

## Paxton Recreation Summer Program Registration Form 2023

**Half day Pre-k (ages 4) Kindergarten through 6th Grade**

**7<sup>th</sup> and 8<sup>th</sup> grade Junior CIT Program**

Name: \_\_\_\_\_ Grade Entering \_\_\_\_\_ Age \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address: \_\_\_\_\_ Town/Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell/Work: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternate Pick- Up person: \_\_\_\_\_

Alternate Pick- Up person: \_\_\_\_\_

Medical Conditions/Allergies: \_\_\_\_\_

**\$50 deposit is required per week per child upon time of registration. This amount will be applied to the week's fee. \$15 late fee will be charged after June 1<sup>st</sup> per week per child.**

Please check which week(s) your child will attending:

**Till 1:30**

\_\_\_ **Week 1: June 26<sup>th</sup> – June 30<sup>th</sup>**

\_\_\_ **Week 2: July 5<sup>th</sup> – July 7<sup>th</sup> (3days)**

\_\_\_ **Week 3: July 10<sup>th</sup>– July 14<sup>th</sup>**

\_\_\_ **Week 4: July 17<sup>th</sup> – July 21<sup>st</sup>**

\_\_\_ **Week 5: July 24<sup>th</sup> – July 28<sup>th</sup>**

\_\_\_ **Week 6: July 31<sup>st</sup> – Aug 4<sup>th</sup>**

\_\_\_ **Week 7: Aug 7<sup>th</sup> – Aug 11<sup>th</sup>**

**Till 4:00**

\_\_\_ **Week 1: June 26<sup>th</sup> – June 30<sup>th</sup>**

\_\_\_ **Week 2: July 5<sup>th</sup> – July 7<sup>th</sup> (3days)**

\_\_\_ **Week 3: July 10<sup>th</sup> – July 14<sup>th</sup>**

\_\_\_ **Week 4: July 17<sup>th</sup> – July 21<sup>st</sup>**

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\_\_\_ **Week 7: Aug 7<sup>th</sup> – Aug 11<sup>th</sup>**

**Check payable to: Town of Paxton Mail to: Paxton Recreation 697 Pleasant Street, Paxton, MA 01612**

I agree not to hold responsible the Paxton Recreation Commission; the Town of Paxton, Paxton Sport Centre; or any of the parties connected with this program for any accident or injury that may occur during the program. I understand that if my child becomes a discipline problem, he/she will be dismissed from the program without a refund. I also grant permission for the Recreation Staff to seek medical care for my child in the event that I cannot be reached.

Signature(Parent/Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

I give permission for any pictures taken of my child in this program to be displayed: \_\_\_\_\_ (initial)

