



# DANBURY PARKS & RECREATION 2015



## SUMMER PLAYGROUND PROGRAM FOR GRADES 1<sup>ST</sup> – 5<sup>TH</sup>

\*\*BASED ON ENTERING GRADE IN FALL 2015\*\*

JUNE 29 – July 24, 2015 9:00 AM – 3:00 PM

### REGISTRATION:

DATE: SATURDAY MAY 30, 2015

TIME: 9:00 AM - 12 NOON

LOCATION: HATTERS PARK BANQUET HALL, 7 EAST HAYESTOWN RD. DANBURY

COST: \$185.00 FOR 4 WEEK PROGRAM, OR \$100.00 PER WEEK

Note: Preference and placement will be given to those that sign up for all four weeks

**\*\*DANBURY RESIDENTS ONLY – MUST SHOW PROOF OF RESIDENCY\*\***

**\*\*\*\*3<sup>rd</sup> QUARTER REPORT CARD OR PROGRESS REPORT MUST BE PRESENTED AT REGISTRATION.\*\*\*\***

**STUDENTS WILL BE PLACED ACCORDING TO NEAREST SCHOOL LOCATION  
BASED ON AVAILABILITY AND DISCRETION OF THE RECREATION DEPT.**

\*\*REGISTRATION WILL CONTINUE AT PARK AND REC OFFICE, M-F, 9 AM - 3:00 PM.

**DEADLINE FOR REGISTRATION IS FRIDAY, JUNE 19, 2015 OR UNTIL SITES ARE FULL**

PROGRAM SITES: PARK AVE, MORRIS ST, PEMBROKE, & SHELTER ROCK ELEMENTARY SCHOOLS AND BROADVIEW .

**\*\*\*SPACE IS LIMITED, FIRST COME FIRST SERVE, NO EARLY REGISTRATIONS WILL BE ACCEPTED\*\*\***

**We will not accept mail-in registrations**

BREAKFAST WILL BE PROVIDED, ARTS AND CRAFTS, SPECIAL EVENTS, OUTDOOR GAMES, FIELD TRIPS\*

**\*ADDITIONAL CHARGES FOR FIELD TRIPS: QUASSY TRIP and SLASHDOWN PARK, DUE AT REGISTRATION**

These will be extended days. QUASSY, JULY 7<sup>th</sup> \$27. (5:00 PM) SPLASHDOWN PARK, JULY 14<sup>th</sup>, \$32. (4:00 PM)

ALL OTHER FIELD TRIP FEES COLLECTED 2-3 DAYS PRIOR TO TRIP

**\*ANY QUESTIONS PLEASE CONTACT THE PARKS & RECREATION OFFICE @ 203-797- 4632\***

**\*\*REGISTRATION AND TRIP FEES ARE NON-REFUNDABLE AS OF JUNE 26, 2015 \*\*NO EXCEPTIONS\*\***

**\*\*\*VISIT OUR WEBSITE, [www.danbury-ct.gov](http://www.danbury-ct.gov), TO DOWNLOAD THE REGISTRATION FORM\*\*\***

Trips are to be paid separately by check or cash. If you elect not to participate in out of town trips, please be advised, the site will be closed for the day.

**ALL SITES CLOSED FRIDAY, JULY 3<sup>rd</sup>**

**COME TO PARKS & RECREATION FREE MOVIE NIGHTS AT CANDLEWOOD LAKE  
THURSDAY'S JULY 9, 16, 23, 30<sup>th</sup> RAIN DATE JULY 31<sup>st</sup> \*\*MOVIES BEGIN AT DUSK\*\***

**FOR OFFICE USE ONLY:** PAID WITH CHECK: AMOUNT AND NUMBER \_\_\_\_\_  
REGISTRATION TIME: PAID WITH CASH: AMOUNT \_\_\_\_\_

## 2015 SUMMER PLAYGROUND PROGRAM Registration Form

Child's Name \_\_\_\_\_  
Last First Middle

Home Address \_\_\_\_\_  
Street Zip Code

Parent/Guardian Name \_\_\_\_\_ Phone (H) \_\_\_\_\_  
Phone  
(W) \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone (H) \_\_\_\_\_  
Phone (W) \_\_\_\_\_

Email Address \_\_\_\_\_

Person having custody of child \_\_\_\_\_ Custody restraints Y \_\_\_\_\_ N \_\_\_\_\_

Person with permission to pick up child other than parents:

1) \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_

2) \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_

Who may NOT pick up child:

1) \_\_\_\_\_ Relationship to child \_\_\_\_\_

2) \_\_\_\_\_ Relationship to child \_\_\_\_\_

\* \* \* \* \*

Please check off the sessions that your child will be attending:

Week 1: June 29 – July 2	_____	Closed Friday, July 3 <sup>rd</sup>	**PLEASE NOTE:
Week 2: July 6– 10	_____	Quassy Park Field Trip (5 PM)	_____ EXTENDED HOURS
Week 3: July 13 - 17	_____	Splashdown Park Field Trip (4 PM)	_____ FOR THESE TWO
Week 4: July 20 - 24	_____		FIELD TRIPS**

**\*\*Money for field trips is due at time of registration. 7/7 Quassy, \$27.00 7/14 Splashdown, \$32.00,  
Trips are to be paid separately by cash or check.  
\*\*If you elect not to participate in out of town field trips, please be aware all sites will be closed for the day**

**FOR OFFICE USE ONLY:**

Child's Birth Date \_\_\_\_\_ Grade entering in Fall \_\_\_\_\_ Age as of June 1, 2015 \_\_\_\_\_

\* School attending Fall 2015 \_\_\_\_\_ School playground placement MOR, PEM, SHLT, PARK, BV

T-Shirt Size \_\_\_\_\_ Report Card Presented \_\_\_\_\_

## EMERGENCY / MEDICAL INFORMATION

Parent/Guardian Name: \_\_\_\_\_ Phone (H): \_\_\_\_\_  
Phone (C): \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_ Phone (H): \_\_\_\_\_  
Phone (C): \_\_\_\_\_

Emergency contact person(s) who are authorized to give consent in the event a parent/guardian cannot be reached:

- 1) \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone #: \_\_\_\_\_
- 2) \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Phone #: \_\_\_\_\_

Allergies, Nosebleeds, Bites, etc.:  yes  no

If yes, please explain: \_\_\_\_\_

Does your child have any special needs or receive care for any special needs that we need to be made aware?  yes  no

I certify that, to the best of my knowledge, my child is in good health and able to participate in the 2015 Summer Playground Program. In the event of an emergency, I understand that every effort will be made to contact the parent/guardian. In the event he/she cannot be reached, I hereby give permission to the physician selected by the adult in charge to hospitalize, secure proper treatment for and order injection, anesthesia, or surgery as deemed necessary for the child named above.

Insurance Coverage \_\_\_\_\_ Policy # \_\_\_\_\_

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## PARENT/LEGAL GUARDIAN AGREEMENT

I give full permission for \_\_\_\_\_ to attend the 2015 Summer Playground Program and participate in all activities including any off site trips. I have read the 2015 Summer Playground flyer and agree to abide by its rules. I authorize the use of photographs of my child for the use of promoting the 2015 Summer Playground Program. I understand that 2015 Summer Playground Program is not responsible for the personal property. 2015 Summer Playground Program reserves the right to cancel or modify any session.

**NO REFUNDS WILL BE GIVEN AFTER JUNE 26<sup>TH</sup>.**

I, the undersigned, understand and agree to adhere to the policy that in the event that disciplinary action must be taken it will at the discretion of the Site Director and the Office of Danbury Parks and Recreation. Actions will be in congruence with the Danbury Public Schools Disciplinary Procedures, a copy of which may be obtained upon request. In the event that your child is suspended or expelled from the program,

**THERE WILL BE NO REFUNDS, INCLUDING ANY PREPAID TRIP FEES.**

I have read all the information including the Emergency Medical Policy as well as the Parent/Guardian Agreement and agree to adhere to the above stated procedures.

Name of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_