

Participant's Last Name

Participant's First Name

School Entering in the Fall

2020 SUMMER PAPER REGISTRATION FORM

CIRCLE your selection for the Specialty Camps, Playgrounds & Big Trips.
For all other programs write them in the bottom section.

Youth Specialty Camps-Monday, Tuesday, Wednesday & Thursday (except week II)

Grade Entering	I: 6/29-7/02	II: 7/07-7/10 (T, W, Th, F)	III: 7/13-7/16	IV: 7/20-7/23	V: 7/27-7/30	VI: 8/03-8/06
Grades 1-3	Basketball \$45	Tennis \$84	Basketball \$45	Tennis \$84	Basketball \$45	Tennis \$84
Grades 1-3	Magic Camp \$94	Circuit Makers \$95	Robotic Factory \$140	KidzArt \$104	POW! Science \$60	POW! Science \$60
Grades 1-3	Woodland Advnt \$70	XXX	KidzArt \$104	POW! Science \$60	Cooking w/ Class \$87	Icon Coding \$180
Grades 1-3	Calling All Bakers \$87	KidzArt \$104	Candy Camp \$87	Aim High (Gr 1-6) \$94	XXX	Dance Camp \$101
Grades Vary	XXX	Sew Much Fun (gr. 2-6) \$70	XXX	Broadway Jr. Songs (gr. 2-4) \$67	Summer Theatre Production (gr. 2-8) \$125	
Grades 4-6	Tennis \$84	Basketball \$45	Tennis \$84	Basketball \$45	Tennis \$84	Basketball \$45
Grades 4-6	Broadway Songs \$67	Magic Camp \$94	Acting Tech & Imp \$67	Hands on Electrs \$95	KidzArt \$104	Sculpt. Engi & Bal \$95
Grades 4-6	Creat. Engineering \$95	Calling All Bakers \$87	POW! Science \$60	Enviro-Explorer II \$140	Claymation \$95	Cooking w/ Class \$87
Grades 4-6	KidzArt \$104	XXX	Animation \$95	Candy Camp \$87	Market & Business \$161	XXX

Playground Program-Monday, Tuesday, Wednesday & Thursday (except week II) Includes local trip cost.

Grade Entering	I: 6/29-7/02	II: 7/07-7/10 (t, w, th, f)	III: 7/13-7/16	IV: 7/20-7/23	V: 7/27-7/30	VI: 8/03-8/06
Meadwbrk/Hanaford 1-3 grade	\$30	\$30	\$30	\$30	\$30	\$30
Frenchtown/Eldredge 1-3 grade	\$30	\$30	\$30	\$30	\$30	\$30
Hanaford/Cole 4-6 grade	\$30	\$30	\$30	\$30	\$30	\$30
Eldredge/Cole 4-6 grade	\$30	\$30	\$30	\$30	\$30	\$30

ONLY write in other programs NOT listed above!

Program Name	Age	Session(s)	Day(s)	Time	Fee

TOTALS BY SECTION

Specialty Camp	Playground Program	Big Trips	Other Programs	GRAND TOTAL
\$	\$	\$	\$	\$

***** ONE PARTICIPANT PER FORM PLEASE *****
!!!!!! COMPLETE BOTH SIDES OF THIS FORM !!!!!

Office Use	
Amount \$	Check #

2020 SUMMER PAPER REGISTRATION FORM

The Account Holder is the adult who will be paying for and signing up him/herself, and/or custodial minor children.

Account Holder's Name:		
Date of Birth	Gender	Email
Street		City, State, Zip Code
Primary Phone		Alt Phone
Medical Information: (ie. allergies, etc. please elaborate)		
Emergency Contact: List someone other than the parent above as you will be contacted first.		
Name	Phone No.	Relationship
CUSTODIAL MINOR (under 18): Same legal residence as parent/guardian above		
First Name		Last Name
Date of Birth	Gender	Grade Entering
Medical Information: (ie. allergies, etc. please elaborate)		
<p>PICK UP AUTHORIZATION: IF YOUR CHILD IS ENROLLED IN A CLASS WITH PARTICIPANTS YOUNGER THAN 7th grade and it's NOT a parent participation class, then he/she is REQUIRED to be signed out after each class by you, your emergency contact or pre-authorized people listed here and must show a PHOTO ID each time. Please list below the people who will be allowed to pick up your child. <i>You do not need to list the Account Holder's name or the Emergency Contact's name as they will be allowed to sign out your child.</i> Please include any other parent, spouse, sibling, neighbor, grandparent, sitter, or nanny who will be picking up your child. If the name does not appear here, then your child WILL NOT be released to him/her. Changes to this information must be filled out in-person at the office or with the head instructor by the Parent/Guardian. PHONE CALLS AND NOTES SENT IN WILL NOT BE ACCEPTED. Please plan ahead.</p>		
First & Last Name		Phone
First & Last Name		Phone
<p>WALKER'S PERMISSION: My child is allowed to walk or bike home after the activity: Yes _____ No _____ If you indicate yes, then no one will be required to sign out your child.</p>		
<p>PHOTO RELEASE: Occasionally the Town or the media will take photographs or video of programs, classes, or events to use in promotion of and/or in publications promoting the Department and its programs in various media genre including social media. I will allow photographs or videos to be taken of myself and/or my child(ren). Yes _____ No _____</p>		
SPECIAL CONSIDERATIONS-Let us know about any special circumstances we should be aware of. (ex. Financial need)		

ASSUMPTION OF THE RISK, WAIVER & RELEASE OF LIABILITY. All participants and their guardians through participation in these programs acknowledge an assumption of risk of injury and agree to hold harmless, indemnify and release the Town of East Greenwich, its staff and volunteers from all liability. Without in any way limiting the scope of the foregoing assumption of risk and waiver & release of liability, all participants specifically acknowledge, assume, and release the Town from any and all liability that is any way related to risks resulting from the COVID-19 novel coronavirus pandemic. My signature acknowledges that I have read the flyer rules, regulations, refund policy and risk assumption and will abide by them.

Participant's Signature _____ Date _____
(Parent or guardian must sign if under 18)

Mailing Address
Town of East Greenwich
Community Services & Parks Dept.
 PO Box 111
 East Greenwich, RI 02818

REGISTRATION BEGINS ON
MAY 26TH AT 11AM

-NO INPERSON REGISTRATIONS WILL BE PROCESSED.
 -REGISTER WITH A PRE-APPROVED ONLINE ACCOUNT
 or
 -MAIL IN OR PLACE PAPER FORM IN THE DROP BOX
 BEFORE May 26th TO BE INCLUDED ON THE FIRST DAY
 OF REGISTRATION. (See Addresses to the left.)

Office Located At
 1127 Frenchtown Road

Drop Box is next to the front door.

Checks made payable to
 Town of East Greenwich