Week 4:** WonderWorks
8/10/16 **Week 5:** Fire Safety & Fire Truck Visit
8/17/16 **Week 6:** Green Lakes State Park (Picnic & Swimming)

Registration starts March 27, 2017

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 Summer Playground Program

Registration Start Date:

Monday, March 27, 2017

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: Lynn Pinard

This is a week day program focusing on a week of sports activities, group play time, music, arts & crafts, and a field trip/special 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 who have **completed K - 6th grade**. Fees include the price of the field trip/activity day.

REGISTRATION AND PAYMENT INFORMATION

Be sure that you have filled out the front and back of the Registration Form. No registrations will be completed that are missing the health information. Please make sure that you have marked only the week(s) that you are paying for. Include payment for each week that you have marked with your registration. Once your Health Form has been received and entered into the computer system you will be allowed to register for any of the weeks up until the cut off time for each week. The cut off time is **Noon on Friday of the week prior to the Monday of the week you are attending**. (Please Note: You do not need to re-submit your registration form for each week.) Registrations are taken on a first come, first served basis. Some weeks may fill up! You **must** register & pay BEFORE attending Camp.

PARENTS ARE REQUIRED TO WALK THEIR CHILDREN IN EACH DAY, and SIGN THEM IN & OUT EACH DAY.

SUBMIT YOUR REGISTRATION— by Mail, by FAX w/credit card information or Drop it off in-person. Once your registration and health information have been entered into the computer you will be able to pay online with your credit card.

PLEASE REMEMBER – YOU ARE NOT REGISTERED WITH THE DAY CAMP UNTIL PAYMENT IS RECEIVED AT THE PARKS & RECREATION OFFICE AT 8220 LOOP ROAD. **NO MONEY** will be taken at camp. Your child will **NOT** be allowed to attend camp unless **FULL PAYMENT** is received by noon on the Friday of the week before the week of camp that you wish to attend.

CAMP WEEKS and DATES

1st Week: July 10 - 14
3rd Week: July 24 - 28
5th Week: August 7 - 11

2nd Week: July 17 - 21
4th Week: July 31 - Aug. 4
6th Week: August 14 - 18

REGULAR PLAYGROUND PROGRAM

TIME: 9:00 am to 3:00 pm
FEES: \$110 per week

EXTENDED PLAYGROUND PROGRAM (*Parents should send an afternoon snack and drink*)

TIME: 7:30 AM to 6:00 PM
FEES: **OR** \$135.00 for Morning Extended (7:30 am - 3:00 am)
OR \$175.00 for Afternoon Extended (9:00 am - 6:00 pm)
OR \$200.00 for Both Morning & Afternoon (7:30 am- 6:00 pm)

Lysander Playground Program Tie Dye T-Shirt

\$13.00 for youth sizes

\$15.00 for adult sizes

PLAYGROUND PROGRAM REGISTRATION FORM

PLEASE PRINT OR TYPE
(1 CHILD PER FORM)

CHILD'S NAME: _____ HOME PHONE: _____

ADDRESS: _____
(street) (city) (zip)

DATE OF BIRTH: _____ AGE (As of 7/11/16): _____ GRADE COMPLETED (As of 7/16) _____ SEX: M / F

MOTHER: _____ CELL # _____ WORK #: _____

FATHER: _____ CELL # _____ WORK #: _____

Email address: _____

- * Please complete the entire Health Form on the back.
- * Please read through the registration form BEFORE filling it out.

Only mark the week(s) that you are **PAYING FOR** at the time of registration. Do not mark a week unless you are paying for it now. Any other weeks that you want to register for must be paid for in the Parks & Recreation office or online prior to attending camp. 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 the program and **NO** registrations accepted after noon on the Friday before each week.

Regular Playground Hours or Extended (AM or PM or Full EXT)

Please mark with an "X"

(For the weeks you are paying for only)

	Regular Hours 9:00 am to 3:00 pm \$110.00	AM Extended 7:30 am to 3:00 pm \$135.00	PM Extended 9:00 am to 6:00 pm \$175.00	AM & PM Extended 7:30 am to 6:00 pm \$200.00
Week 1: 7/10 - 7/14:	_____	_____	_____	_____
Week 2: 7/17 - 7/21:	_____	_____	_____	_____
Week 3: 7/24 - 7/28:	_____	_____	_____	_____
Week 4: 7/31 - 8/4:	_____	_____	_____	_____
Week 5: 8/7 - 8/11:	_____	_____	_____	_____
Week 6: 8/14 - 8/18:	_____	_____	_____	_____

Make Checks Payable to: **Town of Lysander**

Mail to: Lysander Parks & Rec. Dept.

8220 Loop Road
Baldwinsville, NY 13027

Lysander Summer Playground Program Tie Die T-Shirt

~ Recommend for field trip days to help identify our campers ~

(No shirts will be ordered after 6/29/17)

(Please circle size & print quantity)

Youth Size (\$13) _____

Adult Size (\$15) _____

YXS (2-4), YS (6-8), YM (10-12), YL (14-16)

Small, Medium, Large, X-Large

*** Refund Policy ***

Refunds will be given until the **WEDNESDAY BEFORE** the week begins minus a \$15.00 administrative fee per child.

NO REFUNDS will be given after that.

** (Bounced Check Fee is \$20.00)

HEALTH INFORMATION FORM - TO BE COMPLETED BEFORE MAILING

This form must be filled out completely or we will be unable to accept your registration and it will be returned or held until it is completed.

Doctor's Name and Phone #: _____

Allergies/Medicines _____

Immunizations: 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 program 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 Summer Playground Program 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. .

➡ PARENT'S SIGNATURE: _____ DATE: _____

**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, facebook, the end of the summer slideshow (available for sale) or articles to the newspaper, please be sure to inform the Recreation Office in person or by phone.

Please note any individuals who are NOT allowed to pick up your child from Playground Program:

CREDIT CARD INFORMATION:

♦ A **2.65% 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: _____ CC: _____

Receipt #: _____

Amount Pd: \$ _____

T Shirt: \$ _____

REFUND DATE: _____

WEEK # _____ \$ _____

Less Admin Fee \$ _____

AMOUNT: \$ _____