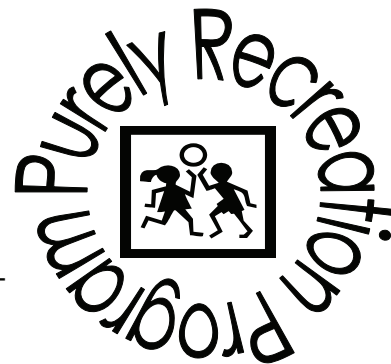


Have you heard about Thompson Recreation's Purely Recreation After School Program?

Designed for K- 8th grade

Session II: November 10, 2008 - January 30, 2009

The Purely Recreation program is not "purely" recreation! Much of what is included in the program curriculum has an educational component. Whether it is a science, art, nature projects or cultural events, participants will be engaged in active learning. Students also have the opportunity to participate in physical activity, whether in the gym or out on the playground. Activities include gym games, sports, dance and other activities to get participants moving. A healthy snack is provided daily. The program runs from school dismissal until 5:30 p.m. The program is based in the Thompson Middle School Cafeteria.



Early Bird Received

by November 3

Received after November 3

COST: Five days per week (10 weeks)	\$ 290	\$ 315	Includes below listed half days <u>only</u> if child normally attends those days.
Four days per week (10 weeks)	\$ 255	\$ 265	
Three days per week (10 weeks)	\$ 215	\$ 230	
Two days per week (10 weeks)	\$ 170	\$ 180	
One day per week (10 weeks)	\$ 125	\$ 130	
Ten half days Sept. 2008 - June 2009	\$ 140	\$ 145	

from dismissal until 5:30 p.m.

The half days remaining this year are: Nov. 26, Dec. 23, Feb. 13, March 27, May 15, June 18, 19, 22 (Last three subject to change due to snow days.) Please note: the Dec. 23 half day will close at 3 p.m. for all participants. Also note that the program runs normal hours on Parent/Teacher conference half days (2:20-5:30).

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.

There are 4 additional forms which you may need to complete. Everyone must complete the Hospital Information Form and Release Authorization Form when they enroll for the first time in any school year. If your child has prescribed epi-pen, inhaler or other meds to be taken at program, you and your child's physician must complete Medication Authorization Form and Emergency Treatment Plan Form. Forms available on-line or at Recreation Office. Questions? Call us at 923-9440. Keep upper portion for your records.

Purely Recreation – Registration Form (Session II: November 10, 2008 - January 30, 2009)

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

Child's Name _____ Gr. _____ Teacher _____ St. Joe's _____ here if

Parent Name(s) _____ Mailing Address _____

Town _____ State _____ Zip Code _____

Home Phone # _____ Parent Cell # _____ Parent's work # _____

E-mail Address: _____

Other Emergency Contact Person and Their Phone # _____

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.)

Will your child need to take medication during program hours? yes no (If yes, medication must be provided to the program and additional form(s) must be completed.)

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

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

Please check here for half days only (The half days listed above.)

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. 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.

Parent or Guardian Signature _____ Date _____

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