

Watertown, Connecticut
Parks, Recreation, Senior & Social Services
61 Echo Lake Road Watertown, Connecticut 06795



CONFIDENTIAL

2026 Program Scholarship Application

We are dedicated to excellence, professionalism and integrity in the delivery of community Services for an enhanced quality of life for those living, working and visiting our community.

SCHOLARSHIP GUIDELINES

(please initial each guideline, incomplete applications will not be considered)

1. The participants are required to complete the attached scholarship application. _____
2. The participant must show proof of income (**income tax forms from previous year**)
Extenuating circumstances will be considered. _____
3. The parent/guardian must submit **a written statement** indicating why scholarship is being sought, which will be kept strictly confidential. _____
4. Applicants will be considered based on financial need. _____
5. All scholarship recipients will be notified, one week prior to the beginning of the program, whether they have qualified for a scholarship. **We only pay up to 25% of the cost of the program.** _____
6. Scholarship can only be applied to two children per family. _____
7. Application deadline is (2) weeks prior to start of program. _____
9. Attendance is mandatory in order to maintain scholarship eligibility. _____
10. **Any discounted program is nonrefundable** _____

Watertown Parks & Recreation Department

Activity Registration Form – Please Print

Participants Name: _____

Parent/Guardians Name if Participant is Under 18 Years of Age: _____

Primary Address: _____

Secondary Address: _____

Town: _____ State: _____ Zip: _____

Resident of Watertown-Oakville: Yes ___ No ___ Property Owner: Yes ___ No ___ (For Residency Proof Only)

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Other Phone: _____

Emergency Contact Name: _____ Relationship to Participant: _____

Emergency Contact Numbers: _____

Email Address: _____

Grade (Currently in/or going into): _____ School (currently in/or going into): _____
Circle One Circle One

Allergies/Special Needs: _____

Is There Anything Else We Should Be Aware Of? _____

Date of Birth: ____ - ____ - ____ Age: ____ Sex: M F Shirt Size (If Applicable – Youth/Adult) _____
When in doubt please choose a LARGER size – Be specific

PROGRAM REGISTRATION INFORMATION:

Program Code	Title of Program	Fee	Session	# Location

ACKNOWLEDGEMENT AND WAIVER:

You are required to read the following information very carefully and make sure that you understand it fully and sign it before participating in this program. I am fully aware that the activity and program I am choosing to participate in may result in risk of injury or harm. On my own behalf, and on behalf of my own personal representatives and heirs, successors and assigns, I hereby release, indemnify and save harmless the Town of Watertown, its officers, employees, designees, consultants, agents, and directors (hereinafter representatives) from all claims and liability of whatever nature arising from any act, omission, negligence or otherwise of the Town of Watertown or its representatives, including any injury to any person or any property of any person. This indemnification and hold harmless agreement shall include indemnity against all costs (including without limitation, reasonable attorney's fees and court costs), expenses and liabilities incurred in, or in connection with, any such claim or proceeding brought thereon and in defense thereof. Note: Signing this form also acts as a permission slip for all field trips and gives permission for my/my child's likeness to be used in promotional and newspaper press releases and photos. I have read and understood this release, indemnification and hold harmless form. I have been given the opportunity to ask questions. I voluntarily sign it and hereby give permission for the Town of Watertown staff to administer basic first aid and or seek appropriate medical assistance for the participant listed below. Per Connecticut General Statute 19a-77 we are required to disclose that our programs are not licensed by the State Office of Early Childhood.

I have read the above "Acknowledgement and Waiver" -- Initial Here _____

Signature: _____ DATE: _____

Signature of Applicant Aged 18 and Over or Parent/Guardian Aged 18 and Over

For Office Use Only - Please Do Not Fill Out Below – For Office Use Only – Thank You!

Method of Payment: Cash _____ Check # _____ Credit/Debit Card _____ MC VISA _____
 Today's Date: _____ Amount of Payment \$ _____ Staff Initials _____

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Phone: (860)945-5252

Applicants will be chosen based on financial need and a written statement by their parent or guardian, which will be kept strictly confidential. All recipients will be notified one week prior to the beginning of the program requested, whether they have qualified for a scholarship.

Please follow the instructions below for completing the scholarship application:

Attach proof of income (**copy of income tax return form previous year**).

Please complete:

Name: _____

Address: _____

Contact Number: _____

Number of People in Household: _____

Reason scholarship is being requested:

(Attach additional piece of paper if necessary)

Mail this application to:

Town of Watertown
Attn: Jeanne Vichioli, Social Services
61 Echo Lake Road
Watertown, CT 06795

The following fee(s) will be waived:

The parent/guardian is responsible for the following fees:

Signed

Date

Total Annual Family Income (include child support if applicable)

HOUSEHOLD INCOME GUIDELINES

Household Size:						
1	2	3	4	5	6	7
Under \$39,761	Under \$51,996	Under \$64,230	Under \$76,465	Under \$88,699	Under \$100,933	Under \$105,521

Clients must provide proof of income for everyone in the household over the age of 18 residing in the residence for the four weeks prior to the application date. See attached sheet for the other documentation to be submitted with application.

ACKNOWLEDGEMENT

I hereby acknowledge and agree I am responsible for paying all additional provider charges from the Town of Watertown, Parks & Recreation Department.

Name

Date