



REC ROOM AT PARKS AND RECREATION

10% DISCOUNT OFFERED ON MONTHLY FEE FOR ELIGIBLE PARTICIPANTS WHO HAVE ENROLLED IN THE BETHANY PARKS AND REC SUMMER CAMP 2021.

WELCOME TO THE BETHANY PARKS AND RECREATION AFTER-SCHOOL

REC ROOM 2021-2022!

THIS FLEXIBLE REC PROGRAM OFFERS A VARIETY OF TIME AND ACTIVITY OPTIONS: HOMEWORK HELP, FLAG FOOTBALL, BASKETBALL, DODGE BALL, COOKING, CERAMICS, ETC. FOR KINDERGARTEN THROUGH 6TH GRADE STUDENTS AT BCS.

MONTHLY	4 DAYS/WEEK	3 DAYS/WEEK
\$190 UNTIL 5:00PM	\$155 UNTIL 5:00PM	\$135 UNTIL 5:00PM
\$195 UNTIL 6:00PM	\$163 UNTIL 6:00PM	\$138 UNTIL 6:00PM

WE ENCOURAGE YOU TO REGISTER ASAP, AS SPACE IS LIMITED.

UNFORTUNATELY SAME-DAY DROP-INS WILL NO LONGER BE POSSIBLE.

PRE-REGISTRATION IS REQUIRED.
ALL REGISTRATIONS FOR THE 2021-2022 SCHOOL YEAR MUST BE IN THE OFFICE NO LATER THAN SEPTEMBER 1, 2021.

** RATES INCLUDE COVERAGE FOR 1/2-DAYS FROM SCHOOL, SCHOOL VACATIONS, AND SNOW DAYS (WE WILL OPEN ON SNOW DAYS AS SOON AS THE TOWN HALL PARKING LOT IS CLEAR AND SAFE FOR DRIVING/WALKING).

THE REC ROOM WILL BE CLOSED ON LABOR DAY, COLUMBUS DAY, THANKSGIVING AND THE FRIDAY AFTER, CHRISTMAS EVE AND CHRISTMAS, NEW YEAR'S DAY, MARTIN LUTHER KING DAY, PRESIDENTS' DAY, GOOD FRIDAY, AND MEMORIAL DAY.
**** REC ROOM WILL BE OPEN ON NEW YEAR'S EVE FROM 7:30AM – 12PM ONLY.**

RATES WILL ALSO INCLUDE MORNING REC ROOM FROM 7:30AM – 8:30AM ON REGULAR SCHOOL DAYS FOR PARTICIPANTS WHO ARE REGULARLY REGISTERED FOR AFTER SCHOOL REC ROOM PLEASE INDICATE BELOW.

PLEASE PHONE OUR OFFICE AT 203-393-2100, EXT. 1127(JH), EXT. 1126(AC), OR VIA OUR DEPARTMENT CELL PHONE AT 203-314-0820 WITH QUESTIONS.

CHECKS CAN BE MADE PAYABLE TO BETHANY PARKS AND RECREATION.
ONLINE PAYMENTS AVAILABLE AT <https://www.websterpaymentlink.com/ebpp/bethanyparks/>

REC ROOM 2020-2021 REGISTRATION

Please Check Applicable Boxes:

Name _____ PGR Van Transportation Permission: Candy/Snacks:

Address _____ Sunscreen Application: Photo Release:
(re: PGR Official Social Media, Ads and Flyers)

Age ___ Grade ___ Teacher _____ Bus Number _____

Primary Telephone _____ Name _____ Relationship _____ Email address _____

Secondary Telephone _____ Name _____ Relationship _____ Email address _____

Any special concerns, needs or medical such as allergies, asthma, etc. ___yes___ no. If yes please explain _____

Emergency Contact: Name: _____ Phone _____ Relationship _____

WAIVER OF TOWN LIABILITY:
Participants acknowledge that he/she or the parent or guardian has read and understands the information previously given. Participant/guardian/parent further certifies that he/she is in good physical condition and is fit to participate in this activity. Participant/parent/guardian understands that the Department's Sports Activities have categories of inherent risk, that accidents can occur, and that he/she must always be alert for dangers to themselves and to other participants. In the event of an injury to myself or my family member, I give permission to the attending physician to render such treatment and agree to pay for the treatment. I release Bethany P&R, its employees and instructors. I understand that this release applies to any present or future injuries. I have read and sign it voluntarily.

SIGNATURE: _____ Date: _____
(parent/guardian)

For office use only

Sept: Amt: _____ Type: _____ Date: _____	Feb: Amt: _____ Type: _____ Date: _____
Oct: Amt: _____ Type: _____ Date: _____	Mar: Amt: _____ Type: _____ Date: _____
Nov: Amt: _____ Type: _____ Date: _____	Apr: Amt: _____ Type: _____ Date: _____
Dec: Amt: _____ Type: _____ Date: _____	May: Amt: _____ Type: _____ Date: _____
Jan: Amt: _____ Type: _____ Date: _____	Jun: Amt: _____ Type: _____ Date: _____

Rec'd	
Reg #	
SCD	
New	