

# HOLIDAY PROGRAMS: 2023-2024

**PARTICIPANT TYPE:**

■ **REC Member \$25**

■ **Non-Member \$30**

■ **School's Out Participant \$15**

**We must have a minimum of 10 participants to hold each program. Your child must be signed up and paid for 5 days prior to each Program.  
Payable by cash, check or credit/ debit card only (no Rec membership draft)**

<b>TEACHER INSTITUTE</b> _____ Mon, Aug. 14      Total \$ _____ <b>TEACHER WORKSHOP</b> _____ Fri, Oct. 6      Total \$ _____ <b>COLUMBUS DAY</b> _____ Mon, Oct. 9      Total \$ _____ <b>NO SCHOOL</b> _____ Fri, Oct. 27      Total \$ _____ <b>ELECTION DAY</b> _____ Tue, Nov. 7      Total \$ _____ <b>VETERAN'S DAY</b> _____ Mon, Nov. 10      Total \$ _____	<b>FALL BREAK</b> _____ Wed, Nov. 22      Total \$ _____  <b>CHRISTMAS BREAK</b> _____ Thurs, Dec. 21      _____ Mon, Dec. 25 _____ Fri, Dec. 22      _____ Tues, Dec. 26 _____ Wed, Dec. 27      _____ Thurs, Dec. 28 _____ Fri, Dec. 29      _____ Mon, Jan. 1 _____ Tues, Jan 2      _____ Tues, Jan 2 Total \$ _____	<b>SPRING BREAK</b> _____ Mon, Mar. 25 _____ Tues, Mar. 26 _____ Wed, Mar. 27 _____ Thurs, Mar. 28 _____ Fri, Mar. 29 Total \$ _____  <b>SPRING BREAK</b> _____ Mon, May 20      Total \$ _____ <b>LAST DAYS PRIOR TO CAMP</b> _____ Tues, May 21      _____ Thurs, May 23 _____ Wed, May 22      _____ Fri, May 24 Total \$ _____
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Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Best Contact Number: \_\_\_\_\_

**Days Attended:** \_\_\_\_\_

**Total \$** \_\_\_\_\_

**Permission and Release of Liability:**

In consideration of my child's participation in the activities of the REC, I do hereby agree to hold free from any and all liability, the REC and its respective officers, employees, and members and do hereby for myself, my heirs, executors and administrators waive, release and forever discharge any and all rights and claims for damages which I may have or which may hereafter accrue to me arising out of or connected with my child's participation in any of the activities of The Rec.

\_\_\_\_\_  
Parent /Legal Guardian Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

Will anyone besides yourself be picking up your child? Yes \_\_\_ No \_\_\_

If yes, who? \_\_\_\_\_

Name

Emergency Contact: \_\_\_\_\_

Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Phone

