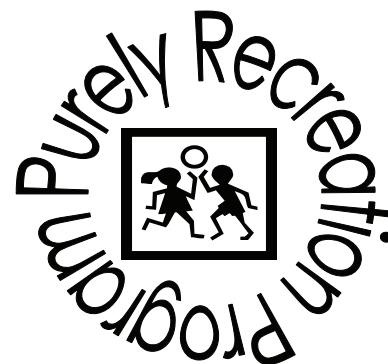


# Have you heard about Thompson Recreation's Purely Recreation After School Program?



Session IV: April 28 - June 24, 2008

Designed for children K- 8th grade. Sponsored by Thompson Recreation. Includes games, sports, crafts, occasional field trips, and specials. Beginning September 5, 2007 and running through the end of the school year, the program meets each day (Monday through Friday) that school is in session and on the half days listed. The program runs from school dismissal until 5:30 p.m. Children must be picked up no later than 5:30 p.m. Photo ID is required time of pick-up. Location: Thompson Middle School Cafeteria, Mary Fisher Exercise Room and playscape and other available space in the schools.

	Early Bird Received		
	by April 21	Received after April 21	
COST: Five days per week (8 weeks)	\$ 230	\$ 255	Includes half days <u>only</u> if child normally attends those days. Half days this session are May 16, June 20, 23, 24.
Four days per week (8 weeks)	\$ 200	\$ 220	
Three days per week (8 weeks)	\$ 168	\$ 183	
Two days per week (8 weeks)	\$ 131	\$ 141	
One day per week (8 weeks)	\$ 95	\$ 100	

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.

**If you are new to the program, two additional forms need to be completed: Hospital Information Form and Release Authorization Form. These are available on our website at [www.thompsonrec.org](http://www.thompsonrec.org) or by calling our office.**

Note: If your child's schedule changes and you need to make adjustments to which day(s) he or she will be attending, please notify the Recreation Office directly at 923-9440. If you have any questions, please call the Recreation office at 923-9440.

**PLEASE KEEP UPPER PORTION FOR YOUR RECORDS.**

## Purely Recreation – Registration Form (Session IV: April 28 - June 24, 2008)

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

Name \_\_\_\_\_ Parent Name(s) \_\_\_\_\_

Mailing Address \_\_\_\_\_ Gr. \_\_\_\_\_ Teacher \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ ✓ here if St. Joe's \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Parent's work # \_\_\_\_\_

Parent E-mail Address: \_\_\_\_\_

Other Emergency Contact Person and Their Phone # \_\_\_\_\_

Does your child have any medical needs/conditions that the staff should be aware of? \_\_\_\_\_ If Yes, please explain \_\_\_\_\_

Does your child require medication/prescription during the hours they will be in this program (including prescription, inhaler, epi-pen)? \_\_\_\_\_ If Yes, please have physician complete Medication Authorization Form and return to us along with the medication its original container. (The form is available on-line at [www.thompsonrec.org](http://www.thompsonrec.org) or at our office at Town Hall)

Please check the day(s) your child will attend each week: Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thurs. \_\_\_\_\_ Fri. \_\_\_\_\_

My child will begin at the program on (Day/Date) \_\_\_\_\_

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. I understand if I arrive after 5:30p.m. I will be charged \$10 (per child) for each 15 minutes I am late. I understand there is a \$20 fee for checks returned to TRC by the bank. I give permission for my child to receive emergency medical care, if I am unavailable. **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. The following people have my permission to pick my child up from the Purely Recreation Program. They must be prepared to show photo I.D.**

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

I have enclosed payment in the amount of \$ \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_