

Thompson Recreation and the Beyond School Program present

Thompson Half Day Field Trip

Friday, May 16, 2008

Grades K - 8

Free

**Grades K-3
Swim-Gym
at Koinonia School
of Sports**



**Grades 4-8
Laser Tag
at The Zone**



Due to LIMITED SPACE, we will hold a lottery to select participants from all registrations received as of May 9, 2008. (No registration forms will be accepted after May 9.) You will be notified if your child is selected or not selected.

The program begins at dismissal. MRFES students will be picked up in their classrooms for this program; TMS students should meet in the TMS cafeteria at dismissal. A snack and drink are provided. Parent pick at Middle School cafeteria by 4:15 p.m. Photo ID is required at time of pick-up. (Note: Extended Care until 5:30 p.m. is available at an additional cost of \$3.) Volunteers Welcome!

You may stop by Thompson Town Hall with your registration and payment, send it in a clearly marked envelope to school with your child, or mail it to TRC, PO Box 899, No. Grosvenordale, CT 06255. Make checks payable to TRC. Questions? Call us at 923-9440. **Watch for additional half day program flyers!**

Please keep upper portion for your records.

Thompson Recreation Half Day Field Trip Registration **May 16, 2008**
(please print and list only one child per form)

Name _____ Gr. _____ Teacher _____

Parent Name _____ Home Phone _____

Mailing Address _____ Town _____ State _____ Zip _____

Cell # _____ Parent's work # _____ Parent e-mail: _____

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 our website: www.thompsonrec.org or at our office at Town Hall)

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 Half-Day 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 is a \$20 fee for checks returned to TRC by the bank. I understand the trips may be cancelled if minimum enrollment is not met. **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 permission to pick up my child after this program (I understand whoever picks up my child must show a photo ID):

_____ YES, I can volunteer Name _____ Phone _____

My child will require Extended Care No ___ Yes ___ (\$3)

I have enclosed payment for extended care in the amount of \$ _____ Cash _____ Check # _____

Parent/Guardian Signature _____ Date _____