

WASHINGTON PARKS & RECREATION  
PO Box 383 Washington Depot, CT 06794 868-1519  
**SUMMER REC PROGRAM**

**PRE-K & Kindergarten**

**Session I: July 5<sup>th</sup> - July 16<sup>th</sup>, 2010**

**Session II: July 19<sup>th</sup> - July 30<sup>th</sup>, 2010**

Held at Washington Primary School

9:00 am - noon daily

For children 4 years old by Dec. 31, 2010

Fee: \$70/child/session \$175.00/family of 3/session

**Children must be toilet trained. Birth certificate required.**

\*\*\*Program limited to 20 children per session

**Washington Residents only !! FINAL REGISTRATION DATE: JUNE 14<sup>th</sup>**

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\* \* BUS NOTE \* \*

My Child(ren) \_\_\_\_\_ has my permission to attend the "Friday Field Trips" for Summer Rec Camp  
Session I; Session II.

\_\_\_\_\_  
Signature of Parent or Guardian

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Name of Child/Children: \_\_\_\_\_ ENTERING GRADE \_\_\_\_\_  
AGE \_\_\_\_\_ ENTERING GRADE \_\_\_\_\_  
AGE \_\_\_\_\_ ENTERING GRADE \_\_\_\_\_

**T-Shirt Size: (Please circle size)** Youth Small Youth Medium Youth Large

SESSION I \_\_\_\_\_ SESSION II \_\_\_\_\_

**KNOWN DAYS CHILD(REN) WILL NOT ATTEND CAMP** \_\_\_\_\_

PARENTS' NAMES \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

WORK PHONE NOs \_\_\_\_\_

**\*\*\*WHO TO REACH IF PARENTS ARE NOT AVAILABLE:**

\_\_\_\_\_ Phone# \_\_\_\_\_

ANY MEDICAL PROBLEMS \_\_\_\_\_

I hereby give permission for my child/children to participate in this program. I will hold harmless the Town of Washington, the Parks & Recreation Commission, Region 12 and any of its agents, directors, employees and supervisors for any responsibility or liability for any injuries or property damage which may arise from my participation or my child's participation in this program. I also understand that in the event of an injury, my own personal medical insurance will be used.

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_