



AFTER CARE PLAYDAY PROGRAM FORM

After Care Program runs from 1:00 pm – 4:00 pm at the Austin Pavilion

___ Resident: \$50 per week/per child

___ Non-resident: \$60 per week/per child

Please indicate what week(s):

Week 1(July 1st – July 5th) (No Camp on July 4th) _____

Week 2 (July 8th- July 12th) _____

Week 3(July 15th - July 19th) _____

Week 4(July 22nd-July 26th) _____

Week 5(July 29th -August 2nd) _____

Week 6(August 5th-August 9th) _____

Week 7(August 12th-August 16th) _____

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, eyeglasses, heart problems, asthma, 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

Questions or Concerns - Please Kim Kelly at recreation@townofskaneateles.com or call, 315-685-1949