

Thompson Recreation & the Beyond School Program present

Free Half Day Programs Grades K-4

on Parent-Teacher Conference Half Days:

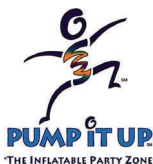
Wednesday March 24 & Thursday March 25, 2010

(If your child is already registered for the Purely Recreation Program and regularly attends on Wednesday and/or Thursday, there is no need to complete this form.)



March 24: Calling all future scientists and engineers!

Enjoy an afternoon filled with science including Zome, Lego and Mad Science fun! Dismissal - 3:30 p.m. (Extended care is available until 5:30 p.m. today for \$3 per child.)



March 25: Pump It Up Inflatables. Have a blast in this indoor arena filled with gigantic inflatable slides, bounce houses, obstacle courses and more. Dismissal - 5:00 p.m.

Please note: Pick-up is at the TMS Cafeteria. Please remember to bring photo ID at time of pick-up.

Complete registration form below and submit 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.

Due to LIMITED SPACE, we will hold a lottery to select participants from all registrations received as of March 17, 2010. (No registration forms will be accepted after March 17.) You will be notified if your child is selected or not selected.

Purely Recreation – Registration Form for Half Day Programs March 24 & 25, 2010

(Please print and please list only one child per form) **Please be sure to fill in all lines below.**

Child's Name _____ Gr. _____ Teacher _____

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 (non-parent) Emergency Contact Person and Their Phone # _____

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

2) 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. These forms are available in our office at town hall & at www.thompsonrec.org)

3.) 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.)

4.) In addition to parents listed above, the following people may pick my child up from the program (in addition to parent/guardian listed above) They must present Photo ID at time of pick-up.

5.) I am registering my child for half days on (please check those needed): Wed. March 24 _____ Thurs. March 25 _____

6.) My child will require care following the program until 5:30 p.m. on Wed., March 24 No _____ Yes _____ (\$3)

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 this 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 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.**

7. Payment enclosed for aftercare \$ _____ Cash _____ Check # _____

8. Parent or Guardian Signature _____ Date _____

9. Volunteers Needed! I can volunteer on _____ Mar. 24 _____ Mar 25 Name _____ Phone _____