

2007 LYS Summer Skies Program – Registration Form

Please note: A separate check made payable to “Lansing Youth Services” must accompany registration for these programs. Scholarships are available – please call for information. **Please do not let financial circumstances prevent your young person from registering.**

Daytime Programs

<input type="checkbox"/> Food, Glorious Food	\$30	July 7, 8, 9	9:00am – 1:00pm
<input type="checkbox"/> Letterboxing	\$30	July 14, 15, 16, 17	9:00am – 1:00pm
<input type="checkbox"/> Water Wizards	\$50	Aug 4, 5, 6, 7	9:00am – 1:00pm
<input type="checkbox"/> Primitive Pursuits	\$50	Aug 11, 12, 13, 14	9:00am – 1:00pm
<input type="checkbox"/> Funky Furniture	\$30	Aug 18, 19, 20, 21	9:00am – 1:00pm
<input type="checkbox"/> Photography	\$30	Aug 25, 26, 27, 28	9:00am – 1:00pm

Special Programs

<input type="checkbox"/> Roseland Water Park	\$15	June 30	9:00am – 5:30pm
<input type="checkbox"/> Relay for Life	\$10	July 2 & 3 July 11 – 12	4:00pm – 7:00pm 5:30pm – 10:30am

Evening Programs for Families

Bingo	\$2	Aug 14	6:00pm – 8:00pm
Free Family Movie Nights	FREE!!	Aug 8, 15, 22	times & titles on Ball Field Board

I, _____, the Parent/Guardian of _____, give permission for him/her to participate in the above checked programs. I understand that these programs meet at the Middle School, unless otherwise noted. I understand that I must pick my young person up at the end of each program at the Middle School. I give permission for Cooperative Extension staff and Emergency Medical Personnel to give my young person medical care if necessary, and to be transported by van or car for field trips or medical treatment.

I give permission for my young person’s photo to be taken for documentation of programs and publicity.

I give permission for my child to participate in program evaluation activities for the purpose of identifying the program’s value and ways to strengthen and improve it in the future. Activities may include: skills checklists, informal discussion, surveys, observation, or group activities. Any feedback or information gathered will remain anonymous.

Does your young person have any medical conditions we should be aware of? No Yes (If Yes, please explain)

Address: _____ Student’s Age: _____ Student’s Grade: _____
 Home Phone: _____ Work: _____ Cell: _____
 Emergency Contact: _____ Phone: _____
 Parent Signature: _____ Date: _____

Please return completed forms to Isabel Bazaldua, Lansing Youth Services/CCETC, 6 Ludlowville Rd, Lansing, NY, 14882
For more information please call (607) 533-4271 ext. 2118 or email isabel.bazaldua@lcsd.k12.ny.us

