

# FEBRUARY 2016 SCHOOL'S OUT REGISTRATION FORM

**BARRINGTON MIDDLE SCHOOL**  
Ages 5 –12

**SCHOOL'S OUT**

**February 16-19, 2016**

**Mornings: 9:30 AM\* – 12:00 PM**

\*Doors open at 9:15

**Afternoons: 12:30 PM - 3:00 PM**



*Children should bring a peanut/nut free lunch/snack/drink.  
Supervised lunch is from 12:00-12:30pm*

A Town of Barrington Recreation Department Program  
247-1900 x381 recreation@barrington.ri.gov

Child's Name : \_\_\_\_\_  Boy  Girl Age: \_\_\_\_\_

Allergies/Medical Conditions/Medication: \_\_\_\_\_

Child's Name : \_\_\_\_\_  Boy  Girl Age: \_\_\_\_\_

Allergies/Medical Conditions/Medication: \_\_\_\_\_

Child's Name : \_\_\_\_\_  Boy  Girl Age: \_\_\_\_\_

Allergies/Medical Conditions/Medication: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Cell: \_\_\_\_\_

*(In the event of an emergency, please call the Town Clerk's Office at 401-247-1900 x4, to inform of any early pickups, etc)*

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Authorized Pick Up Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Authorized Pick Up Name: \_\_\_\_\_ Cell: \_\_\_\_\_

*Initial one:*

\_\_\_\_\_ **Yes, I give permission for my child to be photographed**

\_\_\_\_\_ **No, I DO NOT give my permission for my child to be photographed**

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 2016 February 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.

Signature (Parent/Guardian)

Parent or Guardian:

(Please print)

Please make checks payable to The Town of Barrington. Bring this registration form to Barrington Middle School when you drop off your child.

**\$6 PER SESSION PER CHILD**  
Check all sessions that apply

Tuesday, Feb 16	Wednesday, Feb 17	Thursday, Feb 18	Friday, Feb 19
9:30 – 12:00 Session 1 _____ 12:30 – 3:00 Session 2 _____ <b>\$6 for each session checked</b> Total: _____	9:30 – 12:00 Session 3 _____ 12:30 – 3:00 Session 4 _____ <b>\$6 for each session checked</b> Total: _____	9:30 – 12:00 Session 5 _____ 12:30 – 3:00 Session 6 _____ <b>\$6 for each session checked</b> Total: _____	9:30 – 12:00 Session 7 _____ 12:30 – 3:00 Session 8 _____ <b>\$6 for each session checked</b> Total: _____

**For official use only:**

Tuesday, Feb 16	Wednesday, Feb 17	Thursday, Feb 18	Friday, Feb 19
Cash _____ Check# _____ Amount _____			

Payment for more than one child – Name(s): \_\_\_\_\_

Additional notes: \_\_\_\_\_