

**2026- 2027 Thompson Purely Recreation
Morning and Afternoon Care
August 2026 – June 2027
Thompson Public School
North Grosvenordale, CT**

**Purely Recreation – Before and After School Program
2026-2027**

Student's Name _____ DOB: _____
Grade/Teacher: _____
Address: _____
City: _____ State: _____ Zip: _____
Parent/Guardian #1 Name: _____ DOB: _____
Phone: _____ Place of Employment _____
Work Phone: _____ Work Address _____
Email: _____
Parent/Guardian #2 Name: _____ DOB: _____
Phone: _____ Place of Employment _____
Work Phone: _____ Work Address _____
Email: _____

Payments: Session One payment is due at the time of registration. A recurring payment schedule is required when registering yearly. Payments must be completed to register for the following session. Payment plans can be made by registering online at www.thompsonrec.org or by emailing recreation@thompsonct.org.

Each subsequent session, payment is due 1 week before the start of each session.

Morning Care: Five Days – Per Month \$115 / Per Year- \$1,035

Three Days- Per Month \$95 / Per Year - \$855

Afternoon Care: Five Days – Per Month \$210 / Per Year - \$ 1,890

Three Days – Per Month \$155 / Per Year - \$ 1,395

Half Day (9/23, 10/28, 10/29, 3/3, 3/4, 5/5, 5/20, 6/10) Included if on regularly scheduled day.

No School – Program Closed: 9/7, 10/12, 11/11, 11/25-11/27, 12/23-1/1, 2/15, 2/16, 3/25, 3/26, 4/12-4/16, 5/31, 6/18

Office Use Only: \$\$ Collected at Registration: _____ Date Entered: _____

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Name : _____ Teacher: _____

Does your child have a prescribed EPI Pen Yes____ No____
If yes, what allergies is EPI Pen prescribed?

Does your child have a prescribed Inhaler Yes____ No____
Does your child have any food allergies Yes____ No____
If yes, what are they? _____

Does your child have any medical conditions camp staff should be aware of?
Yes____ No____
If yes, please describe. _____

Does your child require any medications during Purely Recreation Program hours?
Yes____ No____
If yes, additional forms will be required.

Emergency Contact/Authorized Pick Up #1:
Name/number _____

Emergency Contact/Authorized Pick Up #2:
Name/number _____

Emergency Contact/Authorized Pick Up #3:
Name/number _____

Emergency Contact/Authorized Pick Up #4:
Name/number _____

Photography Release:

I grant permission to Thompson Recreation and its employees the irrevocable and unrestricted right to produce photographs and video taken of my child while at Thompson Recreation’s activities for any lawful purpose and in any medium. Yes: ____ No__

Additional forms to be filled out:

Hospital Medical Information/State of CT Health Assessment/Vaccinations

Purely Recreation Disclaimer/Agreement

Sharing of Health Information Agreement Form with Thompson Public Schools

If your child takes a prescribed EPI or Inhaler, the required forms need to be filled out below: EPI Pen

Medical Authorization Form

Asthma Care Plan

Your signature confirms that all statements above are true.

Name (Printed): _____

Parent/Guardian: _____ Date: _____

Thompson Recreation – Purely Recreation Before and After School Handbook:

I, _____, the legal guardian of _____ have received the parent handbook and understand all policies and discipline procedures.

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Parent/Guardian Signature: _____

Date: _____

Community Field Trips:

I, _____, the legal guardian of _____, give permission to attend and participate in any activities conducted with Thompson Recreation at Purely Recreation Before & Afterschool Program, including but not limited to nature walks and visits to other walkable locations in town. I understand that these excursions will be supervised, as are all extended field trips.

Parent/Guardian Signature: _____

Date: _____

Transportation Consent:

*I, _____, the legal guardian of _____, give permission for Thompson Recreation Department to transport my child by van or bus to and from any field trips planned by the program. This serves as the **Field Trip Permission Slip** and will be used for all field trips while enrolled. All field trips will be communicated regularly.*

Students Name: _____

Students Date of Birth: _____

Students Grade & Teacher: _____

Parent/Guardian Signature: _____

Authorization- Administration of Non-Prescription Topical Product by TRC Staff:

I, _____, the legal guardian of _____, give permission for Thompson Recreation Department to apply Bullfrog Mosquito Coast Sunblock and Insect Repellant to my child when going outdoors for extended periods of time. This will be applied to the face, neck, and arms and legs. This authorization is limited to the topical sunscreen listed above. If you would like to send in your own brand a special form will need to be completed and that sunscreen/bug spray will need to remain at PRP until the last day.

Students Name: _____

Students Date of Birth: _____

Students Grade & Teacher: _____

Parent/Guardian Signature: _____

Office Checklist:

AM Purely Recreation: 7:00 am to 8:15 am / PM Purely Recreation: 2:15 pm to 5:30 pm

Days Needed for AM (minimum of 3) Mon Tues Wed Thurs Fri Total Days: _____

Days Needed for PM (minimum of 3): Mon Tues Wed Thurs Fri Total Days: _____

Custody Alert: Allergy Alert: EPI Pen: Inhaler: _____

Medical Forms Complete: Start Date: _____