Example of a Correctly Filled Registration Form

For Office Use Only				
R _____	E _____	A _____	Cash	Check
Check #		Amount $		
Split				

WESTFORD PARTNERSHIP FOR CHILDREN

Abbot School

Session 4 March 2 - April 17, 2009

7 Tuesdays
SNACK (provided)
Basketball/Choice
No Bake Cooking ($15, Limit 15)
Homework
Castle Dodgeball/Choice
Sign Language for Kids
Homework
Homework/Reading
Sports/Games
Pick Up
$_28.50___
X7 = $ 199.50
+ $15 or N/A (circle)
$ 214.50

*Please add $15 for each activity requiring a materials fee.

Time	7 Mondays	7 Tuesdays	7 Wednesdays	5 Thursdays	5 Fridays
2:30-4:15 Includes Snack Time	Tae Kwon Do (Limit 20)	Soccer/Choice	Four Square/Choice	Basketball/Choice	TGIF! Please Circle if Attending
	Around The World	Recycle, Reuse ($15)	Bookmaking ($15)	No Bake Cooking ($15) (Limit 15)	
	Homework	Homework	Homework	Homework	
4:15-5:00	Floor Hockey/Choice	Whiffleball/Kickball/Choice	Capture the Flag/Choice	Castle Dodgeball/Choice	TGIF! Please Circle if Attending
	Beginner Chinese	Computer Activities (Limit 10)	Build & Design ($15)	Math/Strategy Games	
				Origami ($15, Limit 15)	
	Homework	Homework	Homework	Homework	
5:00-5:45	Homework/Reading	Homework/Reading	Homework/Reading	Homework/Reading	TGIF! Please Circle if Attending
	Sports & Games	Sports & Games	Sports & Games	Sports & Games	
5:45 PM	**Pick Up**	**Pick Up**	**Pick Up**	**Pick Up**	**Pick Up**

X $9.50 by #activities	$_____	$_____	$_____	$_____	$_____
X by # of Days	X7 = $_____	X7 = $_____	X7 = $_____	X5 = $_____	X5 = $_____
Activity Fees $15	+ $15 or N/A (circle)	+ $15 or N/A (circle)	+ $15 or N/A (circle)	+ $15 or N/A (circle)	+ $15 or N/A (circle)
Daily Total	$_____	$_____	$_____	$_____	$_____
					Total Amount Due $_____

Registration Form: *Mail to* PO Box 2444 Westford, MA 01886 or *Bring* to Parks & Recreation WPC Office at 35 Town Farm Road, Westford, MA 01886

Office # 978 692 5532

Date My Child Will Start:_____

FORMS DUE BY NOON 1 BUSINESS DAY PRIOR TO CHILD'S START DATE. LATE FORMS INCUR A $25 LATE FEE/CHILD

Student's Name_____ **School Attending**_____**Best # to reach**_____**Name at this #**_____

PARTICIPATION IN THE ABOVE PROGRAM(S) MAY INVOLVE SOME RISK OF PERSONAL INJURY. I HEREBY RELEASE AND COVENANT TO HOLD HARMLESS THE RECREATION DEPT., ITS AGENTS AND EMPLOYEES FROM ANY AND ALL ACTIONS, CLAIMS AND DAMAGES FOR PERSONAL INJURIES THAT I OR MY CHILD(REN) MAY HAVE SUSTAINED AND/OR MAY HAVE INCURRED AS A RESULT OF PARTICIPATION IN THE PROGRAM(S).

Parent/Guardian Signature_____Date_____

If your child participated in the PREVIOUS session of the WPC programs and you have no changes, the next section to fill out is optional

Birth Date of Student_____Age_____M/F_____Current Grade_____**Allergies/Medical Concerns**_____

Parent/Guardian Name_____Address_____Email_____

Home Phone_____Mom's Cell_____Dad's Cell_____

Emergency Contact (other than parent)_____Relationship to Child_____Phone_____

DO NOT DROP REGISTRATION FORMS AT YOUR CHILD'S SCHOOL OFFICE ~ Make checks payable to *Town of Westford*

Sign Up Full Time - Get Discount
March 2 - April 17, 2009 ~ M-F, 2:30-5:45pm
Full Session Fee $850 ~ A Savings of $33.50!!!