



# HOLIDAY GINGER BREAD HOUSES

Sponsored by Durham Recreation 860-343-6724

P.O. BOX 428

DURHAM CT. 06422

Mail registration in by December 12<sup>th</sup> 2011

Come and join Sue Cummings in making Ginger Bread Houses

For grades 4-7

2 sessions will be offered

Classes will be held at the Durham Activity Center

Saturday December 17<sup>th</sup>

Limited enrollment per session



PLEASE PRINT STUDENT'S INFORMATION

STUDENT'S NAME

LASTNAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

\_\_\_\_\_ Entering Grade \_\_\_\_\_

**FEE: \$10.00** (Make check out to Durham Recreation)    AMOUNT OF CHECK \_\_\_\_\_ CHECK # \_\_\_\_\_

(Session 1) 10:00am-12:00 \_\_\_\_\_

(Session 2) 1:00pm-3:00pm \_\_\_\_\_

CELL # \_\_\_\_\_

E-Mail \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_

PHONE# \_\_\_\_\_

Please list any medical problems concerning your Child/Student, including allergies or medications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby give permission for the above Student to participate in the Durham Recreation Youth Program. Sponsored by the Durham Recreation Department. I certify that he/she is in good health. I have listed above any allergies, conditions and or medications that the program personnel should be aware. I further authorize the Durham Recreation staff to act for me according to their best judgment in any emergency requiring medical attention in the event that I cannot be located. In case of injury I understand that I am responsible for all financial liabilities.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_