

**THERAPEUTIC RECREATION PROGRAM**  
**WINTER QUARTER**  
**2019**  
**AFTER SCHOOL**  
**January 7 – March 6 (9 Weeks)**  
**FAX 525-1685 Cell phones 547-3267 or 547-1164**  
**Phone # 651-6791/6792 Daffin Park Main Office 351-3841**

Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Address \_\_\_\_\_ Zip Code \_\_\_\_\_  
School \_\_\_\_\_ Teacher (full name) \_\_\_\_\_  
Disability \_\_\_\_\_ Medication(s) \_\_\_\_\_  
Phone Numbers \_\_\_\_\_  
Home Work Cell  
Emergency Contact \_\_\_\_\_  
Name Relationship Number  
E-mail \_\_\_\_\_  
Additional information (likes, dislikes, allergies etc.) \_\_\_\_\_

Please return this form as soon as possible. Confirmation letters will be sent to the above address. Be sure the above information is correct. Inform us of any changes. Please make every effort to pick up, or have your child picked up on time. All pickups will be from the Delaware Center. **PLEASE RETURN BY THE DECEMBER 20, 2018 DEADLINE!!!**

Check enrollment choices (Monday and/or Wednesday)  
**January 21 & February 18 No class/Observed Holidays**

Monday  
3:00 to 6:00  
January 7 – March 4  
**Bowling 3:00 – 4:30pm**  
(AMF Bowling Lanes – 115 Tibet Avenue)  
Free Time **5:00 – 5:45**

Wednesday  
3:00 to 6:00  
January 9 – March 6  
**Exercise Class & Creative Crafts**  
(Delaware Center - 35<sup>th</sup> & Lincoln St.)

(Pick up Delaware Center – 35<sup>th</sup> & Lincoln St.)

**Mondays ONLY** \_\_\_\_\_ **Wednesday s ONLY** \_\_\_\_\_ **Both** \_\_\_\_\_  
Participant pick up from school? \_\_\_\_\_ Wheelchair user? \_\_\_\_\_  
Yes No Yes No

The Therapeutic Recreation Program is sponsored by the City of Savannah and provides recreational activities for both the physically and mentally challenged. Parental pick up will be at Delaware Center by 5:45pm.

*Parental consent: I give my permission for my child, or children to participate in the Parks & Recreation Therapeutic Program. I hereby release the Parks & Recreation Services, City of Savannah and its representatives of any legal obligation in the event of an accident or injury. I will allow my child to be photographed or videotaped for the purpose of communicating the objectives and activities of the Parks & Recreation Department.*

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_