

ALL DAY PLAYGROUND

AT SMITH FIELD PARK IN THE PICNIC AREA

- WHO:** Parsippany residents **CURRENTLY** in 1st Grade through 7th Grade.
PROOF OF GRADE IS REQUIRED. (School Report Card)
PROOF OF RESIDENCY IS REQUIRED. (a telephone, electric, water or tax bill **MUST** be presented at registration. **NO** Exceptions.
- WHEN:** ALL Day Playground begins Monday, June 28 and ends Friday, August 20.
It will be held Monday through Friday, with the exception of July 5th.
- TIME:** 8:00AM to 5:30PM. Do not drop your child off earlier than 8:00AM.
The Recreation Department is **NOT** responsible for your child before 8:00AM.
- NOTE:** Child **MUST** bring a bagged lunch as they will not be allowed to leave the playground until 5:30PM or when picked up by a parent/guardian.
- COST:** \$400.00 per child for the entire 8 week program. **REFUNDS BASED ON COMPLIANCE WITH TOWNSHIP ORDINANCES.**

ACTIVITIES

Sports, Field Trips, Games, Arts & Crafts, Tournaments, Special Events, Contests. Information on Field Trips and a short Medical Form will be given to you when you register your child.

IMPORTANT

In case of inclement weather, we will use the main pavilion and an additional 60' by 24' covered area & the PAL Building. This is our only coverage if you are sending your child to the playground on rainy days.

REGISTRATION

Begins Saturday, April 3rd. from 8:00AM to 12 NOON at the Recreation Office in the Knoll Park. Registration will continue Monday, April 5th from 9:00AM to 5:00PM and until 225 children are registered. For directions, call (973)263-7257 on weekdays from 9:00AM to 5:00PM.

2010 ALL DAY PLAYGROUND

NAME: _____ FEMALE _____ MALE _____

Please Print

BIRTH DATE: _____ AGE: _____ GRADE: _____ SCHOOL ATTENDING _____

MAILING
ADDRESS _____

Number Street (Apt#, if any) Town Zip Code

TELE# _____ EMERGENCY# _____ WHO IS THIS? _____

Any accident/injury **MUST** be reported to the Recreation Office the following work day.

Parent/Guardian Signature _____ Parent/Guardian Name _____

Please Print