

(Admin. Use Only)  
 \_\_\_ Procure  
 \_\_\_ Enrollment  
 \_\_\_ Ledger after 1st



# 2023 - 2024

## BEDFORD RECREATION KIDS' CLUB SCHOOL YEAR SCHEDULED CARE REGISTRATION, GRADES K - 5

*PRINT CLEARLY: one child per form:*

**Child's Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_  
*(grade in Sept. 2023)*

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

**Start Date at Kids' Club:** \_\_\_\_\_

- *Sept. 5<sup>th</sup> is first day open for Grades 1-5*
- *Sept. 6<sup>th</sup> is first day open for Grade K*

<b>Before School</b>					<b>Rate Per Day</b>
7 AM – Bus Pickup					
Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>	\$16

<b>After School</b>					<b>Rate Per Day</b>
School Dismissal - 6 PM					
Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>	\$37

- ▶ **Please submit this form by email to [KCRegistration@bedfordma.gov](mailto:KCRegistration@bedfordma.gov) at or after 10:30AM on June 6, 2023.** Complete and submit the next page (First Aid/Emergency Care Consent) if you did not previously do so for Summer Fun 2023. Forms submitted **before** 10:30AM on June 6<sup>th</sup> will be **rejected** automatically and **must be re-submitted**.
- ▶ To drop/cancel any days before/after school that you've booked on this form with a start date in September 2023, **you must submit a Drop/Add form no later than August 15, 2023** in order to avoid being charged for the days you had booked. Days dropped will remain dropped from your child's schedule each month going forward.
- ▶ Adding days to your child's schedule is subject to space availability; please contact Kids' Club for more information.

**Payments:**

- ▶ Billing is processed and invoice statements are issued via email at the start of each month. Your payment is due the first week of each month for every child enrolled.
- ▶ If paying by check, please make payable to: **Town of Bedford** (mail it to Kids' Club or drop it off at our KC office).
- ▶ Check here  to auto-pay your bill at the start of each month with your MasterCard, Visa, AmEx, or Discover card. Please fill in your credit card information below; **we cannot transfer any credit card information from last year.**

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

# FIRST AID/EMERGENCY MEDICAL CARE CONSENT

## 2023-2024

Dear Kids' Club Families,

As required by the MA Department of Early Education and Care (EEC), we must have on file a paper copy of the first aid/emergency medical care consent you signed electronically in your 2023-2024 membership application.

Please review the permission agreement below and fill in your information (one child per form); then sign, date and return this form to Kids' Club as soon as possible. Thank you for completing this important document for your child.

I, \_\_\_\_\_, parent/guardian of  
*Parent/Guardian Name (PRINT clearly)*

\_\_\_\_\_, agree to the following:  
*Name of Child attending Kids' Club in 2023-2024 (PRINT clearly)*

### **FIRST AID/EMERGENCY MEDICAL CARE:**

*I authorize Bedford Recreation KIDS' CLUB personnel who are trained in the basics of first aid to give my child first aid when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the Program to have my child transported to the nearest medical care facility and to secure necessary medical treatment for my child. I also hereby authorize the performance of medical, minor surgical or diagnostic procedures, including the administration of local anesthesia, which may be deemed necessary or advisable by the attending physician or surgeon in the diagnosis and emergency treatment of my son or daughter in the event that I cannot be reached for direct authorization of treatment.*

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*