

## KIDS 'N US RECREATION PROGRAM REGISTRATION 2010

Child's Full Name: \_\_\_\_\_  
 Nickname: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/ST/Zip: \_\_\_\_\_  
 Legal Guardian: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Emergency contact (in the event we cannot contact parents)  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Allergies: \_\_\_\_\_

Program hours are **8:00 am – 5:00 pm** Monday – Friday.

INDICATE THE WEEK OR INDIVIDUAL DAYS YOU WISH TO ENROLL YOUR CHILD:

<u><b>FULL WEEK</b></u>	<u><b>OR</b></u>	<u><b>INDIVIDUAL DAYS</b></u>
_____ Session 1 (June 21 - 25)		___ M ___ T ___ W ___ R ___ F
_____ Session 2 (June 28 - July 2)		___ M ___ T ___ W ___ R ___ F
_____ Session 3 (July 5 -9)		___ M ___ T ___ W ___ R ___ F
_____ Session 4 (July 12 - 16)		___ M ___ T ___ W ___ R ___ F
_____ Session 5 (July 19 - 23)		___ M ___ T ___ W ___ R ___ F
_____ Session 6 (July 26 - 30)		___ M ___ T ___ W ___ R ___ F
_____ Session 7 (August 2 - 6)		___ M ___ T ___ W ___ R ___ F
_____ Session 8 (August 9 - 13)		___ M ___ T ___ W ___ R ___ F
_____ Session 9 (August 16 - 20)		___ M ___ T ___ W ___ R ___ F
_____ Session 10 (TBD based on need)		___ M ___ T ___ W ___ R ___ F

- Children must be between the ages of 6-13 years old.
- Weekly rate: **\$155/week** does not include daily lunches or **\$175/week** includes daily lunch. Sibling discount of \$15 per weekly rate.
- Daily rate: **\$36/day** does not include daily lunches or **\$40/day** includes daily lunch.
- Limited snacks and drinks will be provided.
- All payments are due one week prior to the week your child will be attending unless other arrangements have been made with the Parks Department. First week's payment is due with registration. All checks must be made payable to the **TOWN OF MENDON**.
- All payments are **NON-REFUNDABLE**.
- **IMMUNIZATION RECORDS** must be supplied at enrollment if your child does not attend Mendon/Upton Public Schools. Your child will not be enrolled until records are supplied.

Each week there will be either a field trip or performer/special activity. The special activities/performers are free of charge to the Kids 'N Us Rec Program. The field trips will be mandatory (returning to the Town Beach by 5 pm) – No counselors will be left at Town Beach to stay behind.

### 2010 Field Trips

Session #4 – July 14<sup>th</sup> – Rhode Island Rock Gym (\$25.00/person)  
 Session #5 – July 21<sup>st</sup> – Paw Sox Game (\$10.00/person)  
 Session #6 – July 28<sup>th</sup> – Breezy Acres Waterslides (\$23.00/person)  
 Session #7 – August 4<sup>th</sup> – LazerZone (TBD)  
 Session #8 – August 11<sup>th</sup> – Six Flags (\$32.00/person)

**(OVER)**

CHILD'S NAME: \_\_\_\_\_

Daily swimming is offered at the Town Beach each afternoon. Certified Lifeguards are on duty at all times as well as the Counselors. Consent is needed to allow your child to participate in the daily swim time.

SIGNATURE : \_\_\_\_\_ DATE: \_\_\_\_\_

Daily sign in/out will take place. It is the responsibility of the person dropping off/picking up to ensure the child is signed for. This policy is for the protection of your child. Photo ID will be required.

My child has my permission to swim to the far dock during open swim at the Kids 'N Us Recreation program. \_\_\_\_Y\_\_\_\_N

The following is a list of persons authorized by me to pick up my child/children:

\_\_\_\_\_  
NAME AND SIGNATURE

\_\_\_\_\_  
NAME AND SIGNATURE

I understand I am giving permission to the Kids 'N Us Recreation program to release my child to the specified persons listed above in the event I am not able to arrive at the 4:00 pm pick up time. Prior consent will be given either on the daily sign in sheet or in the event of an emergency, by phone to the Director or Counselor of the program.

**CONSENT FOR MEDICAL TREATMENT OF A MINOR:**

As parent or legal guardian of the above named child, I hereby give my consent for emergency medical care prescribed by a duly licensed doctor of medicine or a doctor of dentistry. This care may be given under whatever conditions are necessary to preserve life, limb or well being of my dependent.

Known Medical Conditions: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ ID# Number: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**PLEASE RETURN THIS FORM WITH PAYMENT TO:**

Mendon Parks Department  
20 Main Street  
Mendon, MA 01756

**\*\*WE MAY PHOTOGRAPH YOUR CHILD FOR PUBLICITY PURPOSES, IF YOU DO NOT WISH TO HAVE YOUR CHILD PHOTOGRAPHED, PLEASE NOTIFY THE DEPARTMENT IN WRITING.\*\***

## LATE PICK UP POLICY AND PROCEDURES

Note: We ask that all late pick up charges be paid in cash upon arrival. This will be given directly to staff that stayed beyond their scheduled departure time.

Any fees not paid upon arrival will need to be paid before the child returns to the program. All times are based on the staff time clock in the office.

Late Pick Up Charges:

- 1.) First Late Pick Up:      No charge up to 5:15pm  
                                         \$15.00 for 5:15pm - 5:30pm  
                                         \$2.00 per minute after 5:30pm
  
- 2.) Second Late Pick Up: \$15.00 up to 5:15pm  
                                         \$2.00 per minute after 5:15pm
  
- 3.) Third Late Pick Up:      \$2.00 per minute after 5:00pm

This policy is in effect for the entire time your child is enrolled, with "late pick-ups" accumulating from the child's entrance until the child's withdrawal from Kids 'N Us Recreation Program.

We ask that you plan your departure from work to allow time for unforeseen traffic or other delays, and that you arrange for an authorized person to pick up your child(ren) if delays are severe. The person who picks up the child at the end of the day will be asked to sign an acknowledgement of his/her arrival time, and late charges will be determined according to that time.

I understand the Kids 'N Us Recreation Programs late pick up policy and agree to pay any applicable fees according to the charges listed above.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

(OVER)

## **SUNSCREEN POLICY AND PROCEDURE**

I give permission for the Kids 'N Us recreation staff to help apply sunscreen to my child and understand the following:

1. Sunscreen should be applied in the morning, before my child arrives at Kids 'N Us.
2. Each child needs his/her own bottle of sunscreen. Please put name of child on bottle.
3. Children will apply their own sunscreen (with staff assistance).
4. Kids 'N Us suggests nightly baths to remove sunscreen before bedtime.

Parent/Guardian Signature \_\_\_\_\_ Date\_\_\_\_\_