## Paxton Recreation Summer Program Registration Form 2024

## 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 EnteringAge	
Parent's Name		
	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	Till 4:00
Week 1: June 18 <sup>th</sup> – June 21 <sup>st</sup>	Week 1: June 18 <sup>th</sup> – June 21 <sup>st</sup> (dates could change)
Week 2: June 24 <sup>th</sup> – June 28 <sup>th</sup>	Week 2: June 24 <sup>th</sup> – June 28 <sup>th</sup>
Week 3: July 1 <sup>st</sup> – July 3 <sup>rd</sup> (3 days)	Week 3: July 1 <sup>st</sup> – July 3 <sup>rd</sup> (3 days)
Week 4: July 8 <sup>th</sup> – July 12 <sup>th</sup>	Week 4: July 8 <sup>th</sup> – July 12 <sup>th</sup>
Week 5: July 15 <sup>th</sup> – July 19 <sup>th</sup>	Week 5: July 15 <sup>th</sup> – July 19 <sup>th</sup>
Week 6: July 22 <sup>nd</sup> – July 26 <sup>th</sup>	Week 6: July 22 <sup>nd</sup> – July 26 <sup>th</sup>
Week 7: July 29 <sup>th</sup> – Aug 2 <sup>nd</sup>	Week 7: July 29 <sup>th</sup> - Aug 2 <sup>nd</sup>
Week 8: Aug 5 <sup>th</sup> – Aug 9 <sup>th</sup>	Week 8: Aug 5 <sup>th</sup> – Aug 9 <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 also a subtration for any statement also a functional in al	his was supported by a discular version (initial)

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