



## **LIST OF FEE FOR 2019**

### **DAY CARE FEES; (INCLUDES PLAYSCHOOL/SWIM BUS)**

<b>6 WEEKS -</b>	<b>\$725</b>
<b>5 WEEKS-</b>	<b>\$660</b>
<b>4 WEEKS-</b>	<b>\$580</b>
<b>3 WEEKS-</b>	<b>\$470</b>
<b>2 WEEKS-</b>	<b>\$340</b>
<b>1 WEEK -</b>	<b>\$175</b>

### **PLAYSCHOOL/SWIM BUS FEES:(THIS INCLUDES LUNCH FEE)**

<b>6 WEEKS -</b>	<b>\$330</b>
<b>5 WEEKS-</b>	<b>\$300</b>
<b>4 WEEKS</b>	<b>\$260</b>
<b>3 WEEKS</b>	<b>\$210</b>
<b>2 WEEKS-</b>	<b>\$150</b>
<b>1 WEEK-</b>	<b>\$125</b>

### **PLAYSCHOOL OR SWIM BUS ONLY**

<b>6 WEEKS-</b>	<b>\$160</b>
<b>5 WEEKS-</b>	<b>\$140</b>
<b>4 WEEKS-</b>	<b>\$120</b>
<b>3 WEEKS-</b>	<b>\$100</b>
<b>2 WEEKS-</b>	<b>\$ 80</b>
<b>1 WEEK -</b>	<b>\$ 50</b>

**Please add \$ 10 per child if you are not a resident of either the Village of Trumansburg , Town of Ulysses or a tax payer to Trumansburg Central School.**

# FULL DAY (Daycare) PROGRAM – 2019

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

Dates: July 1<sup>st</sup> thru August 8th (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 1<sup>st</sup>, 2019  
Place: Trumansburg Middle School  
Director: Beth Ann Duncan (607-592-0381)  
Activities: Arts/Crafts, Playground games, Sports, Field Trips, Etc.

Fee: 6 weeks .... \$725 5 weeks .... \$660 ... 4 weeks ...\$580 ... 3 weeks ...\$470 ..... 2 weeks.... \$340  
1 week .... \$175

Add late fee of \$10 after June 17<sup>th</sup>

**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 (July 1 – July 5) \_\_\_\_\_

Week 2 (July 8 – July 12) \_\_\_\_\_

Week 3 (July 15 – July 19) \_\_\_\_\_

Week 4 (July 22 – July 26) \_\_\_\_\_

Week 5 (July 29 – Aug 2) \_\_\_\_\_

Week 6 (Aug 5 – Aug 9) \_\_\_\_\_

# PLAYSCHOOL/SWIM BUS FORM - 2019

Field trips are now included in the fee. Seabreeze trip on Aug. 7<sup>th</sup> is not included in fee

Dates: July 1<sup>st</sup> thru August 8th (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 1<sup>st</sup>, 2019  
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 .... \$330 5 weeks .... \$300 ... 4 weeks ...\$260 ... 3 weeks ...\$210 ..... 2 weeks.... \$150  
1 week .... \$125.

Add late fee of \$10 after June 17<sup>th</sup>

**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 (July 1 – July 5) \_\_\_\_\_

Week 2 (July 8 – July 12) \_\_\_\_\_

Week 3 (July 15 – July 19) \_\_\_\_\_

Week 4 (July 22 – July 26) \_\_\_\_\_

Week 5 (July 29 – Aug 2) \_\_\_\_\_

Week 6 (Aug 5 – Aug 9) \_\_\_\_\_

Made possible with United Way funding



# PLAYSCHOOL FORM - 2019

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

Dates: July 1<sup>st</sup> thru August 8th (weekdays & no camp on July 4th)  
Times: 9:00am to 11:30am  
Ages: Child must be entering Kindergarten in the fall 2019.  
Place: Trumansburg Middle School  
Director: Beth Ann Duncan (607-592-0381)  
Activities: Arts/Crafts, Playground games, Sports, Field Trips, Etc.

Fees: 6 weeks .... \$160 5 weeks .... \$140 ... 4 weeks ...\$120 ... 3 weeks ...\$100 ..... 2 weeks.... \$80  
1 week .... \$50.

Add late fee of \$10 after June 17<sup>th</sup>

**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 (July 1 – July 5) \_\_\_\_\_

Week 2 (July 8 – July 12) \_\_\_\_\_

Week 3 (July 15 – July 19) \_\_\_\_\_

Week 4 (July 22 – July 26) \_\_\_\_\_

Week 5 (July 29 – Aug 2) \_\_\_\_\_

Week 6 (Aug 5 – Aug 9) \_\_\_\_\_

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# SWIM BUS – 2019

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

Dates: July 1<sup>st</sup> thru August 8th (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 1<sup>st</sup>, 2019.

**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 .... \$160 5 weeks .... \$140 ... 4 weeks ... \$120 ... 3 weeks ... \$100 ..... 2 weeks.... \$80  
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 (July 1 – July 5) \_\_\_\_\_

Week 2 (July 8 – July 12) \_\_\_\_\_

Week 3 (July 15 – July 19) \_\_\_\_\_

Week 4 (July 22 – July 26) \_\_\_\_\_

Week 5 (July 29 – Aug 2) \_\_\_\_\_

Week 6 (Aug 5 – Aug 9) \_\_\_\_\_

# SCHOLARSHIP APPLICATION – 2019

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 assistance 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 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@twcny.rr.com.

Child's name \_\_\_\_\_ Birth date \_\_\_\_\_ Grade Fall 2019 \_\_\_\_\_

Child's name \_\_\_\_\_ Birth date \_\_\_\_\_ Grade Fall 2019 \_\_\_\_\_

Child's name \_\_\_\_\_ Birth date \_\_\_\_\_ Grade Fall 2019 \_\_\_\_\_

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 (July 1-5)

Week 2 (July 8 - 12)

Week 3 (July 15 - 19 )

Week 4 (July 22-26)

Week 5 (July 29 – Aug 2)

Week 6 (Aug 5 – 9)

Full Day Program

Playschool/Swim Bus

Playschool

Swim Bus

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# AUTHORIZATION FORM FOR PICKUP - 2019

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:

Whomever 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 need to 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

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# HEALTH HISTORY - 2019

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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# 2019 SUMMER SPORTS CAMP SCHEDULE

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 (\$35), 5 day camp (\$40), 5 day camp- 3 hours (\$65)**

**Name** \_\_\_\_\_ **Grade (in fall)** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_

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

**Camps attending:** 1. \_\_\_\_\_ **Date** \_\_\_\_\_ **Fee** \_\_\_\_\_  
 2. \_\_\_\_\_ **Date** \_\_\_\_\_ **Fee** \_\_\_\_\_  
 3. \_\_\_\_\_ **Date** \_\_\_\_\_ **Fee** \_\_\_\_\_

**Each child listed above has had to have had a physical Exam within the last 12 months and has been cleared to participate in the camps listed above:**

\_\_\_\_\_  
**Parent's Signature**

**Note: Please send separate check for each camp.**

Date	Grade	Camp	Place	Time	Coach
7/8-12/19	5-8	Basketball (boys)	H.S.	9am-12pm	P. Pennock (5 day - \$65)
7/8-11/19	3-7	Volleyball	H.S.	4:30-6pm	A. McLennan (4 day - \$35)
7/8-11/19	8-12	Volleyball	H.S.	6-8pm	A. McLennan (4 day - \$35)
7/15-19/19	Advanced	Golf	Course	8-10am	J. Hodge (5 day - \$40)
7/15-19/19	Beginner	Golf	Course	9-10:30am	J. Hodge (5 day - \$25)
7/22-26/19	3-6	Soccer(B/G)	M.S.	9-11am	A. Ouckama (5 day -\$40)
7/29-8/2/19	3-8	Tennis	Courts	3:30-5pm	E. Murphy (5 day - \$40)
8/12-16/19	7-12	Soccer (B/G)	H. S.	6-8pm	J. Hodge (5 day - \$40)

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

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