

PROGRAM INFORMATION
2010 IYC YOUTH RECREATION PROGRAM
Monday July 5 - Friday August 13 2010

Recreation program (one-week sessions):

- The Recreation program will be held Monday through Friday each week for youth ages 6-9.
- Programming will be held from 9:00 am to 4:00 pm with a 1-hour break for lunch. You may drop off after **8:00am and pick up MUST be by 5:00pm**. Participants must bring a lunch and drink each day. Snacks will be provided.
- The program consists of a six week supervised waterfront recreational program with structured activities and free play. Swimming lessons may be offered as part of the programming as well as games, crafts, special events, free play and swim time. Come prepared to be outside. Please bring towel, bathing suit, life jacket if appropriate, change of clothes, sunscreen and appropriate footwear.
- Parents/Guardians are required to sign their children in and out when dropping them off in the morning and picking them up in the afternoon. Please allow time in your schedule to make sure this administration gets done. It is vital our staff know when children are on site and where they are at all times!
- Enrollment in the Recreation Program is limited and is on a first-come-first-served basis. Your place will be reserved upon payment. **There is a \$40 non-refundable registration fee per family for non IYC members. Fees for the Recreation program are \$185 per week (members) and \$235 per week (non-members) for 1-week sessions, non-refundable.**

● **Payment and EARLY registration MUST be received at the downtown office (IYC, 309 Third Street, Ithaca, NY 14850) BY THE WEDNESDAY PRIOR TO THE WEEK OF ENROLLMENT.**

● **LATE registration for Youth Recreation is subject to a surcharge of \$30. Late enrollment fees are \$215/\$265.**

Enrollment Procedure:

- **Payment and registration MUST be received at the downtown office (IYC, 309 Third Street, Ithaca, NY 14850) BY THE WEDNESDAY PRIOR TO THE WEEK OF ENROLLMENT. This is a necessary policy for us to operate effectively, and is well aligned with other programs.**
- Member's annual **dues must be paid in full** to register for the summer programs as a member.
- **Vaccination records** must be on file **BEFORE** a child can participate in any program! Please understand that this requirement comes from the County Health Department and is **mandatory**.
- An **application** must be completed for **each** child. This form is an on-going record of each child's participation in the program. As such, the Club would like to know in advance in which session(s) each child is likely to enroll. However, changes inevitably occur. The Club must know about changes as soon as possible to facilitate proper staffing for the upcoming week.
- Enrollment and fees (non-refundable) are based on full sessions. **No partial-week enrollments will be accepted**, although a child may choose not to attend all days.
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Forms (application, health and payment) may be mailed, faxed, or hand delivered to:

IYC RECREATION Program
309 Third Street, LAP Inc
Ithaca, NY 14850

TEL: 272-4792 (Marge at LAP Inc)

FAX: 273-6076

Questions may be addressed to youth@ithacayc.org or 272-9171.

APPLICATION FORM

2010 IYC YOUTH RECREATION PROGRAM

(Please fill out one form per child)

Child's name: LAST _____ FIRST _____ AGE _____
Parent's name: LAST _____ FIRST _____
EMAIL: _____ PHONE: _____
DAYTIME WORK: _____ CELL: _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____

Enrollment in the Youth Recreation Program is limited and is on a first-come-first-served basis. Your place will be reserved upon payment. There is a \$40 non-refundable registration fee per family for non IYC members.

Please CIRCLE all weeks in which you wish to enroll above child:
(circle either member or non-member fee):

WEEK	Member/Non-Member
<u>Registration fee</u>	\$40 per family for non IYC members
Week 1 (July 5-July 9)	\$185 / \$235
Week 2 (July 12-July 16)	\$185 / \$235
Week 3 (July 19-July 23)	\$185 / \$235
Week 4 (July 26-July 30)	\$185 / \$235
Week 5 (August 2-August 6)	\$185 / \$235
Week 6 (August 9-August 13)	\$185 / \$235

- **Payment and Early Registration for the week(s) indicated above MUST be received at the downtown office (IYC, 309 Third Street, Ithaca, NY 14850)**

BY THE WEDNESDAY PRIOR TO THE WEEK OF ENROLLMENT.

- **Late enrollment for the Youth Recreation program is subject to a charge of \$30. Late enrollment prices are \$215 / \$265.**

- **Note: All fees are non-refundable.**

- **Enrollment Incentive for Members only:**

1) Enroll your child for four or more weeks for the following fee (non-refundable, payment required before start of first desired session): \$170/week

2) Enroll more than one child per family and receive 10% off each additional sibling registration after 1) above if applicable.

- **Circle child's swimming level:**

BEGINNER / INTERMEDIATE

Informed consent: I certify that I am the parent or guardian of this child. I recognize that certain inherent risks exist in this program and with that knowledge I wish to enroll this child in this program.

Signature: _____ Date: _____

Forms (application, health and payment) may be mailed, faxed, or hand delivered to the address below **BY THE WEDNESDAY PRIOR TO THE WEEK OF ENROLLMENT** (see PAYMENT SUMMARY FORM):

**IYC RECREATION Program
309 Third Street, LAP Inc
Ithaca, NY 14850**

TEL: 272-4792 (Marge at LAP Inc)

FAX: 273-6076

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PAYMENT SUMMARY FORM

2010 IYC YOUTH RECREATION PROGRAM

Summary form to accompany the application(s).
Must be filled out by each participating family.

Parent / Guardian Name(s): _____ Email: _____
Phone: _____

Please fill in the relevant information:

If this is a Member's application, please state:
Child's family relationship to the member _____
(grandchild, nephew, etc)
If this is a Non-member's application, please check here: _____

Participating Child(ren):

First Name	Last Name	Age	Date of Birth	Total Fees
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Payment Information:

Payments for each weekly session are due by end of business on the Wednesday preceding the session.
The Club would prefer payment by check. Please make checks payable to *Ithaca Yacht Club*.
However, credit cards (Master Card or Visa) may be used.

Total amount of registration and enrollment fees: \$ _____
Of the total, a check is enclosed for: \$ _____
Of the total, charge my credit card now for: \$ _____
Charge my credit card weekly for the sessions attended: \$ _____

I authorize the Ithaca Yacht Club to charge my credit card in the amount made clear above.

Credit Card # _____ Expiration Date: _____ 3-Digit CVV Code _____
(Visa/Master Card only) (to right of signature block)
Address relevant to the Credit Card _____

Cardholder's Signature: _____ Date: _____

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HEALTH FORM

2010 IYC SUMMER YOUTH PROGRAMS

Child's name: LAST _____ FIRST _____ AGE _____

Emergency Information: (in case of illness or injury and parents are not available, IYC must have two emergency contact names)

Name _____ Phone _____

Name _____ Phone _____

Doctor _____ Phone _____

Health Specifics:

- __ Yes __ No Are there allergies? i.e. bee sting, peanut, lactose
__ Yes __ No Is a special diet required?
__ Yes __ No Are there any hearing, visual or dental conditions requiring special attention?
__ Yes __ No Are there any medical or developmental conditions requiring special attention?

If you have answered yes to any of the above, please specify: _____

Medications being taken:

Please list **ALL** medications (including over-the-counter or nonprescription drugs) taken routinely.

Bring enough medication to last the entire time at program.

Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of the administration.

This child takes **NO** medications on a routine basis.

OR

This child self-administers medications as follows: A doctor's note will be required

(Must discuss with IYC Manager and Youth Director PRIOR to leaving child at program). If necessary, attach additional pages for more medications.

Med#1 _____ Dosage Specific times taken each day

Reason for taking:

Med#2 _____ Dosage Specific times taken each day

Reason for taking:

Signature of Parent/Guardian: _____ Date: _____