

Extended Day February Vacation Camp

Extended Day Program, 415 Elm St., Walpole, MA 02081

Tel: 508-660-7361

Dear Parents:

The Extended Day Vacation Camp will be held in the Fisher School Cafeteria on 2/19, 2/20, 2/21, and 2/22 from 7:00AM to 6:00PM. The cost is \$55.00 per day with a 10% sibling discount. There is no registration minimum requirement so if you choose you may sign up for only one day. Your child will be provided with snacks and drinks. Please provide your child with lunch and a drink. This is open to all Walpole Public School students in Kindergarten through grade 5. In order to run this camp we need a minimum of 25 students to register.

Activities will include games, arts and crafts, music and movement, movies indoor and outdoor play.

Please check off which days your child(ren) will attend. Remit the sign up sheet along with your completed emergency form and appropriate non-refundable fee to our office by **February 11**. In order to plan for staff and supplies please plan accordingly.

REGISTRATIONS WILL NOT BE ACCEPTED AFTER February 12.

We will notify you only if the camp does not run.

Please do not mail these forms to your child's school or give to their teacher.

Please bring your completed registration and check directly to our office at:

Extended Day Program

415 Elm Street

Walpole, MA 02081

Attention: Kathy Panos

Checks must be made out to **Town of Walpole**.

Please park in the Fisher School upper right hand parking lot. Come to the back of the building. Ring the bell by door 14 and a staff member will open the door for you. Come into the cafeteria to sign your child in. **Do not drop off and go.**

You will be asked to present a picture ID when you come in to pick up and sign out at the end of the day. If there is inclement weather we will contact you if the day is cancelled.

Fisher School Camp Phone Number: 508-850-7913

Please mail the attached registration, with the emergency form and your check.

Child's(ren) Name _____ Grade _____
School _____
_ Parent's Name _____
Address _____
_ Accessible Phone Numbers _____

Please check days attending:

Tues., 2/19 _____
Weds., 2/20 _____
Thurs., 2/21 _____
Fri., 2/22 _____

**PLEASE NOTE IF YOUR CHILD
REQUIRES AN EPIPEN
YOU MUST PROVIDE
ONE FOR VACATION CAMP.**

**PLEASE CALL THE OFFICE IF YOUR CHILD REQUIRES
AN INHALER.**

Walpole Public Schools Extended Day Program

415 Elm Street
Walpole, MA 02081
660-7361

Child's name: _____ D.O.B. _____

Home address: _____

Home phone: _____ Cell/beeper: _____

Parent/Guardian Name: _____

Business Name & Address (Mother) _____

Phone: _____

Business Name & Address (Father) _____

Phone: _____

Email address _____

Identifying Information:

Eye color: _____ hair color _____ height: _____ weight _____

Please list two neighbors and/or relatives for emergency contact.

Name: _____ Phone: _____ Relationship: _____

Address: _____

Name: _____ Phone: _____ Relationship: _____

Address: _____

SEPTEMBER 2018 Teacher _____ **Grade** _____ **School** _____

Please list all allergies, dietary restrictions, special limitations, and/or chronic health conditions.

Have you filed a Section 504 form? Yes _____ No _____

Other information that would be important for staff members to be aware of i.e., (recent move, divorce, death in family, behavioral issues). This information is confidential! _____

Physician's name: _____ Phone: _____

Dentist's name: _____ Phone: _____

Authorized to Release Form:

I give my permission for my child to be released from the program and/or to be received at the end of the program to the following people:

Parents: _____

Name: _____

Relationship: _____

Address: _____

Telephone: _____

Name: _____

Relationship: _____

Address: _____

Telephone: _____

Name: _____

Relationship: _____

Address: _____

Telephone: _____

Parent/Guardian Signature

Date

Authorization and Consent Form

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, in the event I cannot be reached, I hereby authorize the Walpole Public School Extended Day Program to transport my child to the nearest hospital to secure for my child the necessary medical treatment. I understand the staff members in the center are trained in the basics of first aid and I authorize them to give my child first aid when appropriate.

Parent/Guardian Signature

Date

*Please provide a recent picture of your child.

This signature indicates that all information stated on this application is accurate and complete. This signature also gives my child permission to participate in all Extended Day activities.

Parent/Guardian Signature

Date