



ANDERSON TOWNSHIP PARK DISTRICT

Home Alone ~ ages 10 – 13

Register in advance. Are you comfortable with your child being Home Alone? This popular 2-day course instructs children how to handle real-life situations and everyday hazards that arise when staying home alone. Topics covered will include answering the door and phone, using the computer, when to call 911, what to do in case of a fire or emergency and planning a course of action to potentially dangerous situations. Kids will also learn how to fix quick and healthy snacks. This class is a must for any child staying home alone. Register now before it fills up!

Date: November 29 & December 1

Time: 6:30pm – 8:00pm

Price: \$25 Anderson Resident; \$35 Non-Resident

Location: Beech Acres Park RecPlex

Questions? (513) 388-4515 **Fax:** (513) 231-4190 **Hotline:** (513) 357-6629 x1

Home Alone Registration ~ Fall 2011

Participant's Name _____ Birthdate ___/___/___ Gender _____ Grade _____ T-Shirt Size (sports) _____

Parent's Name (if applicable) _____ Phone (h) _____ (c) _____

Address _____ City _____ State _____ Zip _____ Email _____

Medical Concerns: allergies, conditions, medications _____

Emergency Contact Name (different from above) _____ Phone _____

Date: 6:30pm – 8:00pm, November 29 & December 1

Price: ___ \$25 Anderson Resident ___ \$35 Non-Resident

Total Due: \$ _____

Visa _____ MasterCard _____ Card # _____ 3 Digit Security Code (Located on BACK of Card): _____

Expiration Date _____ Name on card _____

Make checks payable & return to: Anderson Township Park District, Beech Acres Park RecPlex • 6915 Beechmont Ave • Cincinnati, OH 45230

Registrations accepted on a first come, first served basis and are subject to the completion of payment and *Release of Liability & Authorization*

The ATPD may cancel or alter programs pending registration numbers.

RELEASE of LIABILITY & AUTHORIZATION: I hereby release the Anderson Township Park District (ATPD) and Beech Acres Parenting Center and their respective Boards, employees, agents and instructors from all responsibility in the event of accident or injury. I also authorize the ATPD to publish any pictures or video taken during the program for which I've registered, and to use my e-mail address to send me ATPD information.

Parent/Adult Participant Name _____ Signature _____ Date _____

-----For Office Use Only-----

Date _____ Time _____ Rec'd By _____ Total Paid \$ _____ Cash _____ CC _____ Check # _____ Ck Name _____ Deposit By _____