

Danbury PAL Registration Form – Preschool Open Gym

Children:

Name _____ Date of Birth _____ M / F

Name _____ Date of Birth _____ M / F

Name _____ Date of Birth _____ M / F

Name _____ Date of Birth _____ M / F

Parent/Caregiver Information:

Name _____ Home Phone Number (____) _____

Address _____ City _____ State ____ Zip _____

Emergency Name _____ Emergency Phone Number (____) _____

Email address _____

To induce the Danbury Police Activities League Inc to accept registration and permit participation by the above named minor child(ren), I hereby give my permission and consent, agree to release, indemnify, and hold harmless the Danbury PAL, its officers, staff and representatives from any claims arising from any injury to the above named minor(s). I hereby give my consent for emergency care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions may be necessary to preserve the life, limb or well-being of my dependent(s).

Signature (Parent/Guardian) _____

Fee Structure

_____ \$35, Session 1, September 3 – December 22
Tuesday, Wednesday, Thursday, and Friday, 9am – 1pm
(Program is closed on days Danbury Public Schools are closed,
also closed 10/6-10/9 and for PAL special events, dates TBD)

_____ \$35, Session 2, January 5 – June 17
Tuesday, Wednesday, Thursday, and Friday, 9am – 1pm
(Program is closed on days Danbury Public Schools are closed,
also closed for PAL special events, dates TBD)

MAKE CHECKS PAYABLE TO DANBURY PAL

Amount Paid \$ _____ Cash _____ Check _____