

\_\_\_ Kate  
 \_\_\_ EZ Care  
 \_\_\_ Enrollment  
 \_\_\_ Janet

**VAC**

## 2014-2015 BEDFORD RECREATION KIDS' CLUB VACATION REGISTRATION

**Child's Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

December Vacation	
Registration Deadline: 11/25/14 Please check off dates needed. Open 7:00 AM - 6 PM	
Closed	Wednesday, Dec. 24
Closed	Thursday, Dec. 25
Closed	Friday, Dec. 26
	Monday, Dec. 29
	Tuesday, Dec. 30
	Wednesday, Dec. 31
Closed	Thursday, Jan. 1
	Friday, Jan. 2

February Vacation	
Registration Deadline: 1/25/15 Please check off dates needed. Open 7:00 AM - 6 PM	
Closed	Monday, Feb. 16
	Tuesday, Feb. 17
	Wednesday, Feb. 18
	Thursday, Feb. 19
	Friday, Feb. 20

April Vacation	
Registration Deadline: 3/25/15 Please check off dates needed. Open 7:00 AM - 6 PM	
Closed	Monday, Apr. 20
	Tuesday, Apr. 21
	Wednesday, Apr. 22
	Thursday, Apr. 23
	Friday, Apr. 24

- \$57 Per Day Full Vacation; \$62 Per Day Partial Vacation.
- Nonrefundable \$40 deposit for each vacation due with form.
- Due to fixed expenses, no changes or refunds can be made after the deadlines.
- KIDS' CLUB opens on a storm-by-storm basis. If there is inclement weather, parents should call KIDS' CLUB to see if the program is open. Inclement weather may cause KIDS' CLUB to close or change hours of operation.

**Payments Due**

<b>December Vacation</b>	_____ X _____	= _____	<b>Less \$40</b>	= _____	<b>Deposit due with form</b>	= _____	<b>Balance due 11/25/14</b>
	Days    Rate    Total						
<b>February Vacation</b>	_____ X _____	= _____	<b>Less \$40</b>	= _____	<b>Deposit due with form</b>	= _____	<b>Balance due 1/25/15</b>
	Days    Rate    Total						
<b>April Vacation</b>	_____ X _____	= _____	<b>Less \$40</b>	= _____	<b>Deposit due with form</b>	= _____	<b>Balance due 3/25/15</b>
	Days    Rate    Total						

**Check payment method below:**

- \_\_\_\_\_ Charge deposit(s) to my credit card on file with the Recreation Department
- \_\_\_\_\_ Charge full amount to my credit card on file with the Recreation Department
- \_\_\_\_\_ Check payable to "Town of Bedford" included with form

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_