

(Admin. Use Only)

Procure
 Enrollment
 Ledger, after 1st

BEDFORD RECREATION KIDS' CLUB 2023-2024 REGISTRATION SCHOOL VACATION DAYS

VAC

Child's Name: _____ Grade: _____
(please PRINT clearly) *(as of Sept. 2023)*

Parent's Name: _____ Phone #: _____
(please PRINT clearly)

Please put a check mark in the boxes next to all dates you want scheduled for your child below:

December Vacation	
Drop Deadline: 11/15/23 Open 8:00 AM – 5:00 PM	
Closed	Monday, Dec. 25
	Tuesday, Dec. 26
	Wednesday, Dec. 27
	Thursday, Dec. 28
	Friday, Dec. 29
Closed	Monday, Jan. 1

February Vacation	
Drop Deadline: 1/15/24 Open 8:00 AM – 5:00 PM	
Closed	Monday, Feb. 19
	Tuesday, Feb. 20
	Wednesday, Feb. 21
	Thursday, Feb. 22
	Friday, Feb. 23

April Vacation	
Drop Deadline: 3/15/24 Open 8:00 AM – 5:00 PM	
Closed	Monday, Apr. 15
	Tuesday, Apr. 16
	Wednesday, Apr. 17
	Thursday, Apr. 18
	Friday, Apr. 19

Mark your payment method below:

Please charge my credit card on file with Kids' Club.

(NOTE: If you have not already provided your card information to us, please fill it in below. MasterCard, Visa, AmEx, Discover cards accepted. We cannot transfer any card or bank information from last year.)

Credit Card #: _____ Exp. Date: _____ CVV #: _____

Please charge my bank account on file with Kids' Club.

(NOTE: If you have not already provided your bank account information to us, please fill out our Auto-Pay Authorization form and send it to kidsclub@bedfordma.gov or drop it off at the Kids' Club/Mudge office. We cannot transfer any bank information from last year.)

I will pay by check, upon receipt of my monthly invoice statement each month.

(Please make your check payable to "Town of Bedford" and send to Kids' Club, or drop it off at the KC/Mudge office.)

- Submit this form by email (as a PDF document or a photo) to KCRegistration@bedfordma.gov at or after 10:30AM on June 6, 2023. Please submit the next page (First Aid/Emergency Care Consent) only if you have not previously done so for the 2023-2024 school year.
- Our rate is \$78 per school vacation day; payment is due in the first week of each month for each child enrolled.
- **DROP/CANCELLATION:** To drop days previously scheduled, submit a *Drop/Add Form for TPD/School Vacation Days* no later than the **15th** of the month **prior to** the month that the vacation days are scheduled. **Example:** to drop any December vacation days, you must submit a *Drop/Add Form for TPD/School Vacations* no later than November 15th. Due to fixed costs, we cannot cancel charges for drops submitted **after** the 15th of the month.
- Severe weather or other unforeseen events may cause Kids' Club to close or change hours of operation. If this occurs on any scheduled school vacation day, please call Kids' Club at 781-275-5427 for the outgoing message about any closure or change in our hours for that day.

Parent 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