

SUMMER REC 2024

Parents Please PRINT LEGIBLY SO WE HAVE CORRECT INFORMATION. Sign in Ink Below
OPEN TO: child must be in going in Grades K through 6th

Participant Full Name(s)	Age	Grade	Weeks
1) _____			
2) _____			
3) _____			

Early Drop off (\$25) _____ Late Pick Up(\$25) _____

1) Parent /Guardian _____ Cell _____

2) Parent /Guardian _____ Cell _____

E-mails (1) _____ (2) _____

Mailing Address _____

Emergency Contact is Required: Please let them know you've designated them & what you would like them to do in the event they are contacted in an emergency if we cannot reach you.

Name _____ Relationship to child _____

Phone (s) _____

Primary Physician: _____ Phone _____ List Child(ren's) Name(s),
 allergies or any existing medical conditions that would affect his/her participation in this program. Use back if needed.

Waiver of Liability: I/We the undersigned parent/guardian, give my/our permission for my/our child to participate in any and all activities included in the Bernardston Recreation Dept. Winter Recreation program., and will abide by all rules and policies set forth by the Town of Bernardston, Recreation Dept, PVPRS and Commonwealth of MA.; I / We agree to abide by and comply to all COVID-19 regulations, and that we will not bring/send our child(ren) to the Recreation Dept. Winter Program if they or other household members exhibit symptoms, or if we give our child(ren) fever reducing medication 24 hours prior to attending this program; I/We understand and agree that the towns of Bernardston and Leyden, P.V.R.S. and their assigns, agents, employees, and any designated coach/instructor for this program will not be liable to me/us or my/our child for(ren) any claims, actions, suits or harm that may arise out of, or in any way related to, my/our child's participation in this recreational activity:

Parent/Guardian Signature/s _____ Date / /2024

-----DO NOT WRITE BELOW THIS LINE -----OFFICE USE ONLY BELOW THIS LINE -----

Rec'd. \$ _____ .00 Check No. _____ By _____ Date / /2024

Please check on the line which week your child will be attending.

Attend all weeks and pay before **May 30th** discount savings of \$120.00 per child.

Attend all weeks and pay before **June 6th** discount savings of \$50.00 per child.

Paying for multi children. 1st child full price 2nd child save \$25.00 **(not to be combined with other discounts)**

Attend these weeks 4, 5, 6, 7, & 8 cost \$825.00 **(no other discounts to be combined)**

Paid before May 30th \$1200.00 Paid before June 6th \$1270.00 No discount if paid after June 7th \$1320.00

Payment plan options to help families break down the cost of camp over a few months

Payment 1: Due by March 14th

Payment 2: Due by April 4th

Payment 3: Due by April 25th

Payment 4: Due by May 16th

Payment 5: Due by May 30th

Payment 6: Due by June 6th

Week 1 Board games Theme: Tuesday, June 18th- Friday, June 21st \$ 150.00 cost _____

Week 2 Holiday Theme: Monday, June 24th - Friday, June 28th \$175.00 cost _____

Week 3 Super Heroes Theme: Monday, July 1st - Wednesday, July 3rd \$120.00 cost _____

Week 4 Lights, Camera, Action Theme: Monday, July 8th - Friday, July 12th \$175.00 cost _____

Week 5 Sports Theme: Monday, July 15th- Friday, July 19th \$175.00 cost _____

Week 6 Rainforest Theme: Monday, July 22 - Friday, July 26th \$175.00 cost _____

Week 7 Decades Theme: Monday, July 29th- Friday, August 2nd \$175.00 cost _____

Week 8 Outdoor Adventure Theme: Monday, August 5th - Friday, August 9th \$175.00 cost _____