Somerset County Park Commission Therapeutic Recreation





In this exciting parent and tot program, children will explore a variety of fun activities each week from art & crafts to science, using sand, water, paint and much more. With songs, stories and games, this will be an excellent opportunity to assist your child in developing their play skills, as well as motor and social skills. A parent must attend each week with the registered child. Participants must reside in a contracting municipality in Somerset County. (Call the TR office or visit our website to verify municipal eligibility).

Open to: Participants ages 3 - 6 with a developmental disability

Dates: Saturdays, October 20, 27; November 3, 10

Location: North Branch Park, TR Activity Center, 355 Milltown Road, Bridgewater

Time: 10:00 - 11:30 am

Cost: \$50.00

Household balances cannot be accepted or applied toward payment for this program.

Siblings may be eligible to register. Please call the office to discuss.

Questions? Please call 908-526-5650. Individuals with a hearing/speech impairment call the Relay Service @ 711. Visit us on the web @ www.somersetcountyparks.org.

Registration will be accepted on a first-come-first-served basis if space is available by:

- ♦ Mail or you can drop off your registration at the TR office at North Branch Park, 355 Milltown Road, Bridgewater, between 8:00 am 4:30 pm
- ♦ Phone, if using a credit card, to 908 526-5650 between 8:00 am 4:30 pm
- Faxing your registration, with a credit card to 908 429-5508 from 8:00 am 4:30 pm

THE FAX MACHINE IS IN A PUBLIC AREA. IT IS HIGHLY RECOMMMENDED THAT YOU FAX ONLY DURING OFFICE HOURS AND YOU CALL THE TR OFFICE TO CONFIRM RECEIPT OF FAX.

No email registration will be accepted. Please visit our website to review the policies and procedures regarding the TR registration process.

2018 Fall Preschool Playful Pals Age: Birthdate: Name: Disability: Phone: Address: ____ Street City Email: ☐ I am interested in financial assistance. Please include a \$5.00 deposit when registering Payment: ☐ Check ☐ Credit Card ☐ Cash (Exact change only) Credit card #_____ Expiration Date: _____ Signature: Security Code: _____