

**SANDOWN PARKS AND RECREATION DEPARTMENT
SPRING 2010 AFTER SCHOOL PROGRAM
INFORMATION SHEET**

AFTER SCHOOL PHYSICAL ACTIVITY PROGRAMS Be sure to register early for these popular programs to avoid disappointment! Programs are designed to add a couple of hours of healthy physical activity to your child's week. This exercise and movement based program for children in Grades 1-5 promotes increased physical activity in a fun way. Sessions are geared towards age appropriate activities. Students in Grades 4 & 5 will participate on Monday afternoons (only) at Sandown Central School beginning March 8th for six consecutive Mondays. Students in Grades 1-3 will participate on Friday afternoons (only) beginning March 12th for six consecutive Fridays. Both programs begin immediately following the end of the school day in the gym of each school. Pick-up is promptly at 5:15 PM at both locations. Cost is \$35 per participant if registered by Thursday, February 26th at 4 PM. Non-residents may participate for \$40 per participant. Registrations after Feb. 26th will incur a \$5 late fee. Space is limited, register today.

WHAT : SIX WEEK AFTER SCHOOL PHYSICAL ACTIVITY PROGRAM FOR GRADES 1-5.

WHERE: SANDOWN NORTH FOR GRADES 1-3. SANDOWN CENTRAL FOR GRADES 4 & 5.

WHEN: MONDAYS 03/08/10 TO 04/12/10 FOR GRADES 4 & 5 ONLY
FRIDAYS 03/12/10 TO 04/16/10 FOR GRADES 1-3 ONLY

TIME: IMMEDIATELY AFTER SCHOOL. PICK-UP PROMPTLY AT 5:15 PM

COST: \$35 PER PARTICIPANT. PAYABLE TO: SANDOWN RECREATION. PAYMENT BY CHECK OR MONEY ORDER ONLY. NO CASH ACCEPTED. SEE DEADLINES AND LATE FEES.

WHAT TO BRING:

MANDATORY: Sneakers must be worn! **SUGGESTED:** Pre-filled water bottle. Please provide a healthy snack for your child to eat after-school. Students will eat their snack prior to the start of the program. Participants should wear comfortable clothing that does not restrict movement. Weather permitting, some activities may take place outdoors.

PICK-UP/LATE FEE: Pick-up is promptly at 5:15 PM. A late fee of \$10 for every 15 minutes or portion of 15 minutes that you are late after 5:15 PM will immediately apply and must be paid before future participation. No exceptions. In the event that school is cancelled, the program is cancelled too. Please keep this in mind in the event of emergency early dismissal. The school will send your child home as usual. Days missed due to cancellation will be made up at the end of the program if at all possible and pending the availability of space.. Please wait outside the school building for pick-up. Children will be walked out to pick-up areas by main entrance of each of the participating schools. A written note must be sent with child if anyone other than yourself or designated driver will be picking up. All pick-up people should have photo ID if requested.

SCHOOL OFFICE: This is NOT a school program however, you will need to provide your written permission to your child's teacher/school office in order for your child to remain after school for this program. Sandown Parks and Recreation is NOT allowed to request for you that your child remain after school. Please provide written permission to the school to cover the length of the program. Send it directly to the school office. Your child will be issued a pass, by the school office, that will be good for the duration of the program. Remind your child that they are to go directly to the school gym at the end of the school day on program days.

OTHER: Space is limited and once the maximum number of participants is reached, you will be placed on a waiting list for any cancellations. All paperwork and payments must be received prior to your child's participation. No child will be allowed to participate without receipt of these items. Please contact the recreation office at 887-1872 for any questions or forms. **Please read all information on the registration form.**

RETAIN THIS PAGE FOR REFERENCE

**SANDOWN PARKS & RECREATION EMERGENCY INFORMATION
AFTER SCHOOL PROGRAM - SPRING 2010**

A SEPARATE FORM FOR EACH CHILD IN YOUR FAMILY MUST BE PROVIDED
PLEASE INCLUDE AREA CODES FOR ALL TELEPHONE NUMBERS INCLUDING CELL PHONES

PLEASE PRINT CLEARLY

Child's Name _____ M/F _____ Date of Birth _____ Grade Sept. 2009 _____

Address _____ Town _____ Home Phone () _____

Mother _____ Cell: () _____ Work: () _____

Father _____ Cell: () _____ Work: () _____

Physician _____ Phone () _____

Dentist _____ Phone () _____

Health Insurance _____ I.D.# _____

Allergies* (include all) _____ Epi Pen: Yes: _____ No _____

Physical Disabilities/Restrictions* _____ Medications: _____

***ATTACH ADDITIONAL SHEET IF NEEDED**

Please list two additional people who will assume temporary care of your child if you cannot be reached and who are aware of this responsibility if you are unable to be reached.

Name _____ Address _____ Phone() _____

Name _____ Address _____ Phone() _____

**The following people have my permission to pick up my child from the program:
(Photo ID may be required if staff is unfamiliar with person listed.)**

NAME: _____ ADDRESS: _____ PHONE() _____

NAME: _____ ADDRESS: _____ PHONE:() _____

WALK/BIKE: I give permission for my child to walk or ride their bikes to and from the program. YES NO

PARENT/GUARDIAN SIGNATURE _____ DATE: _____

FILL OUT AND RETURN THIS PAGE – PART 1 OF 2 REGISTRATION

INHALER RELEASE/PERMISSION - FILL OUT ONLY IF APPLICABLE

My child _____ uses an inhaler and is carrying an inhaler in his/her backpack while attending the Sandown Recreation Program. I am aware that the Recreation Program DOES NOT have medical staff on site to administer this medication and WILL NOT administer this medication to my child. My child is capable of administering this inhaler to himself or herself without assistance. My child has my permission to use the inhaler AFTER the program director or assistant has been notified and a staff member is present to observe my child administering the inhaler to himself or herself. My child is responsible for this inhaler while participating in the Recreation Program and its related activities including field trips. I will label my child's inhaler with their name. Child's use will be documented and reported to parent at the end of the activity period.

PARENT/GUARDIAN SIGNATURE

DATE:

REFUND PROCEDURE - Refunds are issued only when a class or activity is cancelled by the Recreation Department for lack of minimum required participants or the participant enrolled in the program has a note from a physician's office stating they are not able to participate in the program due to a medical condition. Medical condition refunds will be pro-rated. If you feel your request for a refund was unfairly denied, there is an appeal process. Appeals must be in writing and sent to the Sandown Parks and Recreation Department. The Recreation Director will review and either approve or deny in writing your request. If your request is denied by the Director you may appeal in writing to the Recreation Commission. No refund will be provided in the event a child is dismissed from the program for episodes of misbehavior.

BEHAVIOR PROCEDURE: Sandown Recreation reserves the right to dismiss a child from a program for episodes of misbehavior. If a parent/guardian cannot be contacted, the emergency contact person will be called to immediately pick-up the child.

SIGNATURE (parent/guardian if participant is under 18 years of age)

DATE

PLEASE READ AND SIGN THE WAIVER BELOW

Participation in this sport/activity may involve risk of injury. As a parent or participant, I am aware of these hazards and my ability to participate. In consideration for participation in the program(s) listed here, I hereby for myself, my heirs, executors and administrators waive and release all rights and claims against the Town of Sandown, its officers, employees, agents, volunteers and supervisors, except in the case of their sole negligence, from all losses, injury, damages, fees and other expenses, arising out of or in connection with participation in the activity. In addition, I give my permission for my child to be treated by qualified medical personnel in the event that the parent/guardian named below can not be reached at the phone numbers provided and for my child to be transported by emergency vehicle to a hospital if needed.. All Recreation Department classes/events may be photographed or videotaped for Town of Sandown programs and promotions. Photos may appear in local publications and/or on local Cable TV access channels.

SIGNATURE (parent/guardian if participant is under 18 years of age)

DATE

DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY

ALL PROGRAM FEES PAID ____ **CHECK #** _____ **AMT:** _____

REC'D BY _____ **DATE** _____

SIBLINGS IN PROGRAM: YES NO NAMES: _____

DOES PAYMENT INCLUDE OTHER FEES FOR ANY OTHER FAMILY MEMBERS _____

DOES PAYMENT INCLUDE ANY OTHER PROGRAM (LIST) _____

OTHER: _____