



2017 Playday Dates:
June 26th – August 11th

Town of Skaneateles Parks Department

Jr. Playday, Playday and Senior Playday

BEFORE AND AFTER PROGRAM ONLY FORMS

****Payment must be submitted the Thursday prior to the week you are registering For**

Please check the appropriate program:

_____ **Before Program** 7:30am – 8:45am – No refunds! If no sign ups/no program

Resident: \$25 per week/per child (third child \$10) _____

Non-resident: \$35 per week/per child (third child \$15) _____

Check week(s) you are paying for

6/26-6/30 ___ 7/3-7/7 ___ (no program 7/4) 7/10-7/14 ___ 7/17-7/21 ___ 7/24-7/28 ___ 7/31-8/4 ___ 8/7-8/11 ___

_____ **After Program with Morning Playday** 1:30pm – 4:00pm – No refunds! If no sign ups/no program

Residents/with morning Playday - \$85.00 per week _____

Non-residents/with morning Playday - \$140 per week _____

Check week(s) you are paying for

6/26-6/30 ___ 7/3-7/7 ___ (no program 7/4) 7/10-7/14 ___ 7/17-7/21 ___ 7/24-7/28 ___ 7/31-8/4 ___ 8/7-8/11 ___

_____ **After Program Only** 1:30pm – 4:00pm – No refunds! If no sign ups/no program

Residents - \$100 per week

Non-Residents \$155 per week

Check week(s) you are paying for

6/26-6/30 ___ 7/3-7/7 ___ (no program 7/4) 7/10-7/14 ___ 7/17-7/21 ___ 7/24-7/28 ___ 7/31-8/4 ___ 8/7-8/11 ___

Child's Name _____ Gender: _____ Age: _____

Address: _____

Grade Level Completed: _____ Parent/Guardian: _____

Home Phone _____ Cell Phone: _____ Work Phone: _____

Email Address: _____ Family Physician: _____ Phone: _____

SPECIAL INSTRUCTIONS: (allergies, eye glasses, heart problems, asthma, etc.) _____

If your child is in a sports camp during camp time, please mark where and when for pick up purposes

Updated Immunization Submitted (only if you are not enrolled in PlayDay)

IN THE CASE OF EMERGENCY WHEN PARENT/GUARDIAN CAN NOT BE REACHED PLEASE CONTACT:

Name: _____ Phone: _____ Relationship: _____

MEDICAL AUTHORIZATION

This authorizes a licensed physician, surgeon or other recognized hospital staff member to carry out emergency medical care deemed necessary for my child/ward in an emergency when normal permission is unavailable.

Signature of Parent/Guardian

Mail to: Parks Department, 24 Jordan Street, Skaneateles, NY 13152 or download forms at

www.townofskaneateles.com

Questions or Concerns - Please call Sue Murphy, 315-685-1949