



Office Phone:
860-648-6355

SOUTH WINDSOR PARKS & RECREATION

The 4th "R" Before and After School Program

REGISTRATION FORM 2019/2020

Fax:
860-648-5048

School: _____

4th "R" Participant(s) Information

Last Name	First Name	Date of Birth	Gender	Grade (19/20)
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's initials in the session(s) desired for the 2019/2020 school year. A \$25 per month deposit is required 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 form. **Withdrawing for more than two months during the school year will result in withdrawal for the remainder of the school year.**

MONTH	BOTH AM & PM	AM ONLY	PM ONLY	SCHEDULED EARLY RELEASE DAYS*
August/September	_____ \$443	_____ \$223	_____ \$302	_____ \$45
October	_____ \$443	_____ \$223	_____ \$302	_____ \$60
November	_____ \$361	_____ \$182	_____ \$249	_____ \$60
December	_____ \$361	_____ \$182	_____ \$249	_____ \$60
January	_____ \$443	_____ \$223	_____ \$302	
February	_____ \$361	_____ \$182	_____ \$249	
March	_____ \$443	_____ \$223	_____ \$302	_____ \$30
April	_____ \$361	_____ \$182	_____ \$249	_____ \$60
May	_____ \$443	_____ \$223	_____ \$302	_____ \$60
June	_____ \$361	_____ \$182	_____ \$249	_____ \$45

*Must Be Enrolled in AM Program

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 _____ CVC _____

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 submitted to the Parks & Recreation Department via the online system ePACT 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 PARKS AND 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 _____