



TOWN OF ACTON RECREATION DEPARTMENT

50 Audubon Drive, Acton, MA 01720

(978) 929-6640

Online Registration: www.actonrec.com

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 or Female	
Which School Vacation?: December February April					
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

The Acton Recreation Department's Vacation Program costs \$50 per child per day. Our program runs from 9:00am—4:00pm; no half day options available. Program Location: Acton Recreation Center, 50 Audubon Drive, Acton.

Day	Fee	Extended Day Option (4-5:30pm)	Total
Tuesday	\$50	\$20	\$
Wednesday	\$50	\$20	\$
Thursday	\$50	\$20	\$
Friday	\$50	\$20	\$
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: _____		



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 a program up to 7 business days prior to the start date—a non-refundable administrative fee of \$25 will be applied to all registrations. After that time, no refunds will be issued. All requests must be submitted in writing to the Recreation Department requesting withdrawal and refund. It will take two-three weeks for the refund to be processed. You will receive a refund if the program does not run, due to weather. Exception to policy: a written letter from a licensed physician excusing participant from a program prior to the program date.

Behavior: We take great pride in the outstanding respect that 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 provide a receipt for you for your Flexible Spending Account reimbursement.

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 mistakes or adjust program fees and activities in this brochure at the time of release by print or internet, and reserves the right to cancel any program due to low enrollment or poor weather.

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:** _____