



2025 Rising Kindergarten Gym Games at Concord Magnet School

To develop school readiness, development of independence, confidence and self-assuredness. Lessons and activities are designed to spark their curiosity, nurture their individual strengths and attend to their challenges.

***Bring water, lunch, snack (or ice-cream money), wear sunscreen./
 N CASE OF BAD WEATHER INDOOR FACILITIES WILL BE AVAILABLE.**

Camp Directors: Ryan Monohan
Location: Concord Magnet School
Session 4: 7/7-7/11
Session 5: 7/14-7/18 **Rate: \$230**

Time: 8:00a.m. – 3:00p.m.
Age: Entering Kindergarten in 2025-2026 School Year.

Please note that payment can only be made by check only.

Please make checks payable to: NPS Sports Department.
 Mail registration with full payment and signed permission slip to:
 Attn: Eileen Kinne, Brien McMahon H.S., 300 Highland Avenue,
 Norwalk, CT 06854

All Camp Directors are Certified Teachers.

Session	Dates	Weekly Rates 8-3pm
4	7/7 – 7/11	\$230
5	7/14-7/18	\$230

1. Make checks payable to the NPS Sports Department. Your cancelled check is your confirmation and receipt.
2. Any check returned for insufficient funds or a stop payment order will be charged an additional \$35.00.
3. Refunds for cancellations are subject to a \$25 service fee (except with a written medical notice from a doctor).

2025 RISING KINDERGARTEN'S REGISTRATION AND PERMISSION

Camper Information

Name: _____ Male Female
 (Last) (First)

Address: _____

City _____ State _____ Zip _____

Home Phone _____ Age _____

Grade Entering in Fall 2025 _____ School in Fall 2025 _____

Parent/Guardian Information

Name _____ Relationship _____

Work Phone _____ Cell Phone _____

Email _____

Emergency Contact (other than Parent/Guardian)

Name _____ Relationship _____

Phone 1 _____ Phone 2 _____

Name _____ Relationship _____

Phone 1 _____ Phone 2 _____

Payment Info (Check can't be combined with other NPS Camps)

Check # _____ Cash/Money Order _____

Name of person paying _____

PERMISSION
 (Must accompany registration)

My child has my permission to participate in the Summer Program sponsored by the NPS Sports Department. I understand that any medical costs incurred due to injuries suffered by my child while participating in the camp will be assumed by me, the undersigned parent/guardian, and that neither the camp directors nor the Board of Education will be held liable.

Signature of Parent/Guardian _____
 Date _____ ****Please sign****

Session	Dates	Weekly Rates	Amount
4	7/7-7/11	\$230	
5	7/14-7/18	\$230	
			Total _____

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If you have any questions, contact Joe Madaffari at 203-981-3005 or at madaffarij@norwalkps.org or Nicole Stockfisch at stockfischn@norwalkps.org.

Please note that payment can be made online by going to myschoolbucks.com Follow the link on the NPS website.