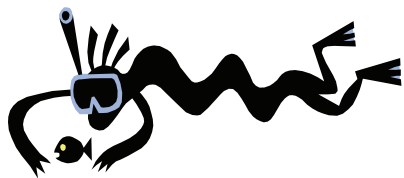


Swim/Gym For K-4th Grade



Swimming in a heated pool, Gym Games, Parachute Fun

Sponsored by Thompson Recreation in conjunction with Koinonia School of Sports. Please wear sneakers and bring a bathing suit and towel. Snacks are available for purchase.

Thursdays, Mar. 18, Apr. 1, 8, 22, 29, May 6, 2010 (no class Mar. 24, Apr. 15)

3:15 p.m. – 5:00 p.m. (Students will board a bus at MRFES for the trip to Koinonia. St. Joseph's students take shuttle to the public school and on to Koinonia. Parents must pick up children at Koinonia by 5:00 p.m.)

Early Bird through Mar. 11: \$42 Received After Mar. 11: \$47

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.

Checks must be written to Thompson Recreation or TRC and placed inside a clearly marked envelope with form below and returned to the school office or Town Hall. Checks can also be mailed to TRC, P.O. Box 899, No. Grosvenordale, CT 06255 Questions? Call 923-9440. Additional forms available at www.thompsonrec.org Please keep upper portion for your records.

Thompson Recreation Swim/Gym Registration Session IV: Mar. 18 - May 6, 2010

(please print and list only one child per form)

Student _____ Gr. _____ Teacher _____ St. Joe's if ✓
Parent Name(s) _____ Street Address _____
Mailing Address (if different from home) _____ Town _____ State _____ Zip _____
Home phone _____ Parent Cell # _____ Parent's work # _____
Parent E-mail Address _____
Emergency Contact's Name _____ Emerg Contact's Phone _____

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

If yes, you need to complete additional medical forms. 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. My child may be picked up after class by the following people; I understand photo ID is required.

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.) _____

Parent/Guardian Signature _____ Date _____