



Washington Township Summer Recreation

Don't worry if you have not yet signed up for the Summer Recreation Program. It is not too late to register for the program. Just fill out the paperwork below and enclose it and a check in an envelope and send it to Brass Castle School c/o Raphael Margolin.

Please call 689-1188 ext. 654 or email me at rmargolin@washtwspsd.org with any questions. (please put Summer Rec in the subject line).



WASHINGTON TOWNSHIP
SUMMER RECREATION PROGRAM



Registration: There will be no registration night this year. Simply enclose the registration form and a check in an envelope. On the outside of the envelope write "Summer Rec" and "Raphael Margolin". If your child gives the envelope to their teacher, they will make sure I get it.

Director: Raphael Margolin

DATES: SESSION A JULY 14 - 18
 SESSION B JULY 21 - 25
 SESSION C JULY 28 - AUGUST 1

TIMES: 8:45 AM – 12:15 PM AT Port Colden School

PARTICIPANTS: ALL WASHINGTON TOWNSHIP CHILDREN ENTERING KINDERGARTEN
 IN THE FALL OF 2014 AND THOSE CURRENTLY IN GRADES K-6

EVENTS: ARTS & CRAFTS
 BOARD GAMES
 SPORTS & GAMES
 DRUG/ALCOHOL/SOCIAL AWARENESS
 NATURE PROGRAM
 DRAMA
 MOON BOUNCE
 PLAYGROUND/SNACK

(Water games on school grounds on Fridays, weather permitting.)

NEW EVENTS:

*****STARTING THIS YEAR WE ARE ASKING THAT THE CHILDREN
BRING THEIR OWN SNACK AND DRINK FROM HOME. *****

Session A: The children will spend one period a day with the FFA (Future Farmers of America) learning about farming and animals.

Session B: The children will spend one period each day learning about sign language.

Session C: The children will spend one period a day learning about and doing Science experiments.

FEE: \$50.00 PER CHILD, PER WEEK. CHECKS ONLY, NO CASH

(No refunds will be given except for documented medical reasons.)

Questions? : Leave a message for Raphael Margolin at 689-1188 EXT. 654 or
Email – rmargolin@washtwpsd.org
(Please include Summer Rec. in the subject)

WASHINGTON TOWNSHIP SUMMER RECREATION PROGRAM

Check the correct week(s): _____ Session A July 14 - 18 Check # _____
_____ Session B July 21 - 25
_____ Session C July 28 - August 1

Student's Name _____ Grade Completed in 2013-2014 _____

Address _____ Home phone _____

Mother's Name _____

Mother's Address: _____

Mother's Home/Work phone _____

Father's Name _____

Address: _____

Father's Home/Work phone _____

I give permission for my child to walk or bike to and from the program. _____ (initials)

Parent or guardian will bring and pick-up child. _____ (initials)

**Notes will be required if child is picked-up by someone other than parents or guardians.*

List one neighbor or nearby relative who will assume temporary care of your child if you cannot be reached:

Telephone: _____ Address: _____

Has the student been advised by a doctor against participating in physical activities? _____

If "YES", please give a reason: _____

Is the student under a doctor's care? _____ If "YES", please explain _____

Is the student on medication? _____ If "YES", please list medication(s): _____

Does the student have any allergies? _____ if so, please explain here: _____

Physician's Name: _____ Telephone: _____

Physician's Office Address: _____

I hereby give consent for my child to participate in the summer program sponsored by the Washington Township Summer Recreation Committee. I acknowledge that even under strict supervision and observance of rules, injuries are a possibility. In case of accident or serious illness, I request that the Program Coordinator contact me. If the Coordinator is unable to reach me, I hereby authorize the Coordinator to call the physician listed above and to follow his/her instructions. If it is impossible to contact the physician, the Coordinator will make whatever arrangements are necessary. I further agree to be responsible for all medical expenses incurred for the treatment of my child. In addition, I give permission for my child to be photographed for an article in the newspaper.

Signature of Parent/Guardian: _____ Date: _____

Make checks payable to "WASHINGTON TOWNSHIP SUMMER RECREATION PROGRAM"

(No refunds can be given except for documented medical reasons.)