



Office Phone:
860-648-6355

SOUTH WINDSOR PARKS & RECREATION

The 4th "R" Before and After School Program

REGISTRATION FORM 2018/2019

Fax:
860-648-5048

Child's School: _____ Room # & Teachers Name: _____

4th "R" Participant(s) Information

Last Name	First Name	Date of Birth	Gender	Grade (18/19)
A.				
B.				
C.				

Parent/Legal Guardian Contact Information (PLEASE PRINT CLEARLY)

Last Name, First	DOB:	Home Phone
Address		Work Phone
Email Address to be used to receive email reminders:		Cell Phone
Last Name, First	DOB:	Home Phone
Address		Work Phone
Email Address to be used to receive email reminders:		Cell Phone

Please list each child with corresponding initials in each session desired for the 2018/2019 School Year. A \$25 deposit is required for each month per family. If your child will no longer be attending the 4th "R" program, you must notify the Parks and Recreation office via email rec@southwindsor.org or in person before the 15th of the month prior to the month you are withdrawing from. **If at any time during your participation in the program you fail to notify the office that you are removing your child from the program before the 15th of the prior month, the \$25 deposit will be kept.**

MONTH	BOTH AM & PM	AM ONLY	PM ONLY
Aug/September	_____ \$438	_____ \$221	_____ \$299
October	_____ \$438	_____ \$221	_____ \$299
November	_____ \$356	_____ \$180	_____ \$246
December	_____ \$356	_____ \$180	_____ \$246
January	_____ \$438	_____ \$221	_____ \$299
February	_____ \$356	_____ \$180	_____ \$246
March	_____ \$438	_____ \$221	_____ \$299
April	_____ \$356	_____ \$180	_____ \$246
May	_____ \$438	_____ \$221	_____ \$299
June	_____ \$356	_____ \$180	_____ \$246

Choose Payment Method: (please check one)

1. Automatically charge my credit card (I authorize the SWPRD to charge my credit card listed below according to my payment preference)

Credit Card: _____ VISA _____ MASTERCARD _____ DISCOVER
Card Number _____ Expiration _____ SVC _____

Payment Preference: Monthly (1st) Bi-Monthly (1st&15th)

2. Pay in Full Now

***All medical forms, pick-up authorization forms and other forms must be returned to the Parks & Recreation Department no later than 2 weeks prior to the start of the program.**

Waiver of Participant by parent: In consideration of you accepting my child's registration and entry, I hereby for myself, my child, my heirs, executors and administrators, waive and release any and all rights and claims for damages I or my child may have against the Town of South Windsor or the Recreation Department representatives, successors and, for any and all injuries suffered by myself, or my child at any activity sponsored by these groups. I understand there is inherent risk of injury associated with the(se) activity(ies) and authorize emergency medical treatment and transportation in my absence. **PHOTO RELEASE:** THE SOUTH WINDSOR RECREATION DEPARTMENT MAY VIDEOTAPE OR TAKE PHOTOGRAPHS OF PARTICIPANTS ENROLLED IN RECREATION ACTIVITIES, CLASSES OR PROGRAMS. THESE PHOTOS AND/OR VIDEOTAPES MAY BE USED FOR PROMOTIONAL PURPOSES. If any of the above participants are minors, I certify by my signature that I am the custodial parent or guardian; or I have the expressed authorization of the custodial parent, or guardian to enroll said participant(s) in the specified activities listed.

Signature of Parent/Guardian _____

Print Name _____ Date _____