

Winter Storytime and Food Adventure [©]

Welcome to HealthBarn USA, in partnership with the Ridgewood Parks & Recreation Department, to participate in a specially designed **Winter Story Time & Food Adventure** for children ages 2 - 4 years old with the grown-ups who love them!

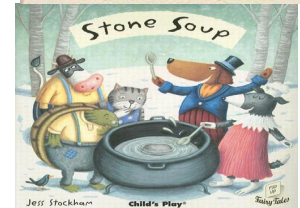
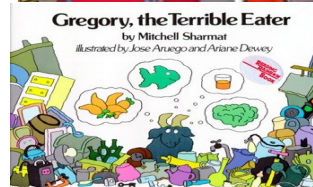
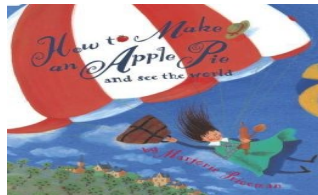
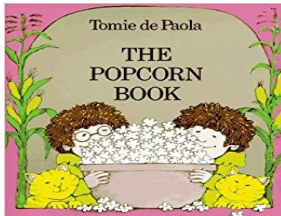
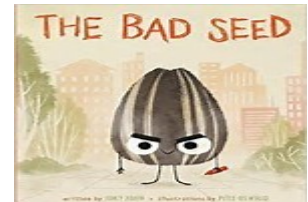
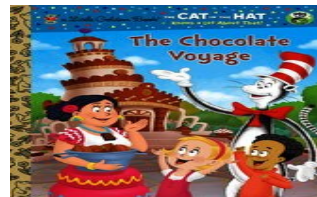
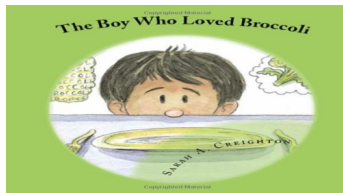
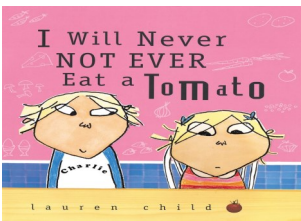
Each week, we will gather together to read a literary favorite. The children will become expert taste testers as we go on a food adventure and bring the story to life. Whether it is trying new foods, learning about nutrition or how plants grow, children will use their imagination and put their newly discovered healthy habits into practice!

The 5-week program will be offered on Monday 's, January 14, (no 21), 28, February 4, 11, (no 18), 25, from 1:00-1:45 pm, at the Habernickel Gatehouse, 1057 Hillcrest Road.

Registration cost is \$50.00 (\$60 non residents).

Register in person or by mail: The Stable, 259 N. Maple Ave., Ridgewood, NJ 07450,

or online at www.ridgewoodnj.net/communitypass



REGISTER EARLY - SPACE IS LIMITED

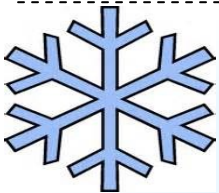
Online at www.ridgewoodnj.net/communitypass

In person or by mail: The Stable, 259 N. Maple Ave., Ridgewood, NJ 07450

Tel: 201-670-5560

Make checks payable to: *Ridgewood Parks and Recreation*

Refund/Cancel Policy – Payment is non-refundable unless we cancel for rain.



Child's Name _____

Age _____ Grade: _____

Address: _____

Phone: _____

Emergency Phone: _____

Allergies/Conditions _____

\$50 (non-residents \$60) Payment Check # _____

Email _____

Program: **WINTER STORYTIME & FOOD ADVENTURE 2019**

I, the parent of the above named youth, hereby give my permission to participate in any and all Village approved Recreation activities. I assume all risks and hazards incidental to such participation. I hereby waive, release, absolve, indemnify and agree to hold harmless the organizers, sponsors, supervisors, and persons involved in the activities for any claim arising out of an injury to my child, whether the result of negligence or for any other cause, except to the extent and in amount covered by accident insurance.

Parent / Guardian Signature: _____