

# ESSEX EXTENDED SCHOOL PROGRAM

## Essex Parks and Recreation Department

81 Main Street, Essex Junction, VT 05453

P: (802) 878-1342 F: (802) 857-0095

Visit us online at [www.essexparksandrec.org](http://www.essexparksandrec.org)

"Like" us on [Facebook.com/essexrec](https://www.facebook.com/essexrec)

Contact us at [recmail@essex.org](mailto:recmail@essex.org)

**Registration Deadline:**  
Wednesday, November 30

**One form per child**

CHILD'S NAME: \_\_\_\_\_ GENDER: M / F (circle)

HOME ADDRESS: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_ D.O.B.: \_\_\_/\_\_\_/\_\_\_ TEACHER: \_\_\_\_\_

PARENT/GUARDIAN #1: \_\_\_\_\_ EMAIL: \_\_\_\_\_

HOME: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ WORK: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ CELL: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

PARENT/GUARDIAN #2: \_\_\_\_\_ EMAIL: \_\_\_\_\_

HOME: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ WORK: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ CELL: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

HOME: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ WORK: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ CELL: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

(Email addresses are used for program information & reminders. They will not be sold or given to any 3rd parties for advertising.)

Please list any medical conditions, allergies, behavioral traits, or physical limitations/restrictions we should be aware of:

Will your child be attending the YMCA after the ESP Program? (Please circle one): YES / NO

CLASS NAME	CLASS NUMBER	SHOE SIZE (Applicable Programs ONLY)	COST
EXAMPLE: Woodworking	124059		\$120.00

**DO NOT SEND REGISTRATION FORM TO EES OR FMS**

**TOTAL FEES \$** \_\_\_\_\_

**WAIVER:** I am fully aware of the risk inherent and hereby give consent for the above applicant(s) to participate in the program(s) and hereby release the Town of Essex, any of its elected or appointed officials, instructors or volunteers from any and all liability from injuries, claims, demands, costs, loss of services, expenses and/or damages which may be sustained by me or us or our minor children on account of his or her participation in said program. The Town of Essex Parks and Recreation Department will provide reasonable accommodations to ensure that all of its programs are accessible to qualified individuals with disabilities who wish to participate. I understand that it is my responsibility to notify the Department of any disability that requires such accommodation, and if I do not, that I will hold the Town harmless from any injury or damages that may result from my failure to do so.

**CONSENT:** I hereby consent to and authorize the Town of Essex Parks and Recreation Department the rights to publish, reproduce, and use for advertising or any other purpose, any photograph, video image, audio recording or other likeness of my child.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

RETURN WITH PAYMENT TO: Essex Parks and Recreation  
Essex Extended School Program  
81 Main Street, Essex Junction, VT 05452

**Please make checks payable to:**  
**TOWN OF ESSEX**

**OFFICE USE ONLY**

Cash \_\_\_\_\_ Check# \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ Deposited Amt. \_\_\_\_\_ By \_\_\_\_\_ Computer \_\_\_\_\_