

Louisa County Parks & Recreation Teacher Work Day



KIDZ FUN DAY @ The Betty Queen Center



Tuesday Jan. 31st

6:45Am-6:30Pm

Parents, if you are looking for somewhere to send your child on the **Tuesday, January 31st** Teachers' Work Day, boy do we have the place for you! We will be offering a Kidz Fun Day at the Betty Queen Center for grades K-5. This includes a morning and afternoon snack. However, the parents **must** provide the child with a bagged lunch. The kids will have fun enjoying games, crafts and gym time. This will be a fun way for kids to spend this teacher workday. So while parents and teachers are at work the children can enjoy a fun-filled day with us!



Daily Fee: \$23 1st child
\$16 2nd Child

Both Days: \$40.00 1st Child
\$30.00 2nd Child

Bring a bagged Lunch!!!

Registration **Deadline** is **Wednesday January 25th**. Registration form should be turned in to the LCPR Office. If you have any questions call LCPR at 540-967-4420

Must have a minimum of 18 participants; Maximum of 40



KIDZ FUN DAY JAN 31st REGISTRATION FORM



Parent Name _____ Day Phone _____

Mailing Address _____ Evening Phone _____

City _____ Zip _____ Cell Phone _____

Person Picking Up Child _____

Participant Name		Food Allergies	Male/ Female	Grade	Event / Date/ Location	Fee
First	Last					
					Kidz Fun Day Jan-31	
					Second Child	

The Louisa County Department of Parks and Recreation does not provide medical coverage or insurance for individual participants. All medical insurance protection must be provided by the parents or participant. In the event of an emergency, I hereby give my consent for the program supervisor of the Parks and Recreation Department to arrange for medical treatment or Emergency Room treatment by a physician on staff. I also hereby give my consent and approval for my son/daughter/myself to participate in this activity sponsored by the Louisa County Department of Parks and Recreation. I will not hold Department Personnel, Instructors, School Personnel or Volunteers responsible in case of accident or injury as a result of my/my child's participation in this program. I understand the risks involved with this activity and know that my child is/I am physically able to participate in this program.

Signature Parent/Guardian/Participant

Print Name - Parent/Guardian/Participant

Date