

___ Procure
___ Enrollment
___ Ledger after 1 st

Bedford Recreation Kids' Club Summer Fun 2022

Full Day Enrollment

7:00 AM - 6:00 PM ♦ \$75/day

Child's Name: _____ Grade (Sept. 2022): _____
(please PRINT clearly)

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

Parent Signature

Date

Please mark the days you are requesting in the corresponding boxes below.

Week	Dates	Mon	Tues	Wed	Thurs	Fri
Week 1	June 21-24	CLOSED				
Week 2	June 27-July 1					
Week 3	July 5-8	CLOSED				
Week 4	July 11-15					
Week 5	July 18-22					
Week 6	July 25-29					
Week 7	August 1-5					
Week 8	August 8-12					
Week 9	August 15-19					
Week 10	August 22-26					
Week 11	Aug. 29- Sept. 1					CLOSED

* **Submit this form (both pages) by email to KCRegistration@bedfordma.gov.** Please contact us if you need printed form(s). All forms are processed in the order received.

Payments:

- Payment for June 21-July 29 care is due July 1 and August care is due August 1. Bill statements are emailed.
- If paying by check, please make all checks payable to: "Town of Bedford".
- **Check here** to auto-pay with your MasterCard, Visa, AmEx, or Discover card and please provide your card information below. We cannot transfer credit card information from the previous year.

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

Schedule Changes/Cancellation Policy:

- Submission of a **Drop/Add Form – Summer Fun** is required for all summer schedule changes.
- Schedule changes must be submitted by the **15th of the month prior** to the month in which the changes will be made effective. Drops/Cancellations must be submitted by this same deadline in order to avoid charges for the dropped days going forward.

FIRST AID / EMERGENCY MEDICAL CARE CONSENT

2022-2023

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 2022-2023 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 2022-2023 (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