



# After School Summer Recreation Program



**Dates: Monday, July 6<sup>th</sup> to Thursday August 13<sup>th</sup>**



**Days: 2:45 p.m. - 5:00 p.m. Monday to Thursday**

**Cost: \$30 a day**

Activities are as follows:

**Mondays: Arts & Crafts**

**Tuesday: Sports - softball/kickball**

**Wednesday: Cooking/Water Aerobics**

**Thursdays: Archery/Swimming or Bowling**



- Staffed by Cardinal Cushing teacher assistants, 1:4 ratio of Staff to Students
- The program meets each afternoon in our student lounge, equipped with a DVD Player, Stereo, WII play system, a full kitchen, with access to our Rhythmic Arts room, Yoga/exercise room.

The after school recreation program has access to 7 passenger vans for small group trips.



Please email Tom McElman at [tmcelman@coletta.org](mailto:tmcelman@coletta.org) or call

781-829-1295

**Please fill out the Pre-Registration Form**



# After School Summer Recreation Program Pre-Registration Form



## Personal Information

Participants Name: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ DOB: \_\_\_\_\_

Male \_\_\_ Female \_\_\_

## Health History

Diagnosis: \_\_\_\_\_

Other Health conditions: \_\_\_\_\_

Allergies: \_\_\_\_\_ Epi Pen \_\_\_\_\_

Asthma: Yes No inhaler? \_\_\_\_\_

Visually Impaired? Yes No

Hearing Impaired? Yes No

Toilet Trained? Yes No

Menstruating? Yes No

Assistance needed if any: \_\_\_\_\_

## General and Behavioral Information:

How does your child communicate his/her needs or wants?

\_\_\_\_\_

\_\_\_\_\_

To help us service your child better, please describe any behavioral issues your child has:

\_\_\_\_\_

\_\_\_\_\_

Is your child able to follow multiple step directions: \_\_\_\_\_

Any other pertinent information you feel we should know? \_\_\_\_\_

**Mail this to Cardinal Cushing Centers, 405 Washington Street,  
Hanover, Ma,02339**