



TOWN OF ACTON RECREATION DEPARTMENT

50 Audubon Drive, Acton, MA 01720

(978) 929-6640 X0

Online Registration: www.actonrec.com

School Vacation Program Registration Form (Ages 5-12)

ATTENDEE INFORMATION (one child per form)

Last:		First:		MI:	
Nickname				Current Grade:	
Birthday (MM/DD/YYYY)				Please circle: Male Female Non-Binary	
Which School Vacation?					
Allergies					
Special Accommodations					

PARENT/GUARDIAN INFORMATION

Name(s)			
Mailing Address			
City, State, Zip			
Home Phone		Cell Phone:	
E-mail address			

List anyone authorized who may pick up your child including yourself.

ID required-- must match designated pick-up

Acton Recreation Department School Vacation Program costs \$50 per child per day. Our program runs from 9:00am—4:00pm. No half day options available. No post-care. Program Location: Acton Recreation Center, 50 Audubon Drive, Acton 01720.

Day	Date	Fee	Total
Monday		\$50	\$
Tuesday		\$50	\$
Wednesday		\$50	\$
Thursday		\$50	\$
Friday		\$50	\$

Please note: All meals, snacks, and beverages are provided by parent.

Total Paid

\$

Office Use Only:

Total Received \$ _____ Payment Type: Cash MO Visa MC Check # _____

Date Received: _____ By: _____



School Vacation Program Registration Form, continued

MUST BE COMPLETED WITH EACH REGISTRATION:

Payment: Payment in full is due with registration. Payment options accepted are: Cash, Check, Money Order, VISA, MasterCard. There's a 3% fee when paying by credit card.

Refund Policy: You may withdraw from the program up to seven (7) business days prior to the start date. A non-refundable administrative fee of \$25 per session, per child, is applied to all registrations. After that time, no refunds will be issued. All requests must be submitted in writing to the Recreation Department: recreation@actonma.gov. Exception to policy timeframe: Written letter from licensed physician excusing participant from a program prior to the first day of program date.

Behavior: We take great pride in the outstanding respect our participants have exhibited over the years with our program. For the enjoyment and safety of all participants and staff, inappropriate behavior will not be permitted. Our program has a zero tolerance policy. Grounds for dismissal include: disrespect for others or property, foul language, fighting, bullying, sexual harassment, spitting and biting. Refunds will not be given to a participant who has been dismissed from the program due to behavioral issues.

Switching Day Fee: A fee of \$10 per day is applied (per person), pending availability of session openings.

Flexible Spending: Town of Acton Tax ID #046-001-062. We are happy to email a receipt for Flexible Spending Account reimbursement to parent/guardian listed on the account. Receipt requests must be in writing to recreation@actonma.gov.

Photographs: Please initial if you wish for your child to NOT be included in photographs _____.

Email: Recreation uses email to communicate Recreation information and will not give out your address for other purposes.

Proxy Registrations, Program Confirmation & Disclaimer: A person may submit another's registration form provided the form is properly completed and signed. The Recreation Department reserves the right to correct errors or adjust program fees and activities at the time of release by print or internet, and reserves the right to cancel any program.

Release of Liability: The Town of Acton and any other associated groups, their officers, members or associates, appointed or volunteer, do not accept any liability for loss of life or property, personal injury or damage caused or rising out of any activity engaged in during the program for any reason whatsoever. I also agree to assume the risks for myself and my child and agree to hold the Town of Acton and its officers, employees and volunteers harmless and free of any liability for damage or injury my child may incur arising from participating in Acton Recreation activities.

Registrations must be completed in full and signed by parent/guardian. Registrations will not be processed if incomplete.

I acknowledge the above policies and Release of Liability.

Child's Name (Printed): _____

Parent/Guardian Signature: _____

Parent/Guardian Name (Printed): _____ **Date:** _____