Thompson Recreation's
Purely Recreation After School Program

Session I: August 31 - November 5, 2010 (10 weeks) **Designed for K– 8th grade**

The Purely Recreation program is recreation and more! We mix in a little learning with a ton of fun activities. Whether it is a science, art, nature projects or cultural events, participants will be engaged in active learning. Students also have the opportunity to participate in physical activity, whether in the gym or out on the playground. Activities include gym games, sports, dance and other activities to get participants moving. A healthy snack is provided daily. The program runs from school dismissal until 5:30 p.m. The program is based in the Thompson Middle School Cafeteria.

	Early Bird Received by August 24	Received Aug. 25 or later
COST: Five days per week (10 weeks)	$ 299	$ 324
Four days per week (10 weeks)	$ 259	$ 279
Three days per week (10 weeks)	$ 219	$ 234
Two days per week (10 weeks)	$ 175	$ 185
One day per week (10 weeks)	$ 130	$ 135
Half Days This Session 9/24, 11/5	$ 14 each	$ add $5 to total

Includes half days only if child normally attends on those days of the week. Otherwise please check which half days you need (on the form below) & add to your total.

(June days subject to change based on snow dates - it will be the last 3 days of school

Please Read: If you are registering for Purely Rec for the 1st time this school year, please include these additional forms (download from www.thompsonrec.org, call us at 860-923-9440 or stop by Town Hall)

1. Hospital Information Form 2. Release Authorization

If your child uses an epi-pen or inhaler, or needs over-the-counter or prescription meds during program hours, also include these forms:

3. Medication Authorization Form 4. Emergency Treatment Plan

All forms must be submitted prior to a child attending the program.

Complete registration form below and submit with payment to the school office, the Recreation Office in Town Hall or mail it to TRC, P.O. Box 899, North Grosvenordale, CT 06255. Checks should be written to TRC.

Additional forms available on-line at www.thompsonrec.org or at the Recreation Office. Questions? Call us at 860/923-9440.

PLEASE KEEP UPPER PORTION FOR YOUR RECORDS.

Purely Recreation – Registration Form (Session I: August 31 - November 5, 2010)

(Please print and please list only one child per form)

✓ here if

Child's Name_____ Gr._____Teacher_____ St. Joe's _____

Parent Name(s) _____E-mail Address _____

Street Address _____ Town_____State _____ Zip _____

Mailing Address: (if different from above) _____

Home Phone #_____Parent Cell #_____Parent's work # _____

Other Emergency Contact Person and Their Phone # _____

1.) Does your child use an inhaler or epi-pen? _____yes _____no (If your child has a prescribed epi-pen or inhaler, there must be one available at the program and additional form(s) must be completed.)

2.) Will your child need to take prescription or over-the-counter medication during program hours? _____yes _____no (If yes, medication must be provided to the program and additional form(s) must be completed.)

3.) Does your child have any medical needs/conditions that the staff should be aware of? _____ If Yes, please explain _____

_____

4.) Regular Weekly Schedule (Please check the day(s) your child will attend each week: Mon .____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____

(The half days listed below are included only if your child normally attends Purely Rec on that weekday. Otherwise you will need to add them to your info/total.)

5.) Half days during this session (please check those needed): _____ ____ _____ _____ _____

I, the undersigned, hereby release any and all claims I may have against the Thompson Recreation Commission, its directors, agents, and employees and other officials as a result of my child's participation in the Purely Recreation program including any field trips that are part of the program. Photographs of my child can be used for program promotion. Also, I give permission for my child to receive emergency medical care, if I am unavailable. I understand there are no refunds for missed days. I understand there is a $20 fee for checks returned to TRC by the bank. **I understand that if there is an emergency early release from school, this program will not be held and my child will be sent home according to the instructions on my child's school emergency form.**

Parent or Guardian Signature_____**Date**_____

Payment enclosed $_____ **Cash** _____ **Check #** _____