



Hunters Woods Preschool Stay & Play Registration Form

Please check all sessions you are registering for:

- Session 1: Tuesdays, Oct. 3-Dec. 5 (skip date: Nov. 7) - \$75
 Session 2: Thursdays, Oct. 5-Dec. 7 (skip date: Nov. 23) - \$75

**Child must be 2 years old by the start of the class session.*

Child's Name: _____

Child's Date of Birth: ____/____/____ Circle one: M/F

Parent's Name: _____

Mailing Address: _____

Primary Phone Number: _____

Email Address: _____

Any allergy or health issues: _____

I realize that participation in recreational activities may involve risk. I consent to participate in these activities and assume this risk. I give the HWPS employees authority to administer or to procure for me any medical attention they may deem necessary if I, or my child, are injured during these activities. Participants in programs sponsored by HWPS consent to the preschool's use of any photograph, film or image of the activity in any marketing or promotional materials.

I also recognize that this is NOT a drop-off program and an adult will be present with my child at all times during the Stay & Play program.

Parental Signature: _____ Date: _____

Mail or deliver form and payment to:
HWPS, c/o Allison Rankin, Director
2332 Harleyford Court
Reston, VA 20191

Checks made payable to: HWPS

For office use: Form of payment _____ Date paid: _____