

After School Rates and Schedule

2:45 to 5:00 Mon.—Thurs.

Fall Session

September 25th-December 14th

*\$280

Winter Session

January 8th-February 22th

*\$150

Spring Session

March 19th-May 10th

*\$190

*Rates apply to one class per week. Families are welcome to register for multiple days. Please call Strong Wings for questions regarding availability and scheduling.

After School Groups and Activities

Sharks: K through 3rd grade

Hawks: 4th through 6th grade

The Strong Wings after school program provides outdoor adventure activities that are designed to build a strong appreciation for nature and our island, create new friendships and build confidence and strength through challenge.

NES students will be picked up at 2:30 by a Strong Wings instructor or a bus pass will be provided to them.

NNS students walk to Strong Wings with an instructor. Pick up may be available for LHS students on some days.

We ask that students come prepared with a large, healthy snack, water and weather appropriate shoes and clothing. All programming will take place outdoors with the exception of extreme rain or cold.

Programming will not be held on national holidays; make up days are not

Registration

Child's Name _____ Age _____

DOB _____ M/F _____ Grade _____ School _____

Parent(s) Name _____

Mailing Add. _____

Email _____

Cell Phone _____

Family Physician _____

Child's Allergies _____

Special Conditions _____

Emergency Contact Name and Number

#1 _____

#2 _____

#3 _____

Please Check off all that apply _____ (Price for one day per week)

Fall Session \$280

Spring Session \$190

Winter Session \$150

Indicate day or days _____

Amount Enclosed _____ (Thank You)

I understand that Strong Wings programs will be conducted outdoors and that they are designed to be challenging as well as educational. I recognize and acknowledge that although the program has been carefully designed to be safe, the risk of injury or disability cannot be totally eliminated. In the event of illness or injury, consent is hereby given to provide emergency medical care or hospitalization. I affirm that the information provided is accurate and complete and I agree to hold Strong Wings harmless if full disclosure of pre-existing medical conditions has not been provided. I release Strong Wings, its staff members, and Board of Directors from all liability. I have read all camp and registration policies, understand them, and agree to adhere to them.

Signed _____

Dated _____