

Registration Form

Vacation Station (grades K-5)

Select your weeks and days . . .

- June 25* Mon Tues Wed Thurs Fri
- July 2* Mon Closed Tues/Wed Thurs Fri
- July 9 Mon Tues Wed Thurs Fri
- July 16 Mon Tues Wed Thurs Fri
- July 23 Mon Tues Wed Thurs Fri
- July 30 Mon Tues Wed Thurs Fri

* City-sponsored lunch not available. Lunches begin July 9.

Select your time . . .

- 8:00 am to 5:00 pm (\$45 per day)
- 8:00 am to 12:00 (\$20/day)
- 12:00 to 5:00 pm (\$25/day)

15% sibling discount for siblings who attend the same program

Vacation Station Channel Surfing (grades 6-8)

Select your weeks . . . (minimum of two required)

- June 25 July 2 July 9
- July 16 July 23 July 30

\$25 total for the entire summer

Program runs Monday through Thursday—12:00 to 5:00 pm

Join us at one of our Registration Fairs

Beebe School on May 3 from 6:00 to 7:30 pm

Salemwood School on May 8 from 6:00 to 7:30 pm

You may mail your completed registration form and deposit to PCSM at 529 Salem Street, Room A125, Malden, MA 02148

Questions—please call us at 781/870-7684

Download a registration form at
<https://maldenps.org/communityschools/>

Please do not contact the schools directly or return this form to the schools. It will not be processed.

Summer sports camps are offered through the City of Malden Recreation Department. Visit their website at www.maldenrec.com or call them at 781/397-7168

Registration Information (please print clearly)

Child's Name: _____ Male Female

Address: _____

Home Phone: _____ Child's Age: _____

School: _____ Grade Sept. 2018: _____

Teacher 2017/2018: _____

Please list any special limitations or health information we should know about your child, including any allergies, dietary restrictions, infectious diseases, and special medications.

Parents/Guardians (please print clearly)

Name: _____ Relationship: _____

Work Phone: _____ Cell: _____

Name: _____ Relationship: _____

Work Phone: _____ Cell: _____

Additional Emergency Contacts (please print clearly)

Name: _____ Phone: _____

Name: _____ Phone: _____

Transportation

In order to keep children safe, please tell us how they will leave the program. If a child has permission to walk home, or take public transportation, your signature is required.

My child will be picked up

My child will walk _____
Parent/Guardian Signature Date

Financial Aid

Limited financial aid is available. It is awarded on a first-come, first-serve basis.

I will apply for aid. Enclosed is a **COPY** of my 2017 1040.

Payment

A one week deposit is required with your registration.

A one-time registration fee per child is due for the K-5 summer program (no registration fee for Channel Surfing). The fee is \$10 before June 1 and \$25 after June 1. It must be included with this form. It is non-refundable. Families must pay for subsequent weeks two weeks prior to each program week. Please make checks or money order payable to City of Malden.

I agree that I am financially responsible for the programs selected here and my child will attend.

Signature _____

Date _____

Consent Form

Medical Consents

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I authorize PCSM to contact emergency services to transport my child to the nearest hospital or medical facility and to secure for my child the necessary medical treatment. I authorize trained employees of PCSM to administer first aid and/or CPR if necessary. Yes No

Child's Name: _____ Physician Name: _____
Physician Address: _____ Phone Number: _____
Insurance Provider: _____ Policy #: _____

Parent/Guardian Signature: _____ Date: _____

Photographs

Pictures, photographs, and video are taken of activities from time to time for the purposes of school-based newsletters, newspaper articles, or other publications. Any children pictured in these publications will not be identified by name. Please sign below your preference for your child's participation. I am willing I am not willing

Parent/Guardian Signature: _____ Date: _____

Behavior Program

We ask the cooperation of family members at home to reinforce behavior, and let students know they must conduct themselves properly throughout the program. We want to provide a safe environment that promotes appropriate social interactions. In order to do that we have developed the following behavior rules.

1. For the first disruptive incident a verbal warning to the student and his/her parents/guardians will be given.
2. Second disruptive incident will result in a mandatory one day suspension from the program.
3. The third disruptive incident will result in a suspension from the program for a designated number of days (discretion of staff).
4. If there is a fourth disruptive incident, the student will be removed from the program with parent/guardian notification. A decision will be made as to whether the child can return for subsequent sessions.

Immediate removal from the program will occur if a student exhibits physical behavior that risks the safety of his/her self or another student or staff member. I agree with these guidelines

Parent/Guardian Signature: _____ Date: _____

Student Pick Up

Departure time is 12:00 or 5:00 pm. Please inform the program staff in writing ahead of time when your child has to leave early (for example, for a doctor's appointment) or will be absent. Students must be picked up on time. Policy as follows:

- After 5 minutes you will be charged \$1.00 for each minute you are late. After 10 minutes you will be charged \$2.00 for each minute you are late.
- After 10 minutes, emergency contacts will be notified. If after 30 minutes the student is not picked up, and we have not reached your contacts, the Department of Children and Families will be contacted.
- Late fees must be paid before your child can return.
- Employees will use the school clocks for reference.

In addition to being picked up on time, children will only be released to people listed on your registration form. If you wish to add someone to your list contact PCSM. Individuals picking up a child must present a photo ID. With written parental consent, children may walk home from the program. I agree with these guidelines

Parent/Guardian Signature: _____ Date: _____