

**TOWN OF VAN BUREN PARKS & RECREATION DEPARTMENT**  
**SUMMER PLAYGROUND PROGRAM REGISTRATION**

1st Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B: \_\_\_\_\_

2nd Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B: \_\_\_\_\_

3rd Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ (This is must!)

Guardian's Name: \_\_\_\_\_ Phone # \_\_\_\_\_(H) \_\_\_\_\_(Work/Cell)

Guardian II Name: \_\_\_\_\_ Phone # \_\_\_\_\_(H) \_\_\_\_\_(Work/Cell)

Emergency Information: **(In case a parent can not be reached - MUST be filled in!)**

Contact: \_\_\_\_\_ Phone # \_\_\_\_\_(H) \_\_\_\_\_(W)

Special Health Information: \_\_\_\_\_

Please list below the person/persons and their phone number, other than yourself that are allowed to pick up your child:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\* If anyone, besides the individuals listed above, will be picking up the child, a note with a name and phone number must be provided to the Recreation Leader that morning.



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**Playground Site:** **McNamara Elementary (50 kids max)**

**Dates:** Tuesday, July 6- Friday, August 6

**Pricing:**

Town of Van Buren Residents: \$350.00 per child (can start to register on May 3<sup>rd</sup>)

Non- Residents: \$375.00 per child (will open for registration on May 10<sup>th</sup>, if any spots are still available)

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Before mailing in you must read and initial the following:

- I have enclosed my immunization records with my registration form. Without it, I forfeit my spot (we will not hold the spot until you can get it) \_\_\_\_\_
  - I understand that there is a mask mandate that the Health Dept requires, as well as other guidelines that must be followed. My child/children and I will abide by the current guidelines. Failure to comply will result in expulsion from the program, without a refund (a full list of guidelines will be posted to the Playground site and will be updated as changes are made by the Onondaga County Health Dept). \_\_\_\_\_
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I am aware of the inherent dangers of the program being registered for and warrant that my child/children is/are in good physical condition. I understand that no medical insurance is included as a part of this program and will not hold the Town of Van Buren liable for any injury arising out of participation in this program.

\_\_\_\_\_  
*Parent (or legal guardian's) signature*

\_\_\_\_\_  
*Date*

**MAIL FORM TO (OR BRING IN): Van Buren Parks & Recreation, 7350 Canton Street, Baldwinsville, NY 13027**

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AMOUNT: \_\_\_\_\_ RECEIPT: \_\_\_\_\_ DATE: \_\_\_\_\_

Email: vbpark@townofvanburen.com  
Mail: Van Buren Park, 7350 Canton Street, Baldwinsville, 13027

CHECK: \_\_\_\_\_ **PLEASE MAKE CHECKS PAYABLE TO: TOWN OF VAN BUREN**

Credit Card # \_\_\_\_\_ Name on Card \_\_\_\_\_ Exp Date \_\_\_\_\_ CVV # \_\_\_\_\_

\* A user fee of 2.75% + \$0.61, of your total transaction, will be added. We accept Visa, Mastercard and Discover