HARFORD COUNTY DEPARTMENT OF PARKS AND REC
CHURCHVILLE REC COUNCIL

2010 SUMMER GYMNASTICS
DAYTIME & SATURDAY CLASSES
FOR AGES 15 MONTHS TO 5 YEAR OLDS

All classes will be held at the Churchville Recreation Center. ***Session 1 and 3 will be held on Monday and Wednesday while sessions 2 and 4 will be held on Tuesdays and Thursdays. Each of these sessions is 4 weeks long. Session 5 is on 8 consecutive (except July 3)*** **Saturdays.**

Times for Sessions 1 and 3 are as follows:
9:00 9:50am - Parent and Tot 1 (15 – 24 months)
10:00 10:50am - Parent and Tot 2 (24-36 months)

Times for sessions 2,4 and 5 are as follows:
9:00 9:50am - Gym I (3 ½ to 4 ½ year olds)
10:00 10:50am - Learning thru Movement (2 ½ to 3 ½ year olds)
11:00 11:50am - Gym II (4 ½ year olds to 5 year olds)

The Sessions dates are as follows:

SESSION 1 – Monday and Wednesday	JUNE 28 – JULY 26 (No class July 5th)
SESSION 2 – Tuesday and Thursday	JUNE 29 – JULY 22
SESSION 3 – Monday and Wednesday	AUGUST 2 – AUGUST 25
SESSION 4 – Tuesday and Thursday	AUGUST 3 – AUGUST 26
SESSION 5 - Saturdays	JUNE 26 – AUGUST 21 (No class July 3)

COST: $60.00 PER SESSION
CHECKS ARE MADE PAYABLE TO: "CHURCHVILLE RECREATION COUNCIL"

Classes will be held on a first come first served basis contingent upon sufficient registration. There will be No Refunds or Transfers of registration. Payment must be made at the time of registration. Unless you are otherwise notified, you may assume that the class will be held as scheduled. Your canceled check will be your receipt. There are NO make-up classes offered.
If you wish to register by mail, the address is:
ACPR Gymnastics, P.O. Box 248, Churchville, MD. 21028. Questions? Call 410/836-2080.
Website – acprgymnastics.com E-mail – corngym@comcast.net

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2010 DAYTIME SUMMER PRE-SCHOOL

SESSION: 1 2 3 4 5 (CIRCLE AS MANY AS YOU WISH TO ATTEND)	TIME:________________________ Class name: ____________________
CHILD'S NAME:	PHONE #:
ADDRESS:	ZIP:
DATE OF BIRTH:	AGE:
PARENT'S NAME:	
EMERGENCY NAME & PHONE #:	
AMT. PD. CASH CHECK # REG.DATE	

I agree that I will not hold the program, instructor, or the Churchville Recreation Council responsible for any injuries received while participating in the gymnastics program. I understand that there are inherent risks involved in any sport and I certify by my signature that my child is physically capable of participating in this program. Any physical conditions or allergies that the instructor should be made aware of
____.

Parent's Signature____Date________________________

HARFORD COUNTTY DEPARTMENT OF PARKS AND REC
CHURCHVILLE REC COUNCIL

2010 SUMMER GYMNASTICS
EVENING CLASSES
FOR AGES 2 ½ TO 6

All classes will be held at the Churchville Recreation Center. ***Sessions 1 and 3 will be held on Mondays and Wednesdays while Session 2 and 4 will be held on Tuesdays and Thursdays. Each session is four weeks long.***

Times for the sessions are as follows:
4:30 - 5:20pm - Learning thru Movement (2 ½ to 3 ½ year olds)
5:30 - 6:20pm - 3 ½ to 4 ½ year olds
6:30 - 7:20pm - Older 4 year olds and 5 year olds
7:30 – 8:20pm – 5 and 6 year olds

The session dates are as follows:
Session 1: June 21st - July 19th (Mon. & Wed.) – no class on July 5th
Session 2: June 22nd – July 15th (Tue. & Thu.)
Session 3: July 26th - August 18th (Mon. & Wed.)
Session 4: July 27th - August 19th (Tue. & Thu.)

COST: $60 PER SESSION
CHECKS MADE PAYABLE TO: "CHURCHVILLE RECREATION COUNCIL"

Classes will be held on a first come first served basis contingent upon sufficient registration. There will be NO REFUNDS or TRANSFERS of registration. Payment must be made at the time of registration. Unless you are otherwise notified, you may assume that the class will be held as scheduled. Your canceled check will be your receipt. There will be NO make-up classes offered.
If you wish to register by mail, the address is:
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2010 EVENING SUMMER PRE-SCHOOL

SESSION: 1 2 3 4 (CIRCLE AS MANY AS YOU WISH TO ATTEND)	TIME:________________________
CHILD'S NAME:	PHONE #:
ADDRESS:	ZIP:
DATE OF BIRTH:	AGE:
PARENT'S NAME:	
EMERGENCY NAME & PHONE #:	
AMT. PD. CASH	CHECK # REG. DATE

I agree that I will not hold the program, instructor, or the Churchville Recreation Council responsible for any injuries received while participating in the gymnastics program. I understand that there are inherent risks involved in any sport and I certify by my signature that my child is physically capable of participating in this program. Any physical conditions or allergies that the instructor should be made aware of ____
____.

Parent's Signature__________________________________Date____________________