

Weston Parks & Recreation Department  
Mail Address: P.O. Box 1184 Tel. 222-2655  
NEW LOCATION: CORNER OF RT. 57 & NORFIELD RD. (JARVIS HOUSE)

**THE GAME GALLERY FOR KINDERGARTNERS**  
**"IT'S THE GREATEST GAME IN TOWN!"**

Now in its 14th year in Weston, Charlene Monn teaches this very popular after school program. Game Gallery is designed and dedicated to offer students an enriching and positive time in a social environment. Each class begins with group instruction of a selected game and is followed by supervised "free play." Game choices include, among others, such classics as Monopoly Jr., Chess, Checkers, Bingo, Battleship, Scrabble Jr., Guess Who, Boggle Jr., Sorry, Uno and Trouble, coupled with card games and group activities.

**ELIGIBILITY:** All Weston boys and girls in Kindergarten in September 2007.

**\*\*NEW REGISTRATION:** Begins Tuesday, March 18<sup>th</sup> from 2:00 p.m. – 6:00 p.m. in the new Recreation office location. Mailed registrations will be accepted beginning Wednesday, March 19<sup>th</sup> if space allows. Please make all payments by check only made out to "Town of Weston." **NO REFUNDS. Limited Space!** You may register your child and one other child only. **DO NOT** send through the school!

**DAYS/DATES:** Monday: April 21, 28, May 5, 12, 19, June 2 & 9  
Thursday: April 24, May 1, 15, 22, 29, June 5 & 12

**LOCATION:** South House Cafeteria

**FEE:** Monday or Thursday: \$98.00 for seven weeks

**TIME:** 1:30 p.m. – 2:30 p.m. PICK UP PROMPTLY AT 2:30 IN THE CLASSROOM

**INSTRUCTOR:** Charlene Monn

**\*\*PLEASE SEND A SNACK IN YOUR CHILD'S BACKPACK**

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**GAME GALLERY – KINDERGARTEN** DAY \_\_\_\_\_  
**SPRING - 2008**

Name \_\_\_\_\_ Home phone \_\_\_\_\_ cell # \_\_\_\_\_

Address \_\_\_\_\_ Teacher's name \_\_\_\_\_

Dr.'s name & phone \_\_\_\_\_ LOCAL emergency name & phone  
number \_\_\_\_\_ Any physical or other problems instructor

should be aware of? \_\_\_\_\_ I/We

agree to hold harmless the Town of Weston, its employees or agents for any accident or injury or other claim or loss or damage incurred by my child while participating in the Game Gallery program.

Parent's signature \_\_\_\_\_

Date \_\_\_\_\_

Email Address \_\_\_\_\_