

Sherman Historical Society Kids@Northrop Programs

The Sherman Historical Society is excited to continue our ½ day and vacation day programs for kids. The Kids@Northrop children's programs will give the kids an educational and fun look into the past.

All programs will meet at the Northrop House and if it corresponds to an early dismissal, we will meet your child at the school and walk them to the Society for lunch (which you will provide) and then the fun begins.

Please complete the registration form and <u>mail to the SHS</u>, with your payment ASAP, as space will be limited to 18 children

Pricing: Each Program is \$15 for Members, \$20 Non-Members.

If you have two children, the price is \$25 for members, \$35 for Non-Members

Details: We will walk the children from school and have them eat their lunch before our program.

Please pack a lunch and a water bottle. And Please Dress for the Weather...we will be outside

during the programs.

We will provide water to refill the water bottles and a snack at the end of the program.

If you do not go to the Sherman School, please arrive at the Northrop House at 12:30 for the ½ day programs.

Should you have any questions, please feel free to contact the Society at: office@shermanhistoricalsociety.org or 860-354-3083



Scarecrows, Corn & Kids, Oh My!

Tuesday, October 8th - 12:30-3:15 pm Open to children in 1st through 4th grade

Join us as we will make scarecrows, cornmeal muffins and butter!

NOTE: Please bring any other clothes, costumes, accessories, etc., if you have any for your scarecrow. We will have supplies if you do not have any.



Falling in Love with Fall!

Tuesday, November 19th - 12:30-3:15 pm Open to children in 1st through 4th grade Join us as we will have fun with pumpkins and make pumpkin cookies!

Kids@Northrop Programs Registration

Name (child)	Age G	Grade
Check here if we have current information on file	(no need to provide contact info again	if we do)
Address	Town	Zip
Parent(s)		
Primary Phone (home)	(cell)	
Email Address:		
Emergency Contact/ Phone	Relationship	
Medical/Behavioral Needs		
Allergies		
Dietary Restrictions		
Please select the Program(s) you are interested in: Each Program is \$15 for Members, \$20 Non-Members	s. 2 or more children: \$25 for members, \$	
Scarecrows – October 8 th (12:30-3:15pm)		\$
Fall – November 19 th (12:30-3:15pm)		\$
Membership (if you need to join or renew. Member	rship year is from 9/1/19-8/31/20)	\$
Household \$30, Sponsor \$50, Patron \$100, Benefactor \$25	0, Life \$500	
	Total Due:	\$
RELEASE OF LIABILITY and PHOTO RELEASE:		
I understand and acknowledge the risks of injury that are inherent simple tools, such as hammers, saws, scissors, etc. As parent/gua for damages I may have against the Sherman Historical Society are for any and all injuries that may be sustained in connection with provided, I do hereby give my consent to medical care, emergency child/ward. Expenses incurred in obtaining emergency medical ail also give permission for my child to be signed out, at dismissal, at 10 Route 27 Center, Sherman. The undersigned parent and/or natural guardian does hereby report ward's participation in the Kids@Northrop Program(s), and has waiver and release of liability set forth above. The undersigned pall of the parties referred to above from all liability, loss, cost, claid defect in or lack of such capacity to so act and release said parties AND: I hereby give the Sherman Historical Society permission to a Program(s) for marketing, publicity or advertising efforts.	rdian of the child registered herein, I hereby waive that the staff/counselors of the Kids@Northrop Proposition in this program. In case I cannot be recy or otherwise, including any necessary transported will be borne by me. The the staff/counselors of the Kids@Northrop Proposes that he/she is, in fact, acting in such capacts agreed individually and on behalf of the child or arent or guardian further agrees to save and hold im or damages whatsoever, which may be impose son behalf of the minor and parents or legal guardeness.	e and release all rights and claims gram(s) for any loss of property or eached at the phone numbers ation, in the event of injury to my rogram(s) and walked to the SHS ity, has consented to his/her child ward, to the terms of the accident harmless and indemnify each and d upon said parties because of any dian.
Parent/Guardian Signature:	Printed Name:	Date:

Please mail this completed Registration Form & check made out to 'Sherman Historical Society' <u>ASAP, as space will be limited,</u> to: SHS, 10 Route 37 Center, Sherman CT 06784