



SOUTH WINDSOR  
Parks & Recreation

# South Windsor PARKS & Recreation

## The 4<sup>th</sup> "R" Before and After School Program

### Registration Form 2025/2026

Office Phone:  
860-648-6355  
Office Fax  
860-648-5048  
Office Email  
rec@southwindsor-ct.gov

School: \_\_\_\_\_

#### 4<sup>th</sup> "R" Participant(s) Information

Last Name	First Name	Date of Birth	Gender	Grade (25/26)

#### Parent/Legal Guardian Contact Information (PLEASE PRINT CLEARLY)

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

Please list each child's initials in the session(s) desired for the 2025/2026 school year.

MONTH	BOTH AM & PM	AM ONLY	PM ONLY	SCHEDULED EARLY RELEASE DAYS**
August/September	_____ \$545	_____ \$261	_____ \$365	_____ \$54
October	_____ \$545	_____ \$261	_____ \$365	_____ \$90
November	_____ \$460	_____ \$218	_____ \$309	_____ \$72
December	_____ \$460	_____ \$218	_____ \$309	_____ \$72*
January	_____ \$545	_____ \$261	_____ \$365	
February	_____ \$545	_____ \$261	_____ \$365	
March	_____ \$545	_____ \$261	_____ \$365	_____ \$36
April	_____ \$460	_____ \$218	_____ \$309	_____ \$72
May	_____ \$545	_____ \$261	_____ \$365	_____ \$72
June	_____ \$460	_____ \$218	_____ \$309	_____ \$54*

**\*\*For AM Only participants (Early Release Program is included for AM&PM and PM Only participants). Must be enrolled in AM program to be eligible. \*Includes scheduled early release day before Winter Break and scheduled early release day on last day of school.**

- These fees are set based on the proposed school model of Monday-Friday and traditional school hours, including early release Wednesdays. SWPRD reserves the right to amend fees as necessary if the Board of Education changes the school day hours and/or model, resulting in a change to the hours of the 4<sup>th</sup> "R" program.
- 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.
- If your child will no longer be attending the 4<sup>th</sup> "R" program, you must notify the Parks and Recreation office via email rec@southwindsor-ct.gov or in person before the 15<sup>th</sup> 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.**

#### 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 (1<sup>st</sup>)                       Bi-Monthly (1<sup>st</sup>&15<sup>th</sup>)

2.  **Pay in Full Now**

**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 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. Additionally, my written signature below constitutes understanding of and agreement to all information completed within this registration form.

Signature of Parent/Guardian \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_