



THE SOUTH WINDSOR RECREATION DEPARTMENT
The 4th "R" Before and After School Program **REGISTRATION FORM 09/10**

SCHOOL: _____

Head of Household Contact Information

Last Name, First		Home Phone
Address		Work Phone
Email Address	Work Email	Cell Phone
Emergency Contact Name	Emergency Contact Phone	Emergency Contact Email

4th "R" Participant(s) Information

Last Name	First Name	Date of Birth	Gender	Grade (Fall 2009)
A.				
B.				
C.				

Please fill in the session(s) each child will be attending with the corresponding letter from above.

MONTH	BOTH AM & PM	AM ONLY	PM ONLY
September	_____ \$395	_____ \$200	_____ \$265
October	_____ \$395	_____ \$200	_____ \$265
November	_____ \$315	_____ \$160	_____ \$209
December	_____ \$315	_____ \$160	_____ \$209
January	_____ \$395	_____ \$200	_____ \$265
February	_____ \$315	_____ \$160	_____ \$209
March	_____ \$395	_____ \$200	_____ \$265
April	_____ \$315	_____ \$160	_____ \$209
May	_____ \$395	_____ \$200	_____ \$265
June	_____ \$315	_____ \$160	_____ \$209

Choose Payment Schedule: *(please check one)*

- _____ **Monthly Payments** (Due first day of month)
 _____ **Bi-Monthly Payment** (Due 15th of prior month & 1st of month registered)
 _____ **Pay in Full Now**

Payment Method: *(please check one)*

- _____ **I will pay in office/by mail each month** - Send Me Reminder _____ *By Mail* _____ *By Email*
 _____ **I will make payments online each month** _____ *I would like an email reminder*
 _____ **Automatically charge my credit card** (I agree to have my credit card charged according to my payment plan)
Credit Card _____ VISA _____ MASTERCARD _____ AMEX
 Card Number _____ Expiration Date _____

***All medical forms, pick-up authorization forms and other forms must be returned to the Recreation Department at least 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 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 _____