



Harrison Township Recreation Presents:
FRIDAY MORNINGS!
January 13th thru February 24th 2017

6 Week Session @ Gloucester County Library - Mullica Hill
389 Wolfert Station Rd. - Meeting Room A

This program is designed to make fitness fun for children. With exercise hidden within play based activities your child will build motor skills and coordination while having fun and developing social skills. Activities include weekly greeting and stretch, cardio warm ups with props and music, obstacle courses and games, parachute play and more! In a non-competitive setting we encourage listening and cooperation and it is our goal to see that each child experiences feelings of success during each class leading to improved self-esteem and confidence.

January 13th, 20th, 27th - February 3rd, 10th, 24th

Participation Fee: \$60

- Session #1 2 - 3 1/2 year olds @ 9:30 - 10:15am
Session #2 3 1/2 - 5 year olds @ 10:30 - 11:15am
Session #3 2 - 3 1/2 year olds @ 11:30 - 12:15pm

Parents are required to stay and participate in the 2 - 3 1/2 yr old sessions. Your child must meet the age limit to participate. Parents are required to stay with child and participate when necessary in the 3 1/2 -5 yr. old class.

Story Time
FRIDAYS
Age 2-3
10:30AM-11:00AM
Meeting Room B

Pre-registration is required due to limited class size!

Mail registration form payable to: Harrison Twp. Recreation, 114 Bridgeton Pike, Mullica Hill 08062
Questions or concerns, please contact the Recreation office at 856-223-8777.

2017 WINTER SESSION

Child's Name _____ Boy ___ Girl ___ Age _____ Birth date _____

Circle session time 9:30AM - 10:15AM 10:30AM - 11:15AM 11:30AM - 12:15PM

Address _____

Phone _____ E-mail _____

I, _____, give permission for my child, _____, to participate in the Tumblin' Tots Children's Program. I understand that participation in any physical activity involves inherent risk and that even when safety precautions are utilized, injuries can occur. I hereby release Harrison Township Recreation Department, Mullica Hill Library, and Tumblin' Tots LLC; their employees, staff and volunteers from all claims, including bodily injury, which may be sustained in connection with participation in this program. I give Tumblin' Tots LLC permission to have my child appear in media and understand this is for the professional use only of Tumblin' Tots LLC. NON-REFUNDABLE

Parent/Guardian Name _____

Signature of Parent/Guardian _____ Date _____