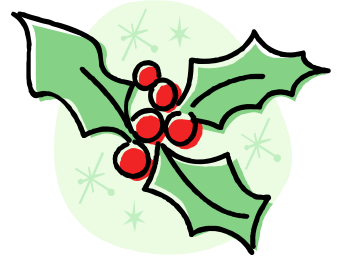


# Holiday Workshop



Kindergarten – 3<sup>rd</sup> grades  
Saturday, December 4, 2010  
9:00 – 11:30 AM

Community Center, 289 South Maple Avenue

The annual Holiday Workshop promises children loads of holiday fun and offers parents the perfect opportunity to run to the mall for those last-minute gifts! Workshop activities include “Holiday Magic” (a holiday magic show that includes puppets, music and audience participation) a winter craft, cupcake decorating, and snowman games!

You must be a resident and registered with the Recreation Department prior to attending the program. Resident registration will begin November 8<sup>th</sup>. Registration is limited to 25 children. To register, complete the form below and deliver it with a new, wrapped and labeled gift for a child to:

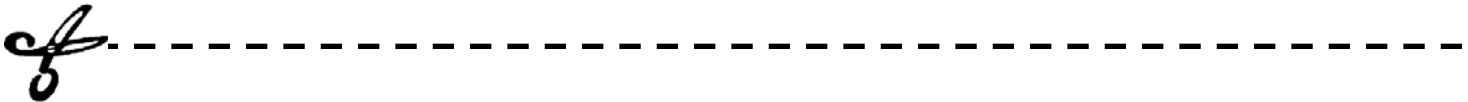
Bernards Township Recreation  
1 Collyer Lane  
Basking Ridge, NJ 07920



**\*Note:** Gifts will be gratefully collected, even from those not registering for the program. Gifts will be distributed to those who need some extra holiday cheer.

Recreation program schedule subject to change.

*Bernards Township Department of Parks, Recreation & Community Pool*  
908-204-3003 [www.bernards.org](http://www.bernards.org)



## HOLIDAY WORKSHOP 2010

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Male or Female: \_\_\_\_\_  
Address: \_\_\_\_\_  
Town: \_\_\_\_\_ Zip: \_\_\_\_\_  
Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_ School child attends: \_\_\_\_\_

	Father/Guardian	Mother/Guardian
<b>Name</b>		
<b>Home Phone #</b>		
<b>Work Phone #</b>		
<b>Cell Phone #</b>		
<b>Email</b>		

Please provide information for an emergency contact (other than parent) We will always attempt to contact the parent/guardian first.

	Emergency Contact	Medical, physical, behavioral, or mental health conditions we should be aware of:
<b>Name</b>		
<b>Home Phone #</b>		
<b>Cell Phone #</b>		

I hereby give permission for my child to participate in this program and give permission to provide emergency care as necessary for the well being of my child until such time as I may be contacted. I give permission for those individuals listed on this form to pick-up/release my child from the program. I agree that the Bernards Township Recreation Department shall not be held liable in the event of accident or injury resulting from participation in this activity. I grant the Bernards Township Recreation Department the right to use any and all photographs of myself or my child participating in a Department sponsored activity for future media promotion. I certify that I have read and understand the Recreation Department’s registration, refund, youth sports and volunteer coach/coordinator policies.

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