

WASHINGTON TOWNSHIP SUMMER RECREATION PROGRAM

**Registration on Monday, JUNE 6, 5:00 – 7:00
Brass Castle Library**

Director: "Miss Vicki" Robinson

DATES: SESSION A JULY 11-15
 SESSION B JULY 18-22
 SESSION C JULY 25-29



TIMES: 8:45 AM - 12:15 PM

PLACE: PORT COLDEN SCHOOL

PARTICIPANTS: ALL WASHINGTON TOWNSHIP CHILDREN ENTERING
 KINDERGARTEN IN THE FALL OF 2016
 AND THOSE CURRENTLY IN GRADES K-6

ACTIVITIES: ARTS & CRAFTS, BOARD GAMES, SPORTS & GAMES,
 DRUG/ALCOHOL/SOCIAL AWARENESS, NATURE PROGRAM,
 DRAMA, WATER PLAY

EVENTS: **Session A - Simon the Magician**
 Session B - Bowling @ Oakwood Lanes, Rt. 31 Washington
 Session C - Jay Jay the Bubble Guy

FEE SCHEDULE: Registration Fee \$60.00 per child/per week

Late Registration: After June 6th \$65.00 per child/Per Week.

CHECKS or MONEY ORDER ONLY, NO CASH

(Please note that no refunds will be given after July 1, except for documented medical reasons.)

Questions? : Email - vrobinson@washtwpsd.org
(Please include Summer Rec. in the subject)



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Check the correct week(s): Session A July 11-15 Check #
 Session B July 18-22
 Session C July 25-29

Student's Name _____ Grade Completed in 2015-2016 _____

Address _____ Home phone _____

Mother's Name _____

Mother's Address: _____

Mother's Cell phone _____ Email: _____

Father's Name _____

Address: _____

Father's Cell phone _____ Email: _____

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"

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