

FULL DAY (Daycare) PROGRAM – 2018

Field trips are now included in the fee. Seabreeze trip on Aug. 1st is not included in fee

Dates: June 25th thru August 3rd (weekdays & no camp on July 4th)
Times: The fees for Full Day Program includes: Day Care (7:30 -9:00am & 3:00-5:30 pm), Playschool (9:00-11:30 am), Field trips, Supervised lunch, and Swim Bus (12:30-3:00 pm)
Ages: Child must have attended Kindergarten this past year or be six years old by July 1st, 2018.
Place: Trumansburg Middle School
Director: Beth Ann Duncan (607-592-0381)
Activities: Arts/Crafts, Playground games, Sports, Field Trips, Etc.

Fee: 6 weeks \$715 5 weeks \$655 ... 4 weeks ...\$575 ... 3 weeks ...\$460 2 weeks.... \$335
1 week \$175

Add late fee of \$10 after June 18th

Full payment is due at time of registration. When form and fee is received you will be sent a confirmation letter or email. Children may not attend program until payment is made.

SCHOLARSHIPS: Please see form included with this packet for scholarship information.

Parent/Guardian _____

Address _____

Home phone _____ Work phone _____ Cell Phone _____

E-mail _____

Child's name _____ Birth date _____ Grade Fall 2018 _____

Child's name _____ Birth date _____ Grade Fall 2018 _____

Child's name _____ Birth date _____ Grade Fall 2018 _____

Weeks of program

Name of child attending

Week 1 (June 25 – June 29) _____

Week 2 (July 23 – July 6) _____

Week 3 (July 9 – July 13) _____

Week 4 (July 16 – July 20) _____

Week 5 (July 23 – July 27) _____

Week 6 (July 30 – August 3) _____

PLAYSCHOOL/SWIM BUS FORM - 2018

Field trips are now included in the fee. Seabreeze trip on Aug. 1st is not included in fee

Dates: June 25th thru August 3rd (weekdays & no camp on July 4th)
Times: 9:00am to 3pm - Playschool (9:00-11:30 am), Field Trips, Supervised lunch, and Swim Bus (12:30-3:00 pm)
Ages: Child must have attended Kindergarten this past year or be six years old by July 1st, 2018
Place: Trumansburg Middle School
Director: Beth Ann Duncan (607-592-0381), Eric Murphy (387-7763)
Activities: Arts/Crafts, Playground games, Sports, Field Trips, Etc.

Fees: 6 weeks \$325 5 weeks \$275 ... 4 weeks ...\$225 ... 3 weeks ...\$175 2 weeks.... \$150
1 week \$125.

Add late fee of \$10 after June 18th

Full payment is due at time of registration. When form and fee is received you will be sent a confirmation letter or email. Children may not attend program until payment is made.

SCHOLARSHIPS: Please see form included with this packet for scholarship information.

Parent/Guardian _____

Address _____

Home phone _____ Work phone _____ Cell Phone _____

E-mail _____

Child's name _____ Birth date _____ Grade Fall 2018 _____

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Week 6 (July 30 – August 3)

PLAYSCHOOL FORM - 2018

Field trips are now included in the fee. Seabreeze trip on Aug. 1st is not included in fee

Dates: June 25th thru August 3rd (weekdays & no camp on July 4th)
Times: 9:00am to 11:30am
Ages: Child must have attended Kindergarten this past year or be six years old by July 1st, 2018.
Place: Trumansburg Middle School
Director: Beth Ann Duncan (607-592-0381)
Activities: Arts/Crafts, Playground games, Sports, Field Trips, Etc.

Fees: 6 weeks \$155 5 weeks \$135 ... 4 weeks ...\$115 ... 3 weeks ...\$95 2 weeks.... \$75
1 week \$50.

Add late fee of \$10 after June 18th

Full payment is due at time of registration. When form and fee is received you will be sent a confirmation letter or email. Children may not attend program until payment is made.

SCHOLARSHIPS: Please see form included with this packet for scholarship information.

Parent/Guardian_____

Address_____

Home phone_____ Work phone_____ Cell Phone_____

E-mail_____

Child's name _____ Birth date _____ Grade Fall 2018 _____

Child's name _____ Birth date _____ Grade Fall 2018 _____

Child's name _____ Birth date _____ Grade Fall 2018 _____

Weeks of program

Name of child attending

Week 1 (June 25 – June 29) _____

Week 2 (July 23 – July 6) _____

Week 3 (July 9 – July 13) _____

Week 4 (July 16 – July 20) _____

Week 5 (July 23 – July 27) _____

Week 6 (July 30 – August 3) _____

SWIM BUS – 2018

Children must return home on the bus unless we have written notes from the parent's stating otherwise.

Dates: June 25th thru August 3rd (weekdays & no camp on July 4th)

Times: 12:30pm to 3:00 pm

Place: Taughannock Falls State Park (swimming area)

Director; Eric Murphy (387-7763)

Age Child must have attended Kindergarten this past year or be six years old by July 1st, 2018.

Full payment is due at time of registration. When form and fee is received you will be sent a confirmation letter or email. Children may not attend program until payment is made.

SCHOLORSHIPS: Please see form included in this packet for scholarship information

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 and counselors have a buddy check every 15 minutes and all children must come out of the water and have their partner with them. Children may select their own buddy or the counselors will select a buddy for them. **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 **only** allowed to go to the refreshment stand only with permission from their counselors. It is recommended that they go with their buddy and upon returning, they must report to their counselors. We must know where every child is at all times.

What to Wear: Children are asked to wear their swimming attire and to bring a large towel, footwear, and a sweatshirt or t-shirt. They may bring a small bag for snacks or other items.

Fees: 6 weeks \$155 5 weeks \$135 ... 4 weeks ... \$115 ... 3 weeks ... \$95 2 weeks.... \$75
1 week \$50.

Parent/Guardian _____

Address _____ Email: _____

Home phone _____ Work phone _____ Cell Phone _____

Child's name _____ Birth date _____ Grade Fall 2018 _____

Child's name _____ Birth date _____ Grade Fall 2018 _____

Child's name _____ Birth date _____ Grade Fall 2018 _____

Weeks of program

Name of child attending

Week 1 (June 25 – June 29) _____

Week 2 (July 23 – July 6) _____

Week 3 (July 9 – July 13) _____

Week 4 (July 16 – July 20) _____

Week 5 (July 23 – July 27) _____

Week 6 (July 30 – August 3) _____

SCHOLARSHIP APPLICATION – 2018

Funding for scholarships is made available to help provide access to our summer camp for all children. In order to be eligible, you must first complete a DSS Day Care Subsidy application and submit the results of that application along with this form, whether or not your family qualifies for assistance through DSS. If you would like help with the DSS application, the Town of Ulysses hosts a DSS representative on Wednesday afternoons who may be able to help. For their schedule please contact the Town at 387-5767.

Please submit this form along with the rest of your application packet. Scholarships will be awarded based on need. If your child is selected you will receive a call from the summer camp director, Tom Major. If your child is selected for only a partial scholarship or does not qualify for this program, you will need to complete payment before they can attend camp. Any questions may be directed to Tom Major at 387-6127 or by email at tmajor001@twcnny.rr.com.

Child's name _____ Birth date _____ Grade Fall 2018 _____

Child's name _____ Birth date _____ Grade Fall 2018 _____

Child's name _____ Birth date _____ Grade Fall 2018 _____

Parents/Guardian: _____

Please "X" each field that applies to you and/or your family:

My family have qualified for a DSS Day Care Subsidy

My family have not qualified for a DSS Day Care Subsidy

My family qualifies for assistance programs like SNAP or TANF, and/or our child receives free/reduced lunch

I am currently unemployed

My family is experiencing a temporary financial hardship due to _____

*You ***must*** attach a copy of your response letter from DSS stating whether or not you qualify for the Day Care Subsidy

*You may also attach a written statement to supplement these questions

*You may be asked to provide more information or income verification to supplement this form when it is processed

Please indicate the programs for which you are applying for assistance:

Week 1 (June 25 – June 29)

Week 2 (July 23 – July 6)

Week 3 (July 9 – July 13)

Week 4 (July 16 – July 20)

Week 5 (July 23 – July 27)

Week 6 (July 30 – August 3)

Full Day Program

Playschool/Swim Bus

Playschool

Swim Bus

Parent/Guardian Signature: _____ Date: _____

AUTHORIZATION FORM FOR PICKUP - 2018

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 form to be completed and signed by parent's if they would like to allow their child/children to leave without someone signing them in or out. This is for older children who are allowed to walk home after the program. Forms will be available at the parent's meeting.

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

Child's Names _____

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

Made possible with United Way funding



HEALTH HISTORY - 2018

Please return this form for Full Day, Playschool and Swim Bus Forms

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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2018 SUMMER SPORTS CAMP SCHEDULE

Schedule and sign up sheet below. If you wish your child to attend any of the camps listed below, fill out form and send to: **Tom Major, PO Box 176, Trumansburg, NY. 14886:**
Email-MAJOR001@TWCNY.RR.com

Fees: 4 day camp (\$30), 5 day camp (\$35), 5 day camp- 3 hours (\$60)

Name _____ Grade _____ Phone _____
 (in fall)

Address _____

E-mail _____

Camps attending: 1. _____ Date _____ Fee _____
 2. _____ Date _____ Fee _____
 3. _____ Date _____ fee _____

Note: Please send 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 camps listed above:

 Parent's Signature

Date	Grade	Camp	Place	Time	Coach	
6/25-6/29	4-8	Golf	Course	9:00-10:30am	J. Hodge	
7/2-7/6	3-6	* Soccer(B/G)	M.S.	9:00-11:00am	A. Ouckama	(4 day camp), No camp on 7/4/18
7/9-7/12	3-8	Volleyball	H.S.	4:30-6pm	A. McLennan	(4 day camp)
	7-12	Volleyball	H.S.	6-8pm	A. McLennan	(4 day camp)
7/9-7/13	5-8	** Basketball (boys)	H S	9am-12pm	P. Pennock	(3 hour camp)
7/23-7/27	3-8	Tennis	Courts	3:30-5pm	E. Murphy	
8/6- 8/10	7-12	Soccer (B/G)	H. S.	6-8pm	J. Hodge	

Phone # for coaches: McLennan (387-5088), Ouckama (592-9560), Pennock (280-1903),
 Murphy (793-6797), Hodge (316-4195)

* 4 day camp ** 3 hour camp

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