

Chester Parks and Recreation OUTDOOR Fall Children's Program Registration 2021

**Bring a water bottle, mask, morning &/or afternoon snack, and a lunch if participating for a full day!
grades 2 through 6**

CIRCLE dates(s), prices(s), and program(s) requested: Total Amount Enclosed \$ _____

Full days at NORTH QUARTER PARK hours for September 16 and October 11 are:

8:45-9:00 check-in, 11:30-11:45 check-out for morning only children

11:45-12:30 lunch hour

12:30-12:45 afternoon only children check-in, 3:15-3:30 check out

Thursday, September 16

Basketball &/or Croquet (am) \$20

Crafts &/or Disc Golf (pm) \$20

Lunch Hour Option \$ 5

Monday, October 11

Basketball &/or Croquet (am) \$20

Crafts &/or Disc Golf (pm) \$20

Lunch Hour Option \$ 5

Early school dismissal at CHESTER ELEMENTARY hours for October 14, 15, and 20 are: 1:00-3:30

October 20th is available to those who participated in October 14 &/or 15.

Thursday, October 14

Lacrosse \$20

Friday, October 15

Field Hockey \$20

Wednesday, October 20

Field Hockey &/or Lacrosse Games \$20

RAIN DAY MAKE-UPS ARE NOVEMBER 2 at North Quarter Park, following the full day schedule above.

Make checks payable to: "Chester Parks and Recreation", mail to 203 Middlesex Avenue, Chester, CT 06412
OR return to the Chester Elementary School office OR to the second floor mailbox in the Chester Town Hall.

Child's Name: _____

Age: _____ Grade: _____

Parent or Guardian's Name: _____

Address: _____ email: _____

Phone: _____ Daytime Phone if Different: _____

Additional People to Contact in Case of Emergency:

Names: _____ Phone Numbers: _____

The following people have my permission to sign my child out:

Name of Physician: _____ Phone: _____

Please list anything that should be brought to the attention of the Program Supervisor.

*ACCORDING TO CONNECTICUT GENERAL STATUTE 19a-77 WE ARE REQUIRED TO DISCLOSE THAT TOWN OF CHESTER PROGRAMS ARE NOT LICENSED BY THE STATE OFFICE OF EARLY CHILDHOOD. **Print photo restrictions at the top of form.***

I verify that my child, named above, has received all immunizations, which are required by the State of Connecticut, and is in good health for participation in this program. I give permission for employees of the Chester Park and Recreation Commission to seek medical attention for my child in the case of an emergency. I give permission for my child to participate in the activities planned and organized by the program staff. I understand that there are inherent risks to this program, and I accept those risks.

Signature of Parent or Guardian

Date