



DEPARTMENT of RECREATION

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2017 COOL TOTS PROGRAM

Welcome to the 2017 Wilton Parks and Recreation Cool Tots Summer Camp Program. This program will take place at Comstock Community Center. The Director for the Cool Tots Program this summer will be Mary Arbisi. Assisting the director will be 4 counselors. This camp is a half day session designed specifically for children ages 3 to 6. There is limited enrollment for this program.

The schedule of daily activities includes arts and crafts, special events, games, playing on the playground and snack.

During drop-off and pick-up, it is **mandatory** that children be escorted into and out of Comstock Community Center. Children must be signed in and out and will not be released to anyone but a parent or guardian unless **written** permission is given to the Wilton Parks and Recreation Department Staff in advance. It is imperative that these rules are followed for the safety of your children.

DATES OF THE 2017 COOL TOTS PROGRAM ARE AS FOLLOWS:

- SESSION 1: June 26th - June 30th
SESSION 2: July 5th - July 7th
NO CAMP Monday & Tuesday, July 3rd & 4th
SESSION 3: July 10th - July 14th
SESSION 4: July 17th - July 21st
SESSION 5: July 24th - July 28th
SESSION 6: July 31st - August 3rd
SESSION 7: August 7th - August 11th
SESSION 8: August 14th - August 18th

COST AND HOURS:

Meets Monday through Friday: 9:00 AM - 1:00 PM @ \$185.00 per session.
SESSION 2 ONLY = \$111.00 FOR 3 DAYS.

Non-residents please add \$10.00 per participant per session

2017 COOL TOTS REGISTRATION FORM

Child's Name: _____ Date of Birth: _____ Age: _____
 Mother's Name: _____ Mother's Work or Cell Phone #: _____
 Father's Name: _____ Father's Work or Cell Phone #: _____
 Address: _____ Email: _____
 City (other than Wilton): _____ ZIP: _____
 Home Phone: _____
 Neighbor or Friend's name with phone number if no answer above: _____ Phone: _____
 Doctor's Name: _____ Doctor's Phone Number: _____
 Allergies/ Other Medical Issues: _____

----- **NOTE: ALL INFORMATION ABOUT YOUR CHILD WILL BE HELD IN CONFIDENCE.** -----

Does your child present special needs or a behavioral problem? Explain: _____

Please select and check the appropriate sessions (s) and time(s) (regular camp hours OR extended camp hours) your child will be attending:

SESSION	<u>WEEK OF</u>	<u>TIME</u>	<input type="checkbox"/>	<u>AGES 3-6 Only</u>	<u>Session 2*</u>
				\$185.00	\$111.00
				Per session	
Session 1:	June 26 - June 30	9:00 AM - 1:00 PM	<input type="checkbox"/>		
**Session	July 5 - July 7	9:00 AM - 1:00 PM	<input type="checkbox"/>		
*No Camp		* 111.00 for 3 days			
Session 3:	July 10 - July 14	9:00 AM - 1:00 PM	<input type="checkbox"/>		
Session 4:	July 17 - July 21	9:00 AM - 1:00 PM	<input type="checkbox"/>		
Session 5:	July 24 - July 28	9:00 AM - 1:00 PM	<input type="checkbox"/>		
Session 6:	July 31 - August 4	9:00 AM - 1:00 PM	<input type="checkbox"/>		
Session 7:	August 7 - Aug 11	9:00 AM - 1:00 PM	<input type="checkbox"/>		
Session 8:	August 14 - Aug 18	9:00 AM - 1:00 PM	<input type="checkbox"/>		

PLEASE SIGN AFTER READING THE FOLLOWING

I understand that there are inherent risks and dangers in any and all activities including the one(s) for which I have registered for myself and/or my child/ward. I also understand that there is a heightened risk and danger for myself and/or my child/ward and others by participating in the prescribed activity. Nevertheless, I agree to defend and hold harmless and to indemnify the Town of Wilton, the Wilton Parks and Recreation Department, its members, agents, officers, and employees and any person there within from any and all claims, actions, demands, damages, costs, and loss of services, expenses, including but not limited to attorney fees, and compensation on account of, or in any way growing out of, or arising from, my and/or my child/ward's participation in the designated activities, including but not limited to, negligence claims for bodily injury, sickness, disease or death or property damage of any kind, against any and all of the aforementioned parties, whether or not such, claim, demand, damage, cost, loss or expense is caused in part by a party indemnified hereunder. The execution of this Release is done with my full knowledge and appreciation of the act and its ramifications and is free from coercion of any kind by the Town of Wilton, the Wilton Parks and Recreation Department, their members, agents, officers, and employees. I represent that I have carefully read and understand this Release and that I have entered into this Release knowingly and voluntarily after having had an opportunity to consult with my legal advisors, which I am encouraged to do by the Town of Wilton. I further understand that I am waiving substantial rights by signing this release. I further understand that I and or my child/ward may be photo-graphed for the purpose of promotion or advertising in future brochures, newspapers, newsletters, or in the Town of Wilton website. By signing this release, I am also giving permission to the Town of Wilton to use the photos of me and/or my child/ward for any of the aforesaid purposes.

Non-Residents add \$10 per session.

Signature of Parent or Guardian: _____ Date: _____