



In partnership with Borough of Carteret Recreation Department

Type of Event: After School Program (4 weeks)

Location: Thomas J. Deverin Community Center, 100 Cooke Avenue, Carteret, NJ 07008

Borough of Carteret Phone #: 732-541-3890

Contact: Taqualla Lowman (Borough of Carteret Office)

Email: lowmant@carteret.net

DURATION:

The Bricks 4 Kidz® hour long After School Program will be held on:

- Wednesday, April 15th, 2015 from 3:30-4:30pm
- Wednesday, April 22nd, 2015 from 3:30-4:30pm
- Wednesday, April 29th, 2015 from 3:30-4:30pm
- Wednesday, May 6th, 2015 from 3:30-4:30pm

DESCRIPTION OF EVENT:

- Registration will be handled through the Borough of Carteret website (www.carteret.net). There is a minimum of 5 students required to run the class and a maximum of 20 students. We can run 2 classes at a time, if needed.
- Bricks 4 Kidz® will conduct 4 After School Classes on Wednesday April 15th – May 6th at Thomas J. Deverin Community Center for Grades K-5th. The Bricks 4 Kidz® Instructor, will arrive at 3:20pm with all of the materials for class. Bricks4 Kidz® will handle dismissal of students at 4:30pm. Parents must show photo ID and sign their child out.
- In each hour-long lesson, students will participate in a discussion based on the model of the day, work with a partner to build the Bricks 4 Kidz® model of the day, and summarize what they learned.
- Students that are registered for the 4-week program will receive a custom made mini-figure on the last day May 6th.
- PHOTO RELEASE: Bricks 4 Kidz® will take pictures of the children building models and post it on the Bricks 4 Kidz® website. Please let us know if that is a problem.
- No refunds are given after the first session starts April 15th. However, if the class is cancelled due to low enrollment then 100% refund will be given.

COST/PAYMENT:

- \$13 per student per class
- Parents must register thru the Borough of Carteret website at www.carteret.net or in person at 61 Cooke Ave Health Department.
- Check, Credit Cards, and Cash are accepted.



REGISTRATION FORM

Personal Information

Student Name:

Primary Phone:

Parents Name:

School Name:

Address:

Birthdate:

City:

Email:

Province/State:

Member of the following sites:

Zip Code:



Date:

My child's participation in the class selected is voluntary. I understand that the selected activities may involve accidental injury and hereby voluntarily assume such risks. Knowing these risks, I want my child to participate in this activity. I (on behalf of my child) hereby assume the risk, and hereby waive, release, and discharge Bricks 4 Kidz, its officers, employees, activity instructors and assistants, and all officers and employees of the school or community center sites where said activity will take place, for any and all claims for damages for personal injuries, or claims for damages to property, which my child or my child's heirs, assigns, executors or administrators may have or which may accrue to my child's participation in this activity. I have read the above and understand important legal rights are being waived.

Signature (required) _____ Date: _____

(Optional) I consent to Bricks 4 Kidz's use of any photographs or video recording that are taken of my child while participating in the camp activity for use in Bricks 4 Kidz brochures and program materials that are distributed both as printed document and on the internet. No payment will be made for use of these photographs and/or videos. Your child's name would never be used in connection with these images.

Signature _____ Date: _____

Does the student have any allergies or medical condition? Yes ____ No ____ If yes, describe: _____

Emergency Contact First Name: _____ Emergency Contact Last Name: _____

Emergency Contact Phone Numbers: _____

In the event of an emergency, we will attempt to contact you as well as 911 Paramedics.

Child's Medical Insurer: _____ Child's Medical ID/Insurance Number: _____

I authorize Bricks 4 Kidz. staff to arrange transportation in case of accident or acute illness and to arrange for possible emergency medical and/or surgical care at the hospital listed above. It is understood that an effort will be made to notify me at the above phone numbers. If above such action is taken, and it is impossible to locate me or the above named, the uninsured responsibility and expense of this service will be accepted by me.

Parent Signature _____ Date _____

**The following people are authorized to pick up my child from camp: Name: _____ Phone: _____

Name: _____ Phone: _____ Name: _____ Phone: _____

Name: _____ Phone: _____ Name: _____ Phone: _____