



# Preschool Playful Pals

In this new and exciting parent and tot program, children will explore a variety of fun activities each week from art & crafts to science, using different mediums including sand, water, paint and much more. With songs, stories and games, this will be an excellent opportunity to assist your child in developing their motor skills, as well as play and social skills. **A parent must attend each week with the registered child. No siblings please.** 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, March 4, 11, 18, 25
- Location: North Branch Park, TR Activity Center, 355 Milltown Road, Bridgewater
- Time: 9:00 – 10:30 am
- Cost: \$50.00

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

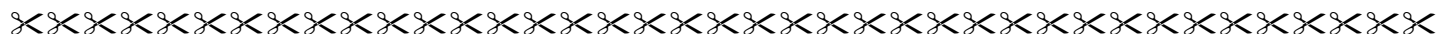
Questions? Please call 908-526-5650. Individuals with a hearing/speech impairment call the Relay Service @ 711. Visit us on the web @ [www.somersetcountyparks.org](http://www.somersetcountyparks.org).

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

- ◆ Walking in your registration to North Branch Park, 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 RECOMMENDED 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.



## 2017 Preschool Playful Pals

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Phone: \_\_\_\_\_ Disability: \_\_\_\_\_

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

Street

City

Zip

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: \_\_\_\_\_

Security Cod: \_\_\_\_\_ Signature: \_\_\_\_\_