

SUMMER RECREATION PROGRAM

2010

VILLAGE OF TRUMANSBURG
TOWN OF ULYSSES

DIRECTOR - Tom Major

PROGRAMS OFFERED:

Program	Dates	Times	Directors
Youth Baseball	April-June	Evenings	Matt McLennan (387-5088)
Youth Softball	April-June	Evenings	Matt McLennan
Youth Track	May	Wed. 6-8 pm	Andrew Burton(387-5722)
Playschool	6/28-8/6	9:30 -11:30am	Angela McLennan(5088)
Swim Bus	6/28-8/6	12:30-3:00pm	Eric Murphy(387-7763)
Day Care	6/28-8/6	7:30-5:30 pm	Angela McLennan(5088)
Sports Camps	June/July	TBA	Tom Major(387-6127)

Note: Baseball/Softball, Youth Track, Sport Camp forms available thru Physical Education classes in each building. All other forms are enclosed.

PLAYSCHOOL FORM

Listed below is information for the PLAYSCHOOL program which is sponsored by the Village of Trumansburg and held at the Trumansburg High School:

Dates: (weekdays)June 28th thru August 6th
 Times:9:30 am to 11:30 am
 Ages:.....School age (entering in fall)
 Place:Trumansburg High School (gym and cafeteria)
 Director:Angela McLennan (387-5088)
 Activities:Arts/Crafts, Playground games, Sports, Field Trips, Etc.

Registrations:Forms with correct fees sent to: Tom Major
 Box 176
 Trumansburg, NY 14886

Deadline for registrations is June 22nd, after that date; add \$5.00 for late fee. No refunds after program starts. Return check fee is \$15.

Note: If your child/children are attending the TSDP program before/after the village recreation program please note on below application. The applications for playschool and swim bus, along with the correct fee should be sent to tom Major, not TSDP. They are two separate programs and two separate fees.

Scholarships: Are available on a limited basis. Awards are made on need and availability of scholarship money. Early applications are recommended. Awards will be made only after all information is received and reviewed. Applicants will be notified as to the amount awarded. Balance of fees, after awards, must be paid before children attend programs. Applications forms are available at the Village Office on Main Street in Trumansburg. Contact person: Tom Major (387-6127)

Detach and return (save above information)

PLAYSCHOOL REGISTRATION FORM

Name of child	Birth date	Age	Phone
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Address	Zip
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Mother's Name	Father's Name
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Who to call in an emergency (relationship with child)	Phone
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Will your child be attending TSDP? Yes or No (circle one)

Fees: Village/Town of Ulysses.....Playschool only (\$85) Playschool and Swim Bus (\$150)
 All othersPlayschool only (95) Playschool and swim bus (\$175)

Send this form with correct fees to: Tom Major, Box 176, Trumansburg, NY 14886. Deadline for registration is June 21st, after that date add \$5 late fee.

SUMMER RECREATION 2010

SWIM BUS FORM

Listed below is information for the Swim Bus program which is sponsored by the Village of Trumansburg and held at Taughannock Falls State Park:

Dates: June 28th thru August 6th (weekdays only)

Times: 12:30 pm to 3:00 pm

Place: Taughannock Falls State Park (swimming area)

Director; Eric Murphy (387-7763)

Age: 6 -16(must be six by July 7th)

Cancellations:..... WHCU Lite 97 by noon

Trumansburg Central School Web site by noon

Registrations:Send to Tom Major, Box 176, Trumansburg, NY 14886 (send correct fee)

Busing: Buses will leave from the High School (parking lot behind auditorium) at approximately 12:45 pm. Loading will start at 12:30. There will not be a pick up at the Conservatory on Congress Street. Children must return home on the bus unless they have a written note from the parents allowing them to either stay at the lake or having some other means of transportation.

Buddy program: Each child will be in a group according to their swimming ability. Within each group they will have a partner (buddy). They must be with that person at all times when they are in the water. The lifeguards have a buddy check about every 15 minutes where all swimmers must come out of the water and our counselors check to see that all children have their partner with them. Children may select their own buddy or the counselors will select a buddy for them. This is very important, if the child is found without their buddy they will not be allowed to go in the water for the rest of the day or possibly longer.

Refreshment stand: Children are allowed to go to the refreshment stand only if they get permission from their counselors. It is recommended that they go with their buddy. When they return they must report to their counselors. We must know where every child is at all times. Permission is given to go to the refreshment stand only, not any other area of the park.

What to Wear: Children are asked to wear their swimming attire and to bring a large towel (with their name on it), footwear (no socks), a sweatshirt or t-shirt. They may bring a small bag for snacks or other items.

Detach and return (save above information)

SWIM BUS REGISTRATION FORM

Name of child	Birth date	Age	Phone
Address			Zip
Mother's Name		Father's Name	
Who to call in an emergency (relationship to child)			Phone

Will your child be attending TSDP? Yes or No (circle one)

Fees: Village/Town of Ulysses.....Swim Bus only (\$75) Playschool and Swim Bus (\$150)

All othersSwim Bus only (\$85) Playschool and Swim bus (\$175)

Child's Swimming Level (circle one), Non-swimmer Beginner Intermediate Advanced

DAY CARE PROGRAM 2010
 VILLAGE OF TRUMANSBURG
 REGISTRATION FORM

The program will run for six weeks, June 28 thru August 6 (weekdays) starting at 7:30 am, covering the hours before and in-between the Village's Playschool and Swim Bus programs, and ending at 5:30 pm. Cost will be \$60 per week (\$360 for all six weeks) Any number of weeks less than six the cost will be \$70 per week. All children must also be enrolled in the Playschool/Swim Bus program. The cost for both the Playschool and Swim Bus program is \$150 for all six weeks. Any enrollment for less than six weeks the cost is \$30 per week. All forms: Day Care, Playschool, Swim Bus, Health should be sent in at the same time. Fees for Playschool and Swim bus should be sent in when registering. Day care fees will require a \$100 deposit with registration form. This deposit will be deducted from your last payment. Any questions contact Tom Major (387-6127 or E-mail tmajor001@twcny.rr.com. Alternate person- Angela McLennan (387-5088)

Parent or Guardian _____

Address _____

Home Phone _____ Work/Cell Phone _____

E-mail _____

Child's Name _____ Birth Date _____ Grade 9/10 _____

Child's Name _____ Birth Date _____ Grade 9/10 _____

Note: Child must be 6 years old by July 7th.

Weeks of Program	Child's name attending each week
Week 1 (June 28-July 2)	_____
Week 2(July 5-9)	_____
Week 3 (July 12-16)	_____
Week 4 (July 19-23)	_____
Week 5 (July 26-30)	_____
Week 6 (Aug. 2-6)	_____

All forms mailed to: Tom Major, Box 176, Trumansburg, NY 14886

HEALTH HISTORY

Please return this form with either the Playschool or Swim Bus Form

IMMUNIZATION RECORD Indicate dates for the following:

Diphtheria _____ Rubella _____ Tetanus _____ Measles _____

Mumps _____ Pertussin _____ Tuberculin Test _____ Polio _____

PLEASE CHECK ALL THAT APPLY:

Recurring Illnesses

Allergies

Diseases

Ear Infections _____

Hay Fever _____

Chicken Pox _____

Heart Disease _____

Poison Ivy _____

Measles _____

Convulsions _____

Insects _____

Mumps _____

Diabetes _____

Penicillin _____

Others _____

Asthma _____

Other Drugs _____

Seizures _____

Food (s) _____

Family Physician _____ Phone _____

Family Dentist _____ Phone _____

List any medications to be taken while at PLAYSCHOOL / SWIM BUS. Unless otherwise specified, all medication will be kept in the Director's Office and will be self-administered by the child under the supervision of the Director or his/her designee.

Drug _____ Amount _____ Time _____

Specify reason for medication: _____

I hereby give my child permission to take the above medication under the supervision of the Village Recreation staff.

Parent/Guardian Signature _____ Date _____

Please list any physical or emotional conditions/factors which may limit your child's activities:

I give my permission for _____ to attend and participate in activities at Playschool/Swim Bus and understand that I will be contacted immediately in case of injury or illness. If emergency treatment is necessary, I understand that my child will be transported to Cayuga Medical Center's emergency room. I give my permission for the attending physician to give emergency treatment, including anesthesia, injections, and x-rays, if necessary.

I also give permission for my child to receive first aid or CPR if needed. Such care will be administered by a trained person.

Parent/Guardian Signature _____ Date _____

The following other people have permission to pick up my child from Playschool/Swim Bus:

Name _____ Relationship _____

Name _____ Relationship _____

MY CHILD'S SWIMMING LEVEL (Please circle one)

NON-SWIMMER

BEGINNER

INTERMEDIATE

ADVANCED