

2019 EARLY CHILDHOOD REGISTRATION

Our early childhood programs are designed to be an introduction to social and group play for young kids. Each course has specific age requirements; children must be the correct age at the start of the program. All classes are held outdoors at the Civic Center Gazebo. Please dress for the weather and bring a water bottle!

On Monday, Tuesday, and Thursday, kids are expected to attend on their own and must be completely potty trained. We will have an optional parent viewing area available where parents may observe the class.

On Wednesdays, an adult is required to stay AND participate in all activities— this does NOT have to be a parent. The We Play courses are designed for adult and child interactions and allow for younger participation.

OUTDOOR EXPLORERS	PRESCHOOL DAY CAMP	WE PLAY WEDNESDAY	DISCOVERY DAYS
MONDAYS AGES 3-5	TUESDAYS AGES 3-5	WEDNESDAYS AGES 1-5 PLUS ADULT	THURSDAYS AGES 3-5
JUNE 24— ANIMAL PLANET	JUNE 25—SUPER HERO TRAINING	JUNE 26—SPORTIES SAMPLER	JUNE 27—FUN WITH FIVE SENSES
JULY 8— METRO PARK VISIT	JULY 9—FIRE SAFETY TRIP	JULY 10—ART IN THE PARK	JULY 11—IMAGINATION ADVENTURE
JULY 15— SPACE EXPLORERS	JULY 16—PIRATES & PRINCESSES	JULY 17—LITTLE SCIENTISTS	JULY 18—MESSY DAY
JULY 22—BUG HUNT	JULY 23—BUSY BUILDERS	JULY 24—DOWN ON THE FARM	JULY 25—AROUND THE WORLD
JULY 29—DINO DAY	JULY 30—CARNIVAL CELEBRATION	JULY 31—LIBRARY TRIP	AUGUST 1—ALL ABOUT ME
AUGUST 5—CTPR CAMP OUT	AUGUST 6—TOT OLYMPICS	AUGUST 7—FIELD DAY	AUGUST 8—BEACH PARTY

Use one form per child—circle selected courses above and use the form below to complete registration information.

RESIDENT FEE \$8.00/ACTIVITY

NON-RESIDENT FEE \$10.50/ACTIVITY

We do offer a multi-child discount for kids in the same home to be registered for the same class!

Adult First Name				Adult Last Name				
Address				City		Zip Code		
Home Phone		Daytime Phone		Email Address				
Emergency Phone #1 (with Name)				Emergency Phone #2 (with Name)				
Participant's Last Name	Participant's First Name	T-Shirt Size (if required)	Date of Birth	Grade	Gender	Number of Activities Selected	Fee per Program	Total Fee
		NA						
<input type="checkbox"/> Check here if you need accommodation in order to fully participate in any activity. You will be contacted to discuss your specific needs.				Release Information: Please indicate how you would desire your child to exit CTPR <input type="checkbox"/> Allowed to come and go on his/her own <input type="checkbox"/> Release to Parent, Guardian or designated adult only (list names below)				
Please list any allergies the Recreation Department should be aware of				_____ _____ _____				
<small> WAIVER OF LIABILITY, WARRANTY OF PHYSICAL HEALTH, PHOTO RELEASE & PARENTAL CONSENT We acknowledge that participation in recreational activities carries the risk of serious injury or death from occurrences during activities, including, but not limited to: being struck by objects, slip, trip or fall, being injured by other participants, and other health hazards. We fully release and absolve from liability the Charter Township of Clinton, its employees, agents contractors and those in concert and participation with it from any and all liability, injury or damages on behalf of our child, and individually on behalf of ourselves. This release extends to personal and bodily injury, as well as property damage. The above includes a waiver of liability and should be read carefully and fully before signing. I the undersigner, hereby agree to allow the individual(s) named hereon to participate in the Charter Township of Clinton Parks and Recreation activities. I certify that, to the best of my knowledge, the participant(s) named hereon is/are physically fit and able to engage in Parks and Recreation activities. In case of emergency, I give my permission for emergency medical treatment. This form shall be considered valid until canceled or changed in writing by the undersigned parent/guardian/participant. We, being either the natural or adoptive parents or legal guardian for the individuals whose names are set forth on the registration form, represent and warrant that the child is physically healthy and able to participate in the activities for which the child is registered, acknowledging the full understanding of such activities and an opportunity to review with the Department any and all questions regarding such activities. We further represent that we have full authority on behalf of such child or children to consent to the child's participation and do consent to such participation. I hereby authorize the Charter Township of Clinton Parks & Recreation Department to use all photos, both video and audio portion of video tapes on which I or my dependent appears. I understand that portions of these tapes may be used in other programs, training aids, and production at the discretion of the Township of Clinton Parks and Recreation. </small>								
<small>Check here to opt out - I do not authorize the use of any photos, video, or audio in which I or my dependents appear</small>								
Printed Name _____				Signature X _____		Date: _____		
Credit Card Information :: Please Fill Out Completely :: All Information will be Securely Shredded By the Office Staff :: Credit Card Information								
Signature X _____				Date: _____				
Contact us at 586-286-9336 (office) 586-723-8282 (fax) recreation@clintontownship.com		Check One: ___ Visa ___ M/C ___ CVS (3 digit code on back) ___		Exp Date ___ / ___		Checks Payable to C.T.P.R. Send To: 40700 Romeo Plank Rd, Clinton Twp, MI 48038		
Credit Card #: _____								