

Willington Youth, Family & Social Services

"Where Community Grows"



40 Old Farms Rd
Willington, CT 06279
Tel: 860-487-3118
Fax: 860-487-3125
wdfss@willingtonct.org

**TOWN OF WILLINGTON
YOUTH PROGRAMMING
2010-2011**

WILLINGTON NEW HORIZONS GIRLS CLUB

For Girls Grades K-6

With every new school year come new opportunities for your daughter(s) to learn and grow! It is our hope at WYFSS to foster the healthy growth of our town's girls by once again offering The Willington New Horizons Girls Club!

The goal of this club is not only to teach girls about the local and global world in which they live, but also to help girls discover and expand their strengths so that they may continue into the world as healthy, enthusiastic leaders.



**Through fun, age-appropriate activities
in "Girl's Group" your daughter will...**

Learn about herself

- Write a personal mission statement
- Clarify her goals and values
- Learn strategies to cope with stress

Learn about her peers

- Through interactive discussion, games and projects, your daughter will gain perspective and insight into her peers' thoughts, idea, and feelings.

Learn about her community

- Discover the town of Willington; it's past, present, and future
- Participate in community many town projects & events
- Learn about women's roles around the world

TODAY'S GIRLS...MAKING A DIFFERENCE!!

OVER ►►►



WYFSS

NEW HORIZONS GIRLS CLUB Meeting Schedule 2010-2011



Center Elementary School

Grades K-3 Girls Club

Meeting Days: Wednesdays

Meeting Time: 3:30-5:00

Location: CES Cafeteria

October 6 & 20

November 10

December 8

January 5 & 19

February 9

March 2 & 16

April 13

May 11 & 25

Hall Memorial School

Grades 4-6 Girls Club

Meeting Days: Thursdays

Meeting Time: 2:30-4:00

Location: HMS Room 110

October 7 & 21

November 18

December 9

January 6 & 20

February 10

March 3 & 17

April 14

May 12 & 26

*All WYFSS programs run in accordance with the Willington Public School calendars and schedules.
Therefore, if school is cancelled or is dismissed early (due to bad weather or emergency)
WYFSS activities are also cancelled for that day.

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**NEW HORIZONS GIRLS CLUB
CES & HMS Registration**

Student's

Name _____ Grade _____

Home Phone (_____) _____ Alt. Phone (_____) _____

Is it OK to leave messages on these numbers? _____ Yes _____ No

Street

Address _____ Willington, CT06279

Do you receive your mail at this address? _____ Yes _____ No

Parent/Guardian

Name(s): _____

Emergency/Medical Information

Contact in case of an emergency (other than parent)

Name _____ Phone (_____) _____

Relationship _____ Alt. Phone (_____) _____

Physician's Name: _____ Phone (_____) _____

Does your child have any of the following?

Food Allergies? _____ Yes _____ No If yes, explain _____

Medications? _____ Yes _____ No If yes, explain _____

Physical or emotional conditions you would like us to be aware of?

_____ Yes _____ No If yes, explain _____

OVER ►►►

Release, Waiver and Assumption of Liability

I, the undersigned, by registering my child to participate in The Willington New Horizon Girl's Club understand the nature and risks associated with participation in this activity. I hereby grant my child permission to participate. I am aware that participation is at one's own risk. I acknowledge that the activity, equipment and facilities may pose a risk of personal injury. I am also aware that each participant is responsible for her own safety. I hereby waive and release myself, my heirs, executors or administrators of any and all claims and damage we ever had or now have, against the Town of Willington, its successors and assigns, employees, agents and representatives of any and all kinds of injury, including but not limited to personal injury and/or property damage suffered by my child, myself, family members or friends while participating in this program.

Consent for Medical Treatment

Consent for Medical Treatment of Minors, as the parent or legal guardian of the above named participant, I hereby give consent for emergency medical care prescribed by a fully licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependant. I certify that the information contained on this form is accurate and complete.

Consent for use of Image

I Do I DO NOT grant WYFSS permission to use my child's image on its homepage, fliers, or newspaper articles for the sole purposes of program promotion/publicity.

Parent/Guardian Signature

Date

Please return completed registration form and registration fee of \$40.00

to WYFSS by Sept. 20, 2010 OR bring to your first meeting ☺

(See letterhead for contact details)