

## 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"/> Green Thumbs	\$30	June 26, 27, 28, 29	9:00am – 1:00pm
<input type="checkbox"/> Stiltwalking	\$30	July 10, 11, 12, 13	9:00am – 1:00pm
<input type="checkbox"/> Culture Club	\$30	July 17, 18, 19, 20	9:00am – 1:00pm
<input type="checkbox"/> Funky Furniture	\$30	July 23, 24, 25, 26	9:00am – 1:00pm
<input type="checkbox"/> Photography	\$30	Aug 27, 28, 29, 30	9:00am – 1:00pm

### Evening Programs for Families – Fee is per family

<input type="checkbox"/> Go Fly a Kite	\$20	Aug 20 & 22	6:30pm – 8:30pm
<input type="checkbox"/> Remake	\$20	Aug 21 & 23	6:30pm – 8:30pm

### Special Programs

<input type="checkbox"/> Roseland Water Park	\$15	June 25	9:00am – 5:30pm
<input type="checkbox"/> Relay for Life	\$10	July 9 July 13 & 14	4:00pm – 7:00pm 5:30pm – 10:30am

Free Family Movie Nights      FREE!!      Aug 17, 24, 31      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 [ibazaldua@mail.lansingschools.org](mailto:ibazaldua@mail.lansingschools.org)**



A program in partnership with  
**Cooperative Extension**  
 Tompkins County



4-H Youth Development

