



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](mailto:rmargolin@washtwpsd.org)  
(Please include Summer Rec. in the subject)

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

Check # \_\_\_\_\_

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"

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