



Summer Recreation Pre-School Program 2016

Dear Parents,

Attached is the registration form for the 2016 Town of Wilson Summer Recreation Pre-School Program. The program will run from July 5th through August 4th. Registration will take place beginning May 7th at the Wilson #1 Fire hall Community Days and continue through July 1st. at the Town Hall.

The registration form can be returned to the Wilson Town Clerk's Office from 9:00 am - Noon and 1:00 pm - 4:00 pm Monday through Friday, or mailed to P.O. Box 537, Wilson, New York 14172. **All registrations for Summer Recreation must be done through the Town Clerk's Office.** Please make sure that all sections of the form are completed or we cannot register your child. If you have any questions, please call the Clerk's office at 751-6704.

Activities and Programs 20 16

Pre-school and entering kindergarten :

- **This Program will be run at the Wilson Free Library.**
- **ONLY CHILDREN AGES 4 AND 5 CAN REGISTER FOR THIS PROGRAM.**
- Program will run from 9:00 am - 11:00 noon, two days per week, and will consist of stories, arts & crafts, games, and supervised outdoor activities. There will be occasional walking field trips around the Village of Wilson.
- Parents will be notified as to the time and day of their child's class.

NOTE: Our staff is not trained to administer any medications. If your child requires medication, please make any necessary arrangements.

Town of Wilson Summer Recreation

Pre-School Registration Form 2016

Name

1. _____ Age: _____ Mon/Wed _____ Tues/Thurs _____

Medical conditions _____

2. _____ Age: _____ Mon/Wed _____ Tues/Thurs _____

Medical conditions _____

3. _____ Age: _____ Mon/Wed _____ Tues/Thurs _____

Medical conditions _____

Parent's Name _____

Home Address _____

Home Phone/Cell _____

Emergency Contact/Phone Number _____

Township of Residence _____

Waiver

I hereby give permission for _____ to attend any walking field trips with the Pre School Program. In consideration of your accepting my child's application, individually and as parent and natural guardian, I hereby waive, release and forever discharge the Town of Wilson, its' employees, agents, representatives and officers, from any and all claims or causes of actions for damages which I have or which I may hereinafter have individually or as parent and natural guardian of my child against the Town of Wilson, its' employees, agents, representatives and officers for any and all damage which may be sustained by me and/or my child in connection with my involvement with the Town of Wilson Recreation Pre-School Program. I further agree that any and all medical bills incurred as a result of my child's participation in the Town Recreation Program shall be submitted to my health provider for payment and shall not be the responsibility of the Town of Wilson.

Date: _____ Parent/Guardian Name (Sign): _____

Parent/Guardian Name (Print): _____

ADMINISTRATION ONLY

Received by _____

Date _____