



WPC Special Full-Day Program

Monday, March 25, 2019

Maple Sugaring & Movie



On Monday, March 25, 2019, WPC will be offering a special full-day program open to all **K-5 students** to accommodate Conferences. We will spend the morning at Moose Hill Wildlife Sanctuary in Sharon, MA, learning the tradition and process of maple sugaring and we will even get to sample! We will then head to O'Neil Cinema in Littleton, MA for an afternoon movie!

Time: Drop Off (7:00-9:00 a.m.) & Pick Up (5:00-5:45 p.m.),

Location: the OLD Recreation Office 22 Town Farm Road, Millworks Building.

Fee: \$85 for WPC participants; \$95 for nonparticipants,
(No credits/refunds if child does not attend as scheduled **including illness**)
10% sibling discount applies for the 2nd and each successive sibling

How to Register: Completed Registration forms can be dropped off at the Recreation Office 65 Main Street, faxed to (978) 392-4471, or emailed to wpc_recreation@westfordma.gov.

What to bring: Please send your child with a lunch, snacks, and beverages.

****Registration forms must be submitted by March 20th. Late forms will incur a \$25 late fee.****
Special Program space is limited.

EpiPen® and/or inhaler must be supplied if needed.

March 25, 2019 Special Program

(Please fill out ALL information – ONE FORM PER CHILD)

Mail to or drop off at 65 Main Street, or email or fax (see above).

Child's Name: _____ DOB: _____ M/F: _____ Grade: _____ School: _____

Address: _____

Parent/Guardian Name: _____ Relationship to Child: _____

Cell #: _____ Work #: _____ Home #: _____

Parent/Guardian Name: _____ Relationship to Child: _____

Cell #: _____ Work #: _____ Home #: _____

Best # to Reach: _____ **Name at this #:** _____

Alternate Emergency Contact: _____ Relationship to Child: _____

Alt Emer. Cell #: _____ Work #: _____ Home #: _____

Allergies/Special Concerns: _____

_____ **EpiPen®?** Y____N____ **Inhaler?** Y____N____

Participation in the WPC program(s) may involve some risk of personal injury. I hereby release and covenant to hold harmless the Recreation Dept., its agents and employees, from any and all actions, claims and damages for personal injuries that my child(ren) may have sustained and/or may have incurred as a result of participation in the program(s) for the 2018-2019 school year.

Parent/Guardian Signature: _____ **Date:** _____

METHOD OF PAYMENT

Check: Payable to "Town of Westford" Ck# _____ Card on File _____