

Welcome to Extended Day Camping Adventures Week!





Extended Day April 2023 VACATION
Tuesday, April 18 - Friday, April 21, 2023
DEADLINE: Thursday, April 6, 2023



March 24, 2023

Enrollment and field trip participation is open to all Millis Public School children in grades K-5 and will be granted on a **first-come, first-serve basis**. Your Extended Day account must be in good standing to enroll in vacation programs. We will accommodate as many children as our staffing allows, maintaining a safe 1:10 ratio at all times. We hope that this will include everyone interested. On the outside chance that we are not able to accommodate all interested, you will be contacted.

Please note that there will not be a nurse on site during the vacation.

HOURS: The program will be available from **7:00AM to 5:30 PM**. Please see below for special events:

WHERE: All grades will be at Clyde F. Brown School for our vacation program. Please go to the cafeteria vestibule door #21 to sign in. We expect to have access to the gym, the café, the art room and the field area/playground as well.

Children should wear or bring sneakers every day!

REGISTRATION AND PAYMENT INFO: Completed registration forms, permission slips, and tuition must be received by the Extended Day office (7 Park Rd.) no later than 6:00 pm on Thursday, April 6, 2023. You may mail registration forms to us % Extended Day; 7 Park Rd. Millis, MA 02054 or put them in the designated box at your child's Extended Day Program. **Please do not send it to your child's classroom teacher or the CFB office.**

1, 2, 3: Parents must provide all food and drinks for your children. That includes **1 lunch, 2 snacks and 3 drinks**. We are a **Nut Aware** Facility so all food must be **Nut Free**. Please be sure your child **eats or brings breakfast** in the morning as well. The cafeteria will be closed and we will not have access to a kitchen, so please be sure to provide all utensils needed and no food in need of warming up.

****Should there be less than 10 students enrolled in Vacation Week programming on any given day, we reserve the right to cancel the program on that day.****

**MILLIS PUBLIC SCHOOLS - EXTENDED DAY PROGRAM
VACATION REGISTRATION
PROGRAM WILL TAKE PLACE AT CFB**

Name: _____

Address: _____

Phone: _____ Grade: _____

Date of Birth: _____ M F

Parent: _____

Work Phone: _____ Cell Phone: _____

E-mail: _____

Parent: _____

Work Phone: _____ Cell Phone: _____

E-mail: _____

Child Lives With: Both Mom Dad Other

Enrollment, Tuition & Fees:

PLEASE CALCULATE YOUR TUITION

My child will attend: (please initial) TUES _____ WED _____ THURS _____ FRI _____

Daily cost of attendance \$54 X # of days attending: _____

Families not currently enrolled in Extended Day, please add a \$30.00 Registration Fee. _____

TOTAL COST: _____

Tuition must be paid at time of registration. Please pay online via Unipay or include a check made payable to: Millis Extended Day. Please note: There will be no refunds for a missed day and switching days will not be permitted. (Should there be less than 10 students enrolled in Vacation Week programming on any given day, we may cancel the program on that day and you will get a credit.**)**

Alternate pick-up/Emergency contact (REQUIRED):

Name: _____ Phone: _____

Name: _____ Phone: _____

You must provide at least one local contact in order to participate.

Does your child have any needs other than medical?
(**PLEASE NOTE** that Extended Day IS NOT AWARE of any IEP's or 504 plans that your child has for school unless you provide that information directly to us).

Yes _____ No _____

If yes, please explain on back of form.

Release of Information: The Millis Schools continually celebrate student achievements and talents. Students are frequently recognized in newsletters, on facebook and on our website. If a parent has an objection to his/her child's picture being displayed in a newsletter, on facebook or on the website, please sign below. Please note that children pictured on facebook or our website are NOT identified by name.

DO NOT publish pictures of my child: _____

EMERGENCY INFORMATION

Child's Name: _____

Health Insurance: _____

Name of Child's Physician: _____

Physician's Phone #: _____

Medical Concerns: _____

Does your child take any **medications during hours they will be on site?** Yes _____ No _____

If yes, please be advised that Extended Day Staff cannot dispense any medications. Please contact us to discuss alternate arrangements.

Allergies/Medical Concerns: _____

As safety is our priority, please be sure to indicate **EACH INDIVIDUAL** allergy/medical need.

Respectful of your child's privacy regarding health information, we request your consent to disclose this information to appropriate Millis Extended Day Staff.

_____ I give permission for my child's medical information to be disclosed to Millis Extended Day personnel, as needed.

_____ Parent/Guardian Initials

In case of accident, illness or other emergency, the staff at the Extended Day Program will try to locate immediately the parent or person responsible for the child. In the event of an emergency requiring immediate attention, if neither you nor the person(s) you designate can be reached, the Extended Day staff will institute emergency procedures. If you do not wish to authorize hospital treatment you may cross out the following paragraph before signing below.

“In the event of an EMERGENCY during which neither I, nor my spouse, nor the person(s) I have designated as an emergency contact on this form can be reached, I hereby give permission to the staff of the nearest medical facility to administer an anesthetic and perform such emergency procedures as may be necessary to aid my _____ son _____ daughter _____ other (Please specify) _____.”

SIGNATURES: (Parents or Guardians)

PARENT

PARENT

PERMISSIONS

Voluntary Extra-Curricular Activity Parental Consent, Release from Liability, and Indemnity Agreement

We the undersigned parent or guardian(s) of _____, a minor, do hereby consent to his/her participation in voluntary extra curricular programs and do forever RELEASE, acquit, discharge, and covenant to hold harmless the Town of Millis, a municipal corporation of the Commonwealth of Massachusetts, and its successors, departments, officers, employees, servants, and agents, of and from any and all actions, causes of action, claims, demands, damages, costs, loss of services, expenses and compensation on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damage which we/I may now or hereafter have as the parent(s) or guardian(s) of said minor, and also all claims or right of action for damages which said minor has or hereafter may acquire, either before or after he/she has reached his/her majority resulting or to result from his/her participation in the extra-curricular programs of the Millis Public Schools; FURTHERMORE, we/I hereby agree to protect the town of Millis and its successors, departments, officers, employees, servants and agents against any claim for damages, compensation or otherwise on the part of said minor growing out of or resulting from injury to said minor in connection with his/her participation in the Millis Public Schools' voluntary extra curricular programs, and to INDEMNIFY, reimburse or make good to the Town of Millis or its successors, departments, officers, employees, servants and agents any loss or damage or costs, including attorney's fees, the town or its representatives may have to pay if any litigation arises from said minor's intentional, grossly negligent, or reckless acts or omissions while participating in said extra-curricular programs.

Parent Signature

Date

ACTIVITY PERMISSION:

PG MOVIE: I give my child permission to watch a PG movie at Extended Day.

Parent Initials: _____

NAIL PAINTING: I give my child permission to have their nails painted if they wish.

Parent Initials: _____

WALK TO LIBRARY: I give my child permission to walk to the library should that be an option.

Parent Initials: _____

The Millis Public Schools does not discriminate on the basis of race, color, sex, age, gender identity, religion, national origin, sexual orientation, disability or homelessness.