

# Summer Program Registration

Grades: Students entering JK/K- 6th grade in the Fall of 2024 (ages 5- 12)

Kindergarteners– Must have been in JK/K for 1 full year in all-day school setting before enrolling for Summer Program

Time: 7:00 am - 5:30 pm

Where: Drop off at The Community Center – Pick up at The Community Center

Student Name		Age	Date of Birth	Grade
Parent/Guardian Name	Work Phone	Cell Phone	Email	
<b>Address:</b>				
<b>*Please "Highlight" best number to contact*</b>				
Emergency Contact/Authorized to Check Out		Phone Number	Relationship	

Any allergies/medications/special accommodations that are needed for your child:

NO / YES Specify: \_\_\_\_\_

Doctor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

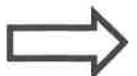
Sessions	Member	Non-Member
Prorated Price- May 28th– 31st	\$90	\$105
June 3rd– June 28th *Session 1*	\$405	\$455
July 1st– July 31st *Session 2*	\$405	\$455
August 1st– August 9th *Session 3*	\$200	\$250
Weekly Charge	\$175	\$225

\*Entire Summer Annual Payment is accepted. May payment will be prorated.\* **\*Please "CIRCLE" the session(s) you plan to attend\***

**\*Registration Closes on Friday, May 3rd, 2024\***

**Return form with payment to the Community Center no later than Friday, May 3rd, 2024**

Mail to: Community Center, 820 N Washington Ave., Madison, SD 57042



## RELEASE FORMS

I understand, consent, and agree The Community Center, Madison Aquatic Center, MASCP, DSU, or City of Madison or any contributor or supervisor connected with this program SHALL NOT, be held responsible for any accident, injury, or loss of personal property during my child's participation. I understand that I must furnish my own Health, Accident, or Hospitalization Insurance if I want such coverage.

### Emergency Medical Release:

If emergency medical care is deemed necessary and I cannot be contacted, I authorize the staff to act in my behalf in granting permission for my child to receive emergency treatment. I as the parent/guardian, take full responsibility for the payment of any and all present payment and future medical expenses. I agree to waive and relinquish all claims my minor child/ward or I may have (or accrue to me or my child/ward) as a result of participating in this program/activity against the Madison Community Center, City of Madison and State of South Dakota including its officials, agents, volunteers and employees. By signing this document, I agree to be bound by all conditions of the application.

### Transportation Release:

We will give you advance notice of all field trips. Please sign this form so that your child is able to attend field trips. My child has my permission to go on field trips that are in town and out of town. I am fully aware that the staff is providing transportation.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Summer Planned Events (Dates/Times – TBA)



#### Watertown Zoo/The Redlin Art Center

- Walk through the zoo, and engage in interactive activities with a Zoo Keeper and a variety of animals.



- Eat lunch at The Redlin Art Center. Watch a video about Terry Redlin and play a game of Gallery Bingo. The children will work as a team to locate pictures from their bingo cards to the images in the paintings.



#### Lake Herman State Park

- Go on an adventure/scavenger hunt around the state park. The kids will also learn about the outdoors and go exploring for an afternoon.



#### Washington Pavillion

- Interact and play within the 100+ exhibits in the Kirby Science Center.
- Take a guided tour through the Visual Arts Center.

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Questions: Contact Kaylee Winrow at (605)- 427- 4403 or Email: [Kaylee.Winrow@cityofmadisonsd.com](mailto:Kaylee.Winrow@cityofmadisonsd.com)