

WESTON PARKS & RECREATION DEPT.
Mail: P.O. Box 1184 Tel. 222-2655
LOCATION: 47 NORFIELD RD. (CORNER OF RT. 57 & NORFIELD RD.)

SOARING EAGLE P.M. 1:00 - 3:00 - AFTERNOON PROGRAM

ELIGIBILITY: Boys and girls currently in Kindergarten through grade 2.

DATES: Tuesday, June 28th through Friday, July 29th, 2011 (5 weeks). No camp on Monday, July 4th or Tuesday, July 5th.

TIMES: 1:00 p.m. – 3:00 p.m. Monday – Friday.

LOCATION: Please drop off and pick up in the front of Weston High School.

ACTIVITIES: Soaring Eagle P.M. program will offer a variety of fun activities for girls and boys. Some of our daily activities will include: Lego building, window painting, face painting, cooking, indoor and outdoor games, science experiments, swimming at Bisceglie pond and water play.

STAFF: Long time Soaring Eagle Director, Carol Ireland and staff. Any questions, call Carol at 846-1121 or email at cli121651@aol.com.

EQUIPMENT: Every day campers should bring an afternoon snack, cold beverage, bathing suit and towel. Comfortable clothing and sneakers should be worn.

FEE: \$450.00, check payable to “Town of Weston”. You must pay in full when registering.

REGISTRATION: Begins on Saturday, May 7th at 9:00 a.m. – 11:00 a.m. in the Recreation office location (see above) for the full five weeks. You may register your child plus one other. Please **do not send forms/checks through teachers or school.** All sign-ups must include a check for the full amount and the form below completely filled in. Please note the various dates above and if you have any questions regarding the registration procedure call the Recreation office. Carol will be at the registration to answer any questions you may have. If we do not get a minimum of 10 campers registered by May 13th we will cancel this program and send your check back to you.

CHECKS MADE PAYABLE TO: “Town of Weston”
SOARING EAGLE P.M. AFTERNOON PROGRAM - REGISTRATION FORM 2011

Child's Name _____ Gr. in Sept. '11 _____ M/F _____

Address _____ Home phone _____

Cell phone _____ work phone _____

Doctor's name & phone # _____ Local emg. name & phone _____

_____ Any physical or other problems director/counselors should be aware of? _____

I/We agree to hold harmless the Town of Weston, its agents and employees for any and all accidents, or injury or other claim, loss or damage incurred by my child while participating in the Soaring Eagle Day Camp.

Parent signature _____ Date _____