

Barrington School's Out Program
Monday to Friday, April 21 to 25

9:30 AM to Noon

Supervised Lunch

12:30 to 3:00 PM

Ages 5 to 12

\$5 per session

Barrington Middle School
261 Middle Highway



A variety of activities during the day including sports, crafts, games, arts and crafts, and more.

Vacation camp is about having fun, making new friends, bonding with staff, and making really cool stuff.

- **Children should bring a lunch, 2 + snacks & 2 + drinks (no nuts)**
- **Registration form to be completed and payment made upon arrival at BMS for program. Do not return paperwork to the school, this is a Town of Barrington program.**
- **Make Checks payable to Town of Barrington**

Thank you and if you have any questions please call the Recreation Department at 247-1900 x 381
(Monday to Friday ~ from 9 AM to noon).

<http://www.barrington.ri.gov/parksandrecreation.php>

Sponsored by: Barrington Recreation Department
Director: Michele Geremia
401.247.1900 x 381
email: Recreation@Barrington.ri.gov

BARRINGTON RECREATION DEPARTMENT (247-1900 x 9)

BARRINGTON MIDDLE SCHOOL - Drop in Center

FEE: \$5.00 per child - per session attended

Monday to Friday ~ April 21 to 25

9:30 AM – 3:00 PM

Ages 5 – 12

Child's Name: _____ Boy Girl Age: _____

Address: _____ Email: _____

Emergency Phone/Name: _____ Cell: _____

Allergies/Medical Conditions/Medication: _____

I, the parents/guardian of the above child(ren), hereby give my approval for his/her participation in any/all activities during the Barrington Recreation Department's 2014 April vacation programs at the Barrington Middle School. I assume all risks and hazards incidental to such participation, including transportation to and from such activities, and hereby waive, release, absolve, indemnify, and agree to hold harmless all individuals responsible for the conduct or activity involving my child(ren). Also, I understand that registrations for children requiring special attention are reviewed on a case-by-case basis with the Recreation and program director(s). I understand that the Recreation Department does not receive specialized training for various special needs, but will work with individuals as appropriate. I will provide as much detail as possible, including any physical/emotional needs or medications involved so that the staff will be able to provide a positive experience for each child.

Parent/Guardian: _____

Signature

Parent or Guardian _____

		Please print		Parent / Guardian Sign Out		Time
Monday	Session AM or PM	Amount paid _____	check# _____	Cash <input type="checkbox"/>	_____	_____
Tuesday	Session AM or PM	Amount paid _____	check# _____	Cash <input type="checkbox"/>	_____	_____
Wednesday	Session AM or PM	Amount paid _____	check# _____	Cash <input type="checkbox"/>	_____	_____
Thursday	Session AM or PM	Amount paid _____	check# _____	Cash <input type="checkbox"/>	_____	_____
Friday	Session AM or PM	Amount paid _____	check# _____	Cash <input type="checkbox"/>	_____	_____

❖ Make checks payable to "Town of Barrington".