

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 29 and ends Friday, August 21.
It will be held Monday through Friday, with the exception of July 6th.
- 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 Wednesday, April 15th from 4:00PM to 7:00PM at the Recreation Office in the Knoll Park. Registration will continue Thursday, April 16th from 9:00AM to 5:00PM and until 215 children are registered. For directions, call (973)263-7257 on weekdays from 9:00AM to 5:00PM. **NOTE:** Our office doors will not open until 4:00PM. No one may enter before that time.

2009 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