



# BEFORE PLAYDAY PROGRAM FORM

Before Care Program runs from 7:30 am – 9:00am

\_\_\_ Resident: \$35 per week/per child  
\_\_\_ Non-resident: \$45 per week/per child

Please indicate what week(s):

Week 1(July 1<sup>st</sup> – July 5<sup>th</sup>) (No Camp on July 4<sup>th</sup>) \_\_\_\_\_

Week 2 (July 8<sup>th</sup>- July 12<sup>th</sup>) \_\_\_\_\_

Week 3(July 15<sup>th</sup> - July 19<sup>th</sup>) \_\_\_\_\_

Week 4(July 22<sup>nd</sup>-July 26<sup>th</sup>) \_\_\_\_\_

Week 5(July 29<sup>th</sup> -August 2<sup>nd</sup>) \_\_\_\_\_

Week 6(August 5<sup>th</sup>-August 9<sup>th</sup>) \_\_\_\_\_

Week 7(August 12<sup>th</sup>-August 16<sup>th</sup>) \_\_\_\_\_

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, medication, etc.)  
\_\_\_\_\_

Please list anyone authorized to pick up your camper with their phone number.  
\_\_\_\_\_

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](http://www.townofskaneateles.com)

Questions or Concerns - Please Kim Kelly at [recreation@townofskaneateles.com](mailto:recreation@townofskaneateles.com) or call, 315-685-1949