



2010-2011 WYFSS Early Childhood Programming
Toddler Time & Caterpillar Club
Registration



Child's
 Name _____ DOB: _____ Gender _____

Street
 Address _____ CT _____

Mailing Address (if different) _____

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

Parent/Guardian
 Name(s): _____

Please register my child for: (please check all that apply)

_____ Music and Movement Classes (Tuesdays)

- _____ Fall Session Cost: \$40.00 per session
- _____ Winter Session Cost: \$40.00 per session
- _____ Spring Session Cost: \$ 40.00 per session

_____ Pre-School Activity Classes (Fridays)

- _____ Fall Session Cost: \$40.00 per session
- _____ Winter Session Cost: \$40.00 per session
- _____ Spring Session Cost: \$40.00 per session

_____ Caterpillar Club (Thursdays)

- _____ Fall Session No fee
- _____ Winter Session No fee
- _____ Spring Session No fee

Payment Options for Early Childhood Program(s)

- _____ Pay As You Go (per class payment of \$5.00 due each attended class.)
- _____ Per Session Payment (cash or check: \$40.00 Mail to: WYFSS, 40 Old Farms Rd, Willington, CT 06279 or bring to class with your child).

Refund Policy: There are no refunds except for medical reasons, upon receipt of a physician's note.

Emergency/Medical information

In case of emergency contact (other than parent)

Name: _____ **Relationship:** _____

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

Physicians Name: _____

Office Phone: (_____) _____

Allergies, Medical Conditions & other Information you think we should be aware of:

**Release, Waiver and Assumption of Liability
And Consent for Medical Treatment**

I, the undersigned, by registering my child to attend Toddler Time and/or Caterpillar Club understand the nature and risks associated with the 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 his or 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 representative for 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 of Minors, as the parent or legal guardian of the above named player, 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 dependent. I certify that the information contained on this form is accurate and complete.

Parent/Guardian Signature

Date