

# ***VILLAGE OF TRUMANSBURG 2017 SUMMER RECREATION PROGRAM***

## **Included in Packet:**

**Daycare Form**

**Playschool Form**

**Supervised Lunch Form**

**Swim Bus Form**

**Health Forms**

**Authorization Forms**

**Sports Camp Forms**

## **Registration deadline is June 20, 2017**

\$10 additional fee for late registration

If you do not reside in the Village of Trumansburg or the Town of Ulysses, there is an additional \$10 registrations fee for each program

**Return all completed forms to: Tom Major, Recreation Director, Village of Trumansburg, PO Box 176, Trumansburg, NY 14886**

(387-6127 or e-mail [tmajor001@twcnny.rr.com](mailto:tmajor001@twcnny.rr.com))

Cancellation of programs can be found:

WHCU Lite 97 by noon

Trumansburg Central School Web site by noon



Supported by



# PLAYSCHOOL FORM - 2017

Dates: June 26th thru August 5<sup>th</sup> (weekdays)  
 Times: 9:30am to 11:30am  
 Ages: School age (entering in fall)  
 Place: Trumansburg Middle School  
 Director: Beth Ann Duncan (607-592-0381)  
 Activities: Arts/Crafts, Playground games, Sports, Field Trips, Etc.

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

Deadline for registrations is June 19<sup>th</sup> after that date: add \$10 for late fee. No refunds after program starts. Return check fee is \$15.

**SCHOLARSHIPS:** Available on a limited basis. Awards are made on need basis and availability of scholarship funds. 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 St. in Trumansburg

DETACH AND RETURN (Save above information)

Name of child	Birthdate	Age	Phone
Street Address	Village/City		Zip
E-mail _____			
Who to call in an emergency (relationship to child)			Phone

Fees: Village/Town of Ulysses.....Playschool only (\$145)    Playschool/Swim Bus (\$275)

All others.....Playschool only (\$155)    Playschool/Swim Bus (\$285)

**Made possible with United Way funding**



# SWIM BUS - 2017

Dates: June 26<sup>th</sup> thru August 5<sup>th</sup> (weekdays only)  
Times: 12:30pm to 3:00 pm  
Place: Taughannock Falls State Park (swimming area)  
Director; Eric Murphy (387-7763)  
Age 6 -16 (or have completed kindergarten)

Buses will leave from the Middle School at 12:45 and return at 3:00. Children must return home on the bus unless we have written notes from the parent's stating otherwise.

**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)

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## SWIM BUS REGISTRATION FORM

Name of child	Date of Birth	Age	Phone
Address			Zip
Mother's Name		Father's Name	

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In an emergency (relationship to child) Phone

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

Fees: 6 weeks .... \$145 5 weeks .... \$125 ... 4 weeks ...\$105 ... 3 weeks ...\$85 .....2 weeks.... \$65.  
1 week .... \$50. Add late fee of \$10 after June 19<sup>th</sup>

Made possible with United Way funding



# DAY CARE PROGRAM – 2017

Note: Sport camps, Field trips, special programs not included.

Dates: June 26th thru August 5<sup>th</sup> (weekdays)  
Times: The fees for Day Care will include: Day Care (7:30 -9:30 am/3:00-5:30 pm), Playschool (9:30-11:30 am) Lunch (11:30-12:30) and Swim Bus (12:30-3:00 pm)  
Ages: Child must have attended Kindergarten this past year or be six years old by July 3<sup>rd</sup>, 2017.  
Place: Trumansburg Middle School  
Director: Beth Ann Duncan (607-592-0381)

Fee: 6 weeks ....\$690 5 weeks .... \$625 ... 4 weeks ...\$520 ... 3 weeks ...\$405 .....2 weeks.... \$300.  
1 week .... \$160

For those who wish to pay in two payments the 1<sup>st</sup> payment of \$390 is due with registration form and 2<sup>nd</sup> payment of \$300 is due by June 19<sup>th</sup>. Children should not attend program until payment is made. For those who are attending less than 6 weeks and wish to pay in two payments the 1<sup>st</sup> payment (1/2 fee) is due with registration, the 2<sup>nd</sup> payment (1/2) is due by June 26<sup>th</sup>). Children should not attend program until payment is made.

**SCHOLORSHIPS:** All scholarships for day care must be submitted to DDS from the county you reside in. For children to be admitted into the day care program, all paper work and acceptance forms must be done prior to your child attending the program. If DDS allows full fees they will give you a form stating the amount they will pay. If they do not pay the full amount, it will be your responsibility for the balance. The balance must be paid before the child attends the day care. If forms are not completed and the OK is not given by DDS, your child should not attend the day care until this is completed. Please contact Town of Ulysses for help in applying, 387-5767.

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Child's name \_\_\_\_\_ Birth date \_\_\_\_\_ Grade Fall 2015 \_\_\_\_\_

Child's name \_\_\_\_\_ Birth date \_\_\_\_\_ Grade Fall 2015 \_\_\_\_\_

Child's name \_\_\_\_\_ Birth date \_\_\_\_\_ Grade Fall 2015 \_\_\_\_\_

**Weeks of program**

**Name of child attending**

Week 1 (June 26 – June 30) \_\_\_\_\_

Week 2 (July 3 – July 7) \_\_\_\_\_

Week 3 (July 10 – July 14) \_\_\_\_\_

Week 4 (July 17 – July 21) \_\_\_\_\_

Week 5 (July 24 – July 28) \_\_\_\_\_

Week 6 (July 31 – August 5) \_\_\_\_\_

# AUTHORIZATION FORM FOR PICKUP

Listed below is the procedure that is to be used each day when bringing your child/children to either the day care, playschool or swim bus program:

Whoever brings your child/children to any of the above listed programs must bring them into the building where a counselor will sign them in. The same procedure will be in effect when picking them up, after or during the program.

There will be a special form for parent's to sign if they want to allow their child/children to leave without someone signing them in or out. This is usually for older children who are allowed to walk home after the program. Forms will be available at the parent's meeting on June 24th

Listed below are the individuals who are allowed to sign out the children listed below:

Child's Name \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Person's authorized to sign them out and take them home:

Name \_\_\_\_\_ Phone #'s \_\_\_\_\_

Name \_\_\_\_\_ Phone #'s \_\_\_\_\_

Name \_\_\_\_\_ Phone #'s \_\_\_\_\_

Any others please add names: If there are changes, please notify BETH ANN DUNCAN  
( phone- 607-592-0381)

NOTE: We will not allow anyone whose name is not on this listed to pick up your child/children unless you notify us.

\_\_\_\_\_  
Parent's signature

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# HEALTH HISTORY - 2017

Please return this form for Daycare, Playschool and swim Bus

IMMUNIZATION RECORD: Indicate dates for following:

Diphtheria \_\_\_\_\_ Rubella \_\_\_\_\_ - Tetanus \_\_\_\_\_ Measles \_\_\_\_\_

Mumps \_\_\_\_\_ Pertussin \_\_\_\_\_ Tuberculin \_\_\_\_\_ 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 any of the recreation programs. Unless otherwise specified, all medications 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 the Daycare, Playschool and 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 attending physician to give emergency treatment, including anesthesia, injections and e-rays if necessary. I also give my permission for my child to receive first aid or CPR by a trained person if needed.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

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# SUPERVISED LUNCH PROGRAM - 2017

A supervised lunch program will be offered this summer. This program is only available for those children who attend BOTH the Playschool and Swim Bus programs. The lunch fits the gap between the end of Playschool (11:30 am) and the start of the swim bus program (12:30 pm). All food and drinks must be supplied by the parent. To attend this supervised lunch program, children must be pre-register.  
**DAY CARE CHILDREN DO NOT REGISTER FOR LUNCH PROGRAM.**

I wish to enroll my child/children in the supervised lunch program; He/She/They will be attending the program as listed below:

<b>Weeks of program</b>	<b>Name of child attending</b>
Week 1 (June 26 – June 30)	_____
Week 2 (July 3 – July 7)	_____
Week 3 (July 10 – July 14)	_____
Week 4 (July 17 – July 21)	_____
Week 5 (July 24 – July 28)	_____
Week 6 (July 31 – August 5)	_____

Fees: All six weeks \$25 or \$5 per week (per child)

\_\_\_\_\_

Total lunch fee

\_\_\_\_\_

Parents signature

Note: No scholarships awarded for supervised lunch program.

Made possible with United Way funding



# SUMMER SPORTS CAMP SCHEDULE - 2017

## GRADES 3 - 8

FEES: 4 Day Camp (\$25), 5 Day Camp (\$30), 5 Day, 3 Hour Camp (\$50)

Name \_\_\_\_\_ Grade \_\_\_\_\_ Phone \_\_\_\_\_  
(In fall)

Address \_\_\_\_\_

E-Mail \_\_\_\_\_

Camps attending; 1. \_\_\_\_\_ Date \_\_\_\_\_ Fee - \$ 30  
 2. \_\_\_\_\_ Date \_\_\_\_\_ Fee - \$30  
 3. \_\_\_\_\_ Date \_\_\_\_\_ Fee - \$30

Note: Separate check for each camp. My child listed above has had a Physical Exam within the last 12 months and has been cleared to participate in the above listed camps. Checks made out to: Village of Trumansburg

\_\_\_\_\_  
Parent's signature

**Tentative Dates**

Date	Grade	Sports camp	Place	Time	Coach
6/26-6/30	3 – 8	Golf	MS – Golf Course	9 - 11	Pat Edwards
	3 - 6	Softball	MS	4:30-6	Pat Edwards
6/26-6/30	6 – 8	Basketball (Girls)	H. S.	9 - 11	Russ Peterson
7/3-7	3 – 6	Soccer (B/G)	M. S.	9 – 11	A. Ouckama
7/10-14	3 – 8	Volleyball	H.S.	4:30 – 6	A. McLennan
7/17-21	3 – 6	Basketball (B/G)	H.S.	9 – 11	Jeff Richards
	7 – 12	Basketball (Boys)	H.S.	5 - 8	Jeff Richards
7/31-8/5	3 - 8	Tennis	H.S.	10 – 12	Matt Taves
8/7-11	7 – 12	Soccer (B/G)	H.S.	6pm -8	Jason Hodge

Phone # for coaches: Edwards (342-5521), Peterson (379-8272), Ouckama(592-9560)  
 McLennan(387-5088), Richards (240-6390), Taves(379-3226), Hodge (316-4195)

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