

# VACATION CLUB



**Don't be left  
behind!!!**

MAIL COMPLETED FORMS AND FEE TO:

Vacation Club  
112 Howland Rd.  
Lakeville Ma. 02347

Checks payable to Freetown-Lakeville Schools

Phone: 508-923-2000 ext. 1730

E-mail: [lpacheco@freelake.org](mailto:lpacheco@freelake.org)

# VACATION CLUB



**Freetown-Lakeville  
Extended Programs presents  
Vacation Club**

- Enrichment Classes
- Sports Activities
- Full Day Program
- Half Day Program

**February Vacation 2/19-2/22  
April Vacation 4/16-4/19**

# It's Here!!!!!!

Dear Parents,

We are now accepting applications for the **Vacation Club** located at the George R. Austin Intermediate School. We are excited to offer a **child care program during school vacation weeks**. Please pass the word..Vacation Club is open to students from neighboring communities! The more the merrier!!!

The purpose of VaCation Club is to provide parents with quality care during school vacation weeks that incorporates enrichment classes in the morning with meaningful activities, supervised free choice and directed play in the afternoon. So where will the journey take us? One filled with a unique balance of hands-on learning and rip-roarin' fun designed to enhance each child's social, emotional, physical and intellectual growth.

In the morning, vacationers will be involved in recreation and fun. They will work on team building, personal expression and goal setting. They will be in an array of tournaments from some of our favorite games like Minute to win It, Beat the Buzzer and jeopardy!

In the afternoon, it's fun filled journey for all...There will be arts & crafts, swimming, wild n' crazy games, theme days, and special events.

VaCation Club, is open for students preschool through eighth grade. There are two different options. These options include a full day program where students pick two classes in the morning and attend the afternoon session or a half-day program where students can attend the classes in the morning or attend only the afternoon session. There is a two day minimum required.

We are a team ready to provide your children with a nurturing environment where children can be themselves without fear of ridicule or disapproval. VaCation Club is a place where our children can have fun, learn, relax and be safe. The journey begins here!!

## VACATION CLUB

Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which the Program should be aware.

Explain any restrictions to activity (e.g. what cannot be done, what adaptations or limitations are necessary)

Emergency Contact Information:

Name Relationship

Home Phone Cell Phone

For Office Use Only:

Registration Fee \$\_\_\_\_\_ Date: \_\_\_\_\_ Check: \_\_\_\_\_

Total Due February: \$\_\_\_\_\_ Total Due April \$\_\_\_\_\_

Paid: \$\_\_\_\_\_ Check# \_\_\_\_\_ Date \_\_\_\_\_

▶ **It's Here!!!!!!**

# VACATION CLUB

## Health Information Continued

### Health History

The parent/legal guardian must fill in the following information. The intent of this information is to provide the Program Staff vital information and background to insure appropriate care.

### ALLERGIES – List all known

**Medication Allergies (List) Describe Reaction and Management of the Reaction**

---

**Food Allergies (List)**

---

**Other Allergies (List) -include insect stings, hay fever, asthma, animal dander, etc.**

---

**Restrictions (The following restrictions apply to this individual)**

---

Does not eat:  Peanuts  Pork  Poultry  Seafood  Eggs

Other (describe) \_\_\_\_\_

My child is up-to-date on his/her immunizations and tetanus shots

yes  no



### AM Enrichment Classes and Activities Times

There will be a 15 minute break between each class. Children can bring a snack from home or purchase one at the Souvenir store. **Doors open at 7:00 am.**

**8:00am-10:00am** -Breakfast (included in Program) and Table Games

**10:00am-12:00pm**-Recreation and Fun

### Class Levels

Pre-K-2nd grade

3rd grade-5th grade

6th grade-8th grade

### PM Structure

Children will be grouped into grade levels

### Sample Schedule

12:00-12:15 Meet in the cafeteria

12:15-1:00 Lunch

1:00-2:30 Swimming (by grade level and ability)

2:30-3:30 Arts and crafts or cooking

3:30-4:30 Fun n' games or computer

4:30-5:15 Leisure Library or Tech Time



▶ **It's Here!!!!!!**

## VACATION PRICES

If you have any questions please call the Administrator at 508-923-2000 ext. 1730. Refunds will only be given with a certified doctor's note due to illness.

### Half-day— 7:00am-12:00pm or 12:00pm-5:30pm

	<b>1 child</b>	<b>2 children</b>
<b>2 days</b>	<b>\$ 35.00</b>	<b>\$ 65.00</b>
<b>per week</b>	<b>\$ 65.00</b>	<b>\$ 125.00</b>

### Full-day— 8:00am-5:30pm

	<b>1 child</b>	<b>2 children</b>
<b>2 days</b>	<b>\$ 65.00</b>	<b>\$ 120.00</b>
<b>per week</b>	<b>\$125.00</b>	<b>\$ 210.00</b>

**The Deadline for enrollment:**

**February Vacation— February 09, 2018**

**April Vacation —April 10, 2018**

- Tuition must be paid in full in advance of Session
- Payments made payable to Freetown-Lakeville Schools
- There is a 2 day minimum
- Payments can be made online or in person at the

**George R. Austin Intermediate School  
or mailed to:**

**Vacation Club  
112 Howland Rd  
Lakeville, Ma 02347**

## VACATION CLUB

**Parent/Legal Guardian Authorizations:** This health history is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities, except as noted.

Parent/Legal Guardian Signature:

\_\_\_\_\_ Date \_\_\_\_\_

### Authorization for Emergency Medical Treatment

As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the following minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. I also do herewith authorize the Fore and Aft, K-Plus/ Kids Café Summer Camp/Vacation Club Staff to administer routine first aid treatment.

Name of Minor \_\_\_\_\_

Relationship \_\_\_\_\_

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Parent/Legal Guardian Signature:

\_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

▶ **It's Here!!!!!!**

## Health Information

**Parent/Legal Guardian Authorizations:** My Child/Children are currently enrolled in the Fore and Aft Program/PreK-Plus and has a medical history on file. This health history is correct and complete as far as I know, and the person herein described has permission to engage in all activities, except as noted.

Parent/Legal Guardian Signature: \_\_\_\_\_

Date \_\_\_\_\_

### Complete if not enrolled in Fore and Aft/K-Plus:

#### Insurance Information

Is the participant covered by family medical/hospital insurance? \_\_\_yes  
\_\_\_no If yes, indicate carrier or plan

Name \_\_\_\_\_

Group # \_\_\_\_\_ Carrier Address \_\_\_\_\_

City/Town \_\_\_\_\_

Name of Insured \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

Physician Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_



## VACATION CLUB

### Vacation Tidbits

Vacationers will not be allowed to participate until all emergency and medical forms are completed and submitted with payment.

- \* Please enter and exit using the cafeteria doors
- \* You must sign your children in and out of Vacation Club
- \* Doors open at 7:00AM and Doors Close at 5:30PM
- \* Must pack a lunch
- \* Half-Day Pm Camp begins at 12:00 Noon
- \* Send in drinks and snacks for each class break or buy something at the Café Store
- \* Label all personal belongings including hats, gloves, jackets and lunches
- \* Swim Time-Campers will be grouped by grade level first and then by ability. During the first day of each session campers will be tested on their swimming ability. Campers will receive swim instruction by certified life guards and swim instructors under the direction of Swim Director Val Dors.
- \* The Souvenir Store will be selling snacks, ice cream, drinks and candy on a daily basis.
- \* We are not responsible for lost or stolen items
  - \* There are no refunds



## Class Form

### INSTRUCTIONS:

Please mail this Registration Form along with the **one time, non-refundable** registration fee of **\$20.00 for one child and \$30.00 for more than one child**. Vacation Club will register the first full time participants before special requests such daily participation will be considered. All required paperwork and payment must be returned before your child can attend Vacation Club. Failure to submit required forms and payments will forfeit your enrollment.

### INFORMATION:

#### **Vacationer Name:**

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Grade: \_\_\_\_\_

#### **Vacationer Name:**

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Grade: \_\_\_\_\_

### GENERAL INFORMATION:

Name of Parent(s)/Guardian(s):

Home Address and Zip Code :

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature of parent/guardian:

Date: \_\_\_\_\_

### **Release Information:**

Parents or legal guardians are responsible for signing children in and out of the Fore and Aft/PreK-Plus Program/Kids Café Summer Camp/Vacation Club. In an emergency situation the following people will have permission to pick up or drop off the children. Children will only be permitted to leave when prior notification has been made with the Program Director. All persons will be mandated to show a valid driver's license for verification.

NAME \_\_\_\_\_

Relationship \_\_\_\_\_

NAME \_\_\_\_\_

Relationship \_\_\_\_\_

You only need to complete one form to enroll on for both Vacation Weeks if the schedule remains the same.

### **I am interested in attending: NO MONDAY**

February Vacation \_\_\_\_\_ April Vacation \_\_\_\_\_

By Week \_\_\_\_\_ By Day \_\_\_\_\_

Specify (circle): Tu W Th F

By signing this form for both weeks you do need to re-submit...

