

SUMMER 2008

Flanders Park

Playground Partners Program!

Six, 1 week sessions! 9:15am – 11:45am, Monday – Friday.

Session 1: Tues 6/24 – Fri. 6/27 Session 2: Mon. 6/30-Thurs. 7/3 Session 3: Mon.7/7-Fri.7/11

Session 4: Mon.7/14-Fri.7/18 Session 5 :Mon. 7/21-Fri.7/25 Session 6 :Mon.7/28-Fri.8/1

Playground Partners is a program for children 2-5 years old and their parent(s) (or care-giver). Crafts, games and free play will be supervised by Recreation staff. Fair weather only. This is **NOT** day care or babysitting. Parents/care-givers must stay with their child(ren). Bring a water bottle and a snack!

Early Bird Registration Feb 1-May 2

Weeks 1 & 2 Early Bird \$18 per week / Weeks 3-6 Early Bird \$23 per week

Regular Registration Fee: May 3 – June 13

Weeks 1 & 2 \$20 per week / Weeks 3-6 \$25 per week

\$5 late fee per family after June 13th

Non-residents – add \$5

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Make Check Payable to "Mt. Olive Recreation" and send form to: Mt. Olive Township, Recreation Department, PO Box 450, Budd Lake, NJ 07828

Indicate which session(s) to be attended:

___Session 1: 6/24-6/27___ Session 2: 6/30-7/3___ Session 3: 7/7-7/11___ Session 4: 7/14-7/18___ Session 5: 7/21-7/25___ Session 6:7/28-8/1

Checks returned for insufficient funds will require an additional \$20 processing fee, in addition to cash or money payment for the program.

Parent/Guardian Name: _____ Phone: _____ Cell _____

Family Address: _____ City _____ State _____ Zip _____

1. Name _____ Age _____

2. Name _____ Age _____

e-mail: _____ (Recreation use only)

Emergency Information & Consent to treat:

I hereby give permission for the Mt. Olive Recreation Department (by way of the playground staff, rescue squad, police, etc.) to obtain necessary first-aid or medical treatment. Emergency Contacts: Fill both lines! **We call home first!** Indicate what kind of phone number this is.

Emergency Contact _____ Phone _____ (cell, beeper, work, home)

Medical Conditions: Child 1 _____ Child 2 _____

I give permission for my child(ren)'s name /picture to appear in local newspaper or our website? Yes / No

As in any activity, there are inherent risks and injuries that may occur. I hereby release and discharge the Township of Mt. Olive, its agents, employees, appointed officials, volunteers, commissions, or associations from any and all actions for losses, damages, or personal injuries to myself or my child which may occur or arise out of my or my child's participation in the above activity. You will be called if there is a change in schedule. Your cancelled check will serve as your receipt.

Parent/Guardian Signature _____ Date _____

Fee Enclosed _____ Check # _____ Cash _____ Receipt _____