

Sandi's Side of Art

arts & crafts classes (Gr. K-4)

This class will give kids an opportunity to work on variety of projects using an assortment of arts & crafts materials.



Dates: Wednesdays, Sept. 22: Carved Shrunken Head Apples Oct. 20: Q-tip Skeletons

Nov. 17: Turkey designs with seeds, leaves & nuts

Dec. 15: Angels and a Secret Gift

Cost: \$9 per class or \$32 for all four classes

Time: After school until 4:30 p.m. At pick-up, parents must enter through the Middle School and proceed to the MRFES Art Room. (St. Joseph's students may take the shuttle bus to the public school Note: Extended care is available until 5:30 p.m. in the TMS Cafeteria for an additional \$3 per class.

Note: Financial Assistance is available for this program. For guidelines and an application, visit our website or stop by the Recreation office. The Financial Assistance Application must be sent in with this form. If applying for assistance, do not submit this form without the financial aid application form.



Registrations will be accepted on a first-come, first-serve basis. Complete the form below and return with a check in an envelope marked Thompson Recreation to the school office or Town Hall or mail it to TRC, P.O. Box 899, North Grosvenordale, CT 06255. Questions? Call 923-9440. Keep upper portion for your records.

Sandi Side of Art Registration Form Sept. 22 - Dec. 15, 2010

(Please print and list only 1 child per form)

Check here

Student _____ Gr. _____ Teacher _____ if St. Joe's _____

Parent Name _____ Home Phone _____

Street Address _____ Town _____ State _____ Zip _____

Mailing Address (if different from above) _____

Cell Phone _____ Work Phone _____ E-mail _____

Other Emerg. Contact Person _____ Their Phone # _____

1. Does your child have any medical needs/conditions that the staff should be aware of? _____ If Yes, please explain _____ Will your child need to take meds during this

program (including epi-pen or inhaler)? _____ If yes, complete Medication Authorization form and Emergency Treatment forms available on-line or in our office. 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 these classes. 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 space is limited and will be made available on a first-come, first-serve basis until the class is full. I understand there are no refunds for missed classes. 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. I understand there is a \$20 fee for checks returned to TRC by the bank.

2. My child may be picked up after class by the following people; I understand photo ID is required.

3. My child will attend: Sept. 22 _____ Oct. _____ Nov. 17 _____ Dec. 15 _____

4. My child will require Extended Care No _____ Yes _____ (\$3 per class)

5. I have enclosed payment in the amount of \$ _____ Cash _____ Check # _____ or

I am applying for financial assistance (all Financial Assistance paperwork must be sent in with this form.) _____

6. Parent or Guardian Signature _____ Date _____