

Return Forms to Activity Center!

For 1st-5th graders!



City of Gaithersburg 301-258-6350 www.gaithersburgmd.gov

Break Blast to Butler's Orchard

Tuesday, April 26, 2016

8:30am-4:30pm



Gaithersburg
A CHARACTER COUNTS! CITY

Join us on the farm for the Strawberry Blossom Tour! We will experience a working farm, see how food is planted and grown, learn about pollination, and enjoy a planting activity!

Each child will get a plant to bring home

Rain or Shine

Cost
\$21 Res.
\$26 Nonres.

Drop off/Pick Up at Activity Center at Bohrer Park (506 S. Frederick Ave)

- Registration is limited to the first 60 participants
- Please make sure to pack a lunch. They may bring money for the farm store as well.
- A \$3 late fee per 10 minutes will be charged to all parents arriving late to pick up.

Questions? Contact Sydney Stasch at 301-258-6350 ext.126 or [sstasch@gaithersburgmd.gov](mailto:ssstasch@gaithersburgmd.gov)



DO NOT RETURN FORM TO SCHOOL

Mail registration form to: Activity Center, 506 S. Frederick Ave., Gaithersburg, MD 20877

or fax to: 301-948-8364, **or register online at** www.gaithersburgmd.gov/recxpress. Checks made payable to the City of Gaithersburg. Visa, MasterCard, American Express and Discover cards accepted.

Butler's Orchard Registration Form

Activity # 42989

Check here if new address/phone since last time registered. City Resident Nonresident

Parent's Last Name _____ Parent's First Name _____

Address _____ City/State/Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____

Participant's Name	Sex	Birthdate M/D/Y	Activity Name	Activity #	Location	Grade	School	Fee
Example: Colin Ryan	M	09/02/07	Butler's Orchard	42989	SHES	3	SHES	\$\$
			Butler's Orchard	42989	SHES			\$\$
			Butler's Orchard	42989	SHES			\$\$

Does your child have any allergies, medications, or conditions that may affect participation in the program? Please list: Y N

The City of Gaithersburg is committed to making reasonable accommodations as required by the Americans with Disabilities Act. Requests must be made 2 weeks prior to the start of the program. Please indicate what accommodations are needed:

I hereby grant permission for my child to attend the afterschool program sponsored by the City of Gaithersburg. I understand that I am responsible for my child's insurance in case of injury. Furthermore, I understand that although safety precautions will be observed, the City of Gaithersburg, employees and agents will not be responsible for any personal property lost by my child or any injury sustained in the program. I also consent to the City's use of any photographs an/or video tapes made of the program. I allow my child to be transported to and from site on these days in which there are any field trips.

Print Parent/Guardian Name _____ Signature of Parent/Guardian _____

Amount Paid \$ _____ Cash Check # _____

Visa/MC/AMEX/Disc# _____ Exp. Date ___/___

Signature (name on card) _____

Print Name _____

Office Use Only: # 42989

Rec'd: _____ Initials _____

W M F Resident: Y N

Pr: _____ Date _____

