



The Town of Clarence Youth Bureau Presents:

# 3 year old play group!

**Location:** 10510 Main Street  
Clarence, NY 14031

**When:** Tuesday & Thursday mornings, 9:30 am - 12:00 pm  
October 30, November 1, 6, 8, 13, 15 (3 weeks, 6 sessions)

**Cost:** \$50.00 per child ~ check or money order made out to: Town of Clarence

Space is limited. Children will enjoy 1:4 ratios with our experienced staff along with a wide variety of social and organized play through circle time, songs, arts, crafts and games.

Child must be **FULLY POTTY TRAINED** and **3 YEARS OLD** at the time of program registration



Snack will be provided daily.

**REGISTRATION DEADLINE:**  
**October 22, 2012**

Payment **MUST** accompany registration

If you have any questions please feel free to call or email:

Jessica Notarius, Program Leader  
716-407-2162

[jnotarius@clarence.ny.us](mailto:jnotarius@clarence.ny.us)



Please complete registration and return with payment (by mail or drop-off) to: 10510 Main Street (Clarence Youth Bureau)

Parent(s) Name \_\_\_\_\_ Child Name \_\_\_\_\_ D.O.B \_\_\_\_\_

Address \_\_\_\_\_  
Street Town Zip

Phone #'s (h) \_\_\_\_\_ (C) \_\_\_\_\_

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

Does your child have any allergies we should be aware of: Yes No

If yes, please explain \_\_\_\_\_

Please provide any additional information about your child that you would like us to be aware of: \_\_\_\_\_

### Emergency Contact Information:

Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Phone #'s (h) \_\_\_\_\_ (C) \_\_\_\_\_

Parent/Guardian  
Initials

- \_\_\_\_\_ I will take all steps necessary to ensure that any/all individuals authorized to pick up my son/daughter will be drug/alcohol free and will conduct themselves in a courteous and respectful manner when they arrive
- \_\_\_\_\_ I will ensure that any person(s) I approve to pick up my son/daughter will bring photo identification
- \_\_\_\_\_ The Clarence Youth Bureau has my permission to use my child's photograph for promotional purposes
- \_\_\_\_\_ I understand that this is a well-child program and I will not send my child to the program if they are ill
- \_\_\_\_\_ I understand that in the case of inclement weather, the program will follow the Clarence School District's cancellation schedule