



**WYFSS**

**2009-2010 Toddler Time  
& Caterpillar Club Registration**



Child's Name:

\_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Add. Child's Name:

\_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_

Street Address:

Home \_\_\_\_\_ Alt. \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Phone :(\_\_\_\_\_) \_\_\_\_\_

Parent/Guardian

Name(s): \_\_\_\_\_

**Please register my child for: (please check all that apply)**

\_\_\_\_\_ **Music and Movement Classes (Tuesdays)**

- \_\_\_\_\_ Fall Session Cost: \$40.00 per session
- \_\_\_\_\_ Winter Session Cost: \$40.00 per session
- \_\_\_\_\_ Spring Session Cost: \$ 40.00 per session

\_\_\_\_\_ **Pre-School Activity Classes (Fridays)**

- \_\_\_\_\_ Fall Session Cost: \$40.00 per session
- \_\_\_\_\_ Winter Session Cost: \$40.00 per session
- \_\_\_\_\_ Spring Session Cost: \$40.00 per session

\_\_\_\_\_ **Caterpillar Club (Thursdays)**

- \_\_\_\_\_ Fall Session No fee
- \_\_\_\_\_ Winter Session No fee
- \_\_\_\_\_ Spring Session No fee

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## Payment Options for Toddler Time Program(s)



\*You may pay by class (\$5.00 per class), by single session (\$40.00 per session), or for multiple sessions at once.

- **Check(s):** Mail to: WYFSS, 40 Old Farms Rd, Willington, CT 06279  
OR remit payment to instructor at the beginning of session.
- **Cash:** Please never send cash through the mail. Remit payment to instructor.

**Refund Policy:** There are no refunds except for medical reasons, upon receipt of a physician's note.

# Release, Waiver and Assumption of Liability And Consent for Medical Treatment



I, the undersigned, by registering my child to attend Toddler Time and/or Caterpillar Club understand the nature and risks associated with the participation in this activity.

I hereby grant my child permission to participate. I am aware that participation is at one's own risk.

I acknowledge that the activity, equipment and facilities may pose a risk of personal injury. I am also aware that each participant is responsible for his or her own safety.

I hereby waive and release myself, my heirs, executors or administrators of any and all claims and damage we ever had or now have, against the Town of Willington, its successors and assigns, employees, agents and representative for any and all kinds of injury, including but not limited to personal injury and/or property damage suffered by my child, myself, family members or friends while participating in this program.

Consent for Medical Treatment of Minors, as the parent or legal guardian of the above named player, I hereby give consent for emergency medical care prescribed by a fully licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

I certify that the information contained on this form is accurate and complete.

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

\_\_\_\_\_  
Date

## Emergency/Medical information

In case of emergency contact (other than parent)

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Home Phone :(\_\_\_\_\_) \_\_\_\_\_ Alt. Phone (\_\_\_\_\_) \_\_\_\_\_

**Physicians Name:** \_\_\_\_\_

Office Phone: (\_\_\_\_\_) \_\_\_\_\_

**Allergies, Medical Conditions & other Information you think we should be aware of:**

\_\_\_\_\_  
\_\_\_\_\_