



SOUTH WINDSOR Parks & Recreation

SOUTH WINDSOR PARKS & RECREATION
The 4th "R" Before and After School Program
REGISTRATION FORM 2023/2024

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

School: _____

4th "R" Participant(s) Information

Table with 5 columns: Last Name, First Name, Date of Birth, Gender, Grade (23/24)

Parent/Legal Guardian Contact Information (PLEASE PRINT CLEARLY)

Form for parent/legal guardian contact information with fields for name, address, phone, and email.

Please list each child's initials in the session(s) desired for the 2023/2024 school year.

Table with 5 columns: MONTH, BOTH AM & PM, AM ONLY, PM ONLY, SCHEDULED EARLY RELEASE DAYS**

**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...
- All medical forms, pick-up authorization forms and other forms must be submitted...
- If your child will no longer be attending the 4th "R" program, you must notify the Parks and Recreation office...

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. 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 _____