

Check # _____

BOROUGH OF MORRIS PLAINS RECREATION REGISTRATION FORM "KIDS HELPING KIDS" Fall 2016 PROGRAMS

Student Name: _____ School _____ Grade _____ Age _____

Address _____

Home Phone _____ Parent Cell Phone _____ E-Mail _____

**** DATED MEDICAL FORM MUST BE ATTACHED WITH REGISTRATION*****

Program/Dates/Instructor	Time/Ages	Location	EB/Fee Before 11/8/16	Fee After 11/8/16	Total
The Magic of Reading - Tues. only Ms. VanBuskirk & Mrs. Bono Nov 15, 19, Dec 6 & 8	3:30-4:15PM Grades: K-4	Mt. Way School Library	\$50.00	\$60.00	\$ _____
The Magic of Reading - Thurs only Ms. VanBuskirk & Mrs. Bono Nov 17, Dec 1, 8, & 15	3:30-4:15PM Grades: K-4	Mt. Way School Library	\$50.00	\$60.00	\$ _____
The Magic of Reading Tues & Thurs Ms. VanBuskirk & Mrs. Bono Nov 15, 17, 29, Dec 1, 6, 8, 13, 15	3:30-4:15PM Grades: K-4	Mt. Way School Library	\$100.00	\$120.00	\$ _____

Please make checks payable to: Borough of Morris Plains	Total	\$ _____
We may contact you to switch times to even out the sessions. If you can't switch times, check here _____		

All programs are on a first come, first serve basis. Waiting lists will be created if necessary. Refunds will only be issued if you cancel 14 days prior to the start date of a program. All programs are subject to cancellation by the MP Recreation Commission if minimum participation levels are not met. Registered participants will be notified 7 days prior to the start of a program if cancellation is necessary and fees will be refunded. To receive a refund, a voucher must be completed at the MP Community Center (regular business hours are Mon-Thurs 9 am – 4 pm). By completing this form, your e-mail address is placed on a list with your permission to receive important "Kids Helping Kids" class information only.

PHOTO RELEASE: I give Morris Plains Recreation permission to print my child's photo _____, Name in conjunction with photo _____, Please do not publish my child's name or photo _____.

I hereby release any claims I may have for myself and/or my child (ward) against the Borough of Morris Plains, its employees and volunteers for any injury that may occur during this activity.

Signature _____ Date _____

**To register, please return to the Morris Plains Community Center
along with a completed medical form which can be found on last page or at www.morrisplainsboro.org
Registrations without a medical form are not complete and do not ensure enrollment in a class.
Do NOT Return Registration Forms to School.**

Kids Helping Kids... There is no better way!