



SOUTH WINDSOR
Parks & Recreation

South Windsor PARKS & Recreation

The 4th "R" Before and After School Program

Registration Form 2026/2027

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

School: _____

4th "R" Participant(s) Information

Last Name	First Name	Date of Birth	Gender	Grade (26/27)

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 2026/2027 school year.

MONTH	BOTH AM & PM	AM ONLY	PM ONLY	SCHEDULED EARLY RELEASE DAYS**
August/September	_____ \$518	_____ \$247	_____ \$347	_____ \$66
October	_____ \$518	_____ \$247	_____ \$347	_____ \$88
November	_____ \$518	_____ \$247	_____ \$347	_____ \$88
December	_____ \$518	_____ \$247	_____ \$347	_____ \$88*
January	_____ \$518	_____ \$247	_____ \$347	
February	_____ \$518	_____ \$247	_____ \$347	
March	_____ \$518	_____ \$247	_____ \$347	_____ \$66
April	_____ \$518	_____ \$247	_____ \$347	_____ \$66
May	_____ \$518	_____ \$247	_____ \$347	_____ \$88
June	_____ \$518	_____ \$247	_____ \$347	_____ \$44*

**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 4th "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 4th "R" program, you must notify the Parks and Recreation office via email rec@southwindsor-ct.gov 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.**

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**

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 _____