Funland Preschool Play Program

Join us for an afternoon full of play! Our Funland staff will lead age-appropriate games, crafts, songs, stories, and other activities to foster socialization, imagination, creativity, and learning, and work on important skills such as counting, reading, fine motor skills, and more.

Location: Thomas Jefferson Elementary School, 250 Athens Blvd

(please park in lot on Oakvale and enter door 3)

Ages: 3-5 years; MUST be potty trained and independent in the bathroom.



September 15, 2021-June 10, 2022

Mondays, Wednesdays & Fridays, 12:00 PM—2:30 PM

Fall Session: September 15-December 22 - \$616 for residents; \$701 for non-residents for 40-class session **Winter Session:** January 3-March 16 - \$431 for residents; \$490 for non-residents for 28-class session **Spring Session:** March 21-June 10 - \$461 for residents; \$525 for non-residents for 30-class session

Tuesdays & Thursdays, 12:00 PM - 2:30 PM

Fall Session: September 16-December 23 - \$400 for residents; \$455 for non-residents for 26-class session **Winter Session:** January 4-March 17 - \$308 for residents; \$350 for non-residents for 20-class session **Spring Session:** March 22-June 9 - \$338 for residents; \$385 for non-residents for 22-class session

No class on Ken-Ton School District holidays or snow days. 8 students needed to run each session. We cannot offer refunds or prorated fees based on non-attendance) and attend only on your registered patterned days (ie. Cannot attend Mondays, Wednesdays, and Thursdays)





FUNLAND REGISTRATION FORM

Online Registration: www.ttypr.com Walk-in Registration: YPR Department, 299 Decatur Road, 001-1001
Registration Dates: Registration opens for all sessions beginning May 24, 2021. Registration closes August 13 for Fall Session; December 3 for Winter Session; February 18 for Spring Session.

Adult Reg	istrant or Paren	nt/Guardian	Name		Primary Phone #					
Address				City	Zip Code					
Check	in box if your a	address has	s changed in the last yea	ır. Emergency Contac	t Name & #					
E-mail Ad	dress			Please be sure to fil	ll out our online pre-registratio	n form as well!				
Session	Activity # - section	Program Days	Dates	Participant's First Name	Participant's Last Name	Date of Birth	M/F Circle	Fee	# Classes	
Fall	516041-A1	MWF	Sept 15-Dec 22 (No class 10/11, 11/24, 11/26)				M F	\$616 / \$701	40	
Fall	516041-A2	TR	Sept 16-Dec 23 (No class 11/2, 11/11, 11/25)				M F	\$400 / \$455	26	
Winter	516041-B1	MWF	Jan 3-Mar 16 (<i>No class 1/17, 2/21,</i> <i>2/23, 2/25</i>)				M F	\$431 / \$490	28	
Winter	516041-B2	TR	Jan 4-Mar 17 (No class 2/22, 2/24)				M F	\$308 / \$350	20	
Spring	516041-C1	MWF	Mar 21-Jun 10 (No class 4/11, 4/13, 4/15, 4/18, 5/27, 5/30)				M F	\$461 / \$525	30	
Spring	516041-C2	TR	Mar 22-Jun 9 (No class 4/12, 4/14)				M F	\$338 / \$385	22	
he undersign onawanda (vent, the und . RELEASE	'Town") whether oc ersigned, his/her pe DISCHARGE AND	s and is granted ocurring on its ersonal represed OCOVENANT	d permission to participate in c premises or elsewhere. In con entatives, heirs and/or assigns NOT TO SUE the Town, its Bo	oard, Officers, Employees and/or A	events sponsored by the Town of uch class, activity, program or gents from any and all claims for pe hold harmless the Town from any c	rsonal injury or prop	erty damage	, except those resu	ulting from the	

participation in the described activity.

2. UNDERSTAND that participation in the described activity involves danger and risk of injury. The inherent danger is understood and voluntarily assumed.

3 ACKNOWLEDGE that the undersigned is aware of equipment and safety regulations and will comply with each regulation ASSUMING ALL RISK for himself/herself and all liability to others for failure to do so. No oral representations or inducements have been made prior to signing this agreement. If any portion of this agreement is held invalid, it is agreed that the balance thereof shall continue in full legal force and effect.

I HAVE READ THIS DOCUMENT AND UNDERSTAND THAT IT IS A RELEASE OF CLAIMS ON THE CONDITIONS SET FORTH ABOVE. I UNDERSTAND AND ASSUME ALL RISKS INHERENT IN THIS ACTIVITY ON BEHALF OF MYSELF OR IN MY CAPACITY AS LEGAL GUARDIAN FOR THE PARTICIPANT BELOW.

understand that my child must be potty trained and independent in		Office Use Only:					
program. While accidents may happen, chronic accidents may resu	it in removal from the program.	Date:	Initials: Proof	Facility	Res		
Authorized Signature	Date	_		□ VISA □ Discover e mail or over the phone	□ Other at any location!		