## Somerset County Park Commission Therapeutic Recreation





with a developmental disability and held at the TR Activity Center located in North Branch Park Milltown Road, Bridgewater. Participants must reside in a contracting municipality in Somerset County. (Call the TR office or visit our website to verify municipal eligibility.)

Get ready to have fun and connect with friends. Programs are open to children ages 6 - 12

**Soccer** – In collaboration with Soccer Centers, kids will learn the basic skills of soccer through non-competitive games and skill building activities, as well as how to control the soccer ball, dribble,

and score a goal, while building confidence, developing motor skills and having fun with friends.

Come dressed to play outside.



**Fee:** \$75.00

**<u>Little Sprouts</u>** - In this hands-on gardening program, kids will experience nature up close as they explore the garden, plant a variety of vegetables and flowers, make garden related crafts, learn how to use a microscope, and taste a variety of delicious fruits.



**Dates:** Wednesdays, May 25; June 1, 8 **Time:** 6:00 - 7:00 pm

**Fee:** \$33.00

Questions? Please call 908 526 - 5650. Individuals with a hearing/speech impairment call the Relay Service @ 711. Visit us on the web at www.somersetcountyparks.org.

Registration will be accepted on a first-come-first-served basis if space is available by:

- Walking in your registration to North Branch Park, Milltown Road, Bridgewater, between 8:00 am - 4:30 pm
- Fax, if using a credit card, to 908 429-5508 between 8:00 am 4:30 pm
- Phone, if using a credit card, to 908 526-5650 between 8:00 am 4:30 pm

No email registration will be accepted.

THE FAX MACHINE IS IN A PUBLIC AREA. IT IS HIGHLY RECOMMENDED THAT YOU FAX ONLY DURING OFFICE HOURS, AND THAT YOU CALL THE TR OFFICE TO CONFIRM RECEIPT OF YOUR FAX.

Please visit our website to review the policies and procedures regarding the TR registration process.

Kid Connections - Spring 2016		
Name:	Birth Date:	Age:
Address:		
Street	City	Zip
Evening Phone:	Disability:	
Email:		
I am registering for:   Soccer (\$75.	Soccer (\$75.00)	
I am interested in applying for financia	l assistance. Please include a \$!	5.00 deposit per program.
Payment: □Credit Card □Check	□Cash (Exact change only)	Total Due:
Credit Card #	Expiration Date:	
Security Code:	Signature:	