



ANDERSON TOWNSHIP PARK DISTRICT

Tot Time, ages 18 months – 3 years old

Register in advance. Leave the mess with us! Parents and their toddlers participate together in a variety of songs, games & art activities! We'll introduce & lead the activities while you help your child participate at their pace.

Space is limited and on a first come, first served basis. Each class runs for 4 weeks.

Session 1:

Class 1: Mondays, Jan 23 – Feb 13

9:45 am – 10:30 am

Class 2: Mondays, Jan 23 – Feb 13

11:00 am – 11:45 am

Session 2:

Class 3: Mondays, Feb 27 – Mar 19

9:45am–10:30am

Class 4: Mondays, Feb 27 – Mar 19

11 am–11:45am

Price: \$30 Anderson Resident; \$40 Non-Resident

Location: Beech Acres Park RecPlex

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

Tot Time ~ Winter 2012

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 _____

Please Select Class: ___ Class 1 ___ Class 2 ___ Class 3 ___ Class 4

Price Per Class: ___ \$30 Anderson Resident ___ \$40 Non-Resident **Total Due: \$** _____

Office Use Only:

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

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 _____

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

Expiration Date _____ Name on card _____