



Early Bird Gym



*PINEWOOD ELEMENTARY SCHOOL GYM
LUTHERVILLE-TIMONIUM RECREATION COUNCIL
Baltimore County Department of Recreation and Parks*

**WALK-IN REGISTRATION- March 18, at 7:00pm
PINEWOOD ELEMENTARY - GYM HALLWAY**

Please note:

- **Walk in registration is the only method of registration.**
- **All children must be registered by an adult.**
- **Please include one check per family made out to LTRC**
- **Due to high demand, adults may not carry in more than ONE OTHER family's registration. Thank you for understanding.**

Early Bird gym fills up quickly.

Should you have any questions please contact Patty Newton at 410-409-1976.

WHEN: 8-week session: Tu & Th: April 6- May 27, 2010
8-week session: M, W, & F: April 7-May 28, 2010

WHO: 1st - 5th grade students

TIME: 8 a.m. - 8:45 a.m. (students will go directly to their appropriate classrooms at the conclusion of each class).

Registration: **MWF - \$50** for 8 wks.; **Tues/Thurs - \$40** for 8 wks.

Instructors: Diana Six - Physical Education teacher at Pinewood
Mr. Harrison - Former Physical Education teacher

Students will engage in activities that follow the physical education program giving them added opportunity for skill development and fitness. Students will also be able to choose activities that suit their interests.

**Class size will be limited to 30 children. *Parents please be aware that if Baltimore County Schools are closed or late there will be no Early Bird Gym that day. Missed classes, due to inclement weather may be added at the end of the session.*

Should you require special accommodations (i.e. sign language interpreter, large print, etc.) please give as much notice as possible by calling 410-887-7684 or the therapeutic office at 410-887-5370 (voice) 410-887-5319 (TT/Deaf).

-----**Tear Off**-----

REGISTRATION FORM

Student's Name _____ **Grade/Teacher** _____

Address _____

Phone _____ **Date of Birth** _____

Person to notify in case of emergency; if under 18, parent/guardian

Name _____ **Phone:** _____ **Cell phone/beeper** _____

Physician's Name _____ **Phone:** _____

