

Name of participant: _____

In order to have a **successful** program for the children we need to have an understanding of requirements of parents and youth. Please read the following information and sign.

- ☞ All children need to return this form to participate in the program.
- ☞ Please return this form along with the \$30.00 fee and remember space is limited, so **register early!** (\$40.00 if mailed after June 1st.)

As a responsible parent/guardian, I agree to the following:

- ☞ To have children to the program at 9:00 a.m. each day, and pick them up promptly at 2:00 p.m. each day. Rain or shine.
- ☞ To inform staff if your child will not be attending one week in advance.
- ☞ To discuss polite and respectful behavior with children to assure a successful program.
- ☞ Provide child's medication to staff.
- ☞ I give permission to have my child consume foods.
- ☞ I give permission to have my child take a field trip(s) on a school bus. (Dates to be determined) (Strawberry picking & Florence Library)

Release of Student

My child may be released to **ONLY** the following people:

Mother/Guardian Phone: _____

Father/Guardian Phone: _____

1. _____ Phone: _____

2. _____ Phone: _____

3. _____ Phone: _____

Signature of parent/guardian Date _____

I agree to obey the Food, Fun & Fitness rules of respect.

Student signature Date _____

Please fill out both sides & return

BEST SUMMER DEAL AROUND!!

Food, Fun & Fitness 2019



LET'S GROW SOME HEROES



**Students
entering
Grades
1st—5th**



Partner Sponsors:

Florence Co. UW-Extension, Florence Co. Schools, NWTC Woodland Aurora, Florence Co. Library, Florence Co. Human Services & Florence Co. Land Conservation
And: Glacial Gardener Master Gardeners Association, St. Vincent DePaul, Florence Health Services, Town of Aurora & USDA Summer Food

Let's Grow Some Heroes with crafts, games, technology, food, gardening and other fun activities!

Free

USDA Breakfast & Lunch

For anyone <18 years old per the USDA Summer Food Program



Location:
Florence Elementary School
Mondays and Wednesdays
rain or shine:
9:00 a.m. to 2:00 p.m.
June 17 & 19
June 24 & 26
July 8 & 10
July 15 & 17
NO PROGRAM ON
July 1st & July 3rd!!!

Activities co-lead by:
Adults and High School Youth

Location:
NWTC Woodland Aurora
Tuesdays and Thursdays,
rain or shine:
9:00 a.m. to 2:00 p.m.
June 18 & 20
June 25 & 27
July 9 & 11
July 16 & 18
NO PROGRAM ON
July 2nd & July 4th!!!

\$30.00 materials fee
If mailed before June 1st.
\$40.00 after June 1st.

Scholarship Available
Florence
St. Vincent de Paul
You must call them at
715-528-2030

UW-Extension
715-528-4480
Sabrina-Ext. 1

Wear old clothes.
Kids will get
dirty and wet!

Please mail registration
form and your check
payable to:
UW-Extension
5628 Forestry Dr.
Florence, WI 54121



Summer Food, Fun & Fitness 2019
Registration



Location: Choose One

- ☐ Florence Elementary (Mondays & Wednesdays)
☐ NWTC Woodland Aurora (Tuesdays & Thursdays)

Child's Name _____
Last First Middle Initial

Address _____

City _____ State _____ Zip Code _____

Telephone _____

Email _____

Age _____ Grade entering in the **Fall** _____

OPTIONAL

Race _____
Sex ☐ F ☐ M
Disability ☐ Y ☐ N

Identify any special needs (allergies, diet, medications, asthma etc.) What do you usually do under these circumstances?

Food allergies? No ___ Yes ___ What? _____

Bee Allergies? No ___ Yes ___ Is a bee sting kit needed? No ___ Yes ___

Emergency Information: (other than parent/guardian)

Emergency Contact Person _____ Phone _____

Secondary Contact Person _____ Phone _____

I hereby agree and certify the following:

- ◆ To release the Summer Food, Fun & Fitness Program and all partners from any and all claims and liability of personal injury or property damage due to participation of this program.
- ◆ That my child is in good health and is able to participate.
- ◆ If attention is required for illness or injury, I give my permission for such care.
- ◆ I give permission to have my child treated for a First Aid emergency on the scene or if necessary transported to the nearest medical facility.
- ◆ I give permission for my child to have sunscreen & bug spray put on.
- ◆ That my child can be photographed, videotaped filmed, or evaluated/surveyed while participating in program activities and for the resulting images to be used for promotional and educational purposes.

Parent/Guardian Signature _____

Date _____



Please fill out both sides & return

An AA/EEO employer, University of Wisconsin-Extension provides equal opportunities in employment and programming, including Title VI, Title IX and ADA requirements.