



ANDERSON TOWNSHIP PARK DISTRICT

Wiggle Worm Wednesday, ages 3-5

Register in advance. At these events children will enjoy arts, crafts, games & activities specific to the event theme for each date. All Wiggle Worms must be potty trained. Snack is provided.

Classes take place at the Beech Acres Park RecPlex.

October 6: PIRATE ADVENTURE: Our adventure will take us seas and island in search for the lost treasure!

October 27: HALLOWEEN BLAST: We're having a monster mash! Everything Halloween – costumes welcome!

November 17: LITTLE CHEFS THANKSGIVING: We'll create treats we can actually eat! Using Thanksgiving as inspiration, we'll have fun with food.

Price per Date: \$20 Anderson Res; \$25 Non-Res Time: 9:30 – 12:00 pm

Questions? (513) 388-4515 Fax: (513) 231-4190 Bad Weather?: (513) 357-6629 x1

Wiggle Worm Wednesday ~ Fall 2010

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: PIRATE ADVENTURE HALLOWEEN BLAST LITTLE CHEFS THANKSGIVING
Price: \$20 Anderson Resident \$25 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