

# MEDFORD SUMMER FUN PROGRAM 2024



@ The Missituk School located at 37 Hicks Avenue, Medford, MA
6 weekly sessions July 1 through August 9 \$200 per week (\$160 week of July 4<sup>th</sup>)
Drop-Off between 7:30am-8:30am; Pick-Up no later than 4:30pm

Medford Community Schools is offering their popular Summer Fun Program for kids going into

Grade 1 through Grade 6 with Director Anthony Petrelis and Staff. Your child will participate in a number of fun activities such as Sports, Games, Arts & Crafts, Movies, Swimming, and much more! Our staff consists of Teachers in the Medford Public School System, College and High School Students

#### We provide:

- Free Breakfast every morning
- Free Pizza on Fridays with DJ Dance Party
- Outdoor swimming pool
- Indoor full sized gym
- Outdoor Basketball Hoop
- Playing field behind the school
- Full time Arts and Crafts Director
- Full time Sports Director
- In-House Field Trips

#### Your child should bring:

- Lunch
- Sneakers
- Sandals (for pool only)
- Towel
- Bathing suit
- Sunscreen
- Snack
- Water bottle

#### Things to Know Before Registration

- For children who are NOT CURRENTLY ENROLLED in the Medford Public Schools (Out-of-District), a copy of their most recent physical exam and immunization records must be received at LEAST 3 BUSINESS DAYS prior to your child's first day. These health records should be sent directly to the District Health Services Department <a href="mailto:isilva@medford.k12.ma.us">isilva@medford.k12.ma.us</a> (indicate it's for the Summer Fun Program). Do not send your child's health records to Community Schools staff.
- IEP's/504's/Behavior Plans: We want to do our best to provide your child with the best accommodations possible to make their experience at the Program both fun and rewarding. Any additional information you can provide to help us support your child would be very helpful. Please contact Director Anthony Petrelis apetrelis@medford.k12.ma.us
- Accident: In the event of a minor accident, a staff member will administer first aid if necessary and notify the family.
- **Behavior**: The Summer Fun Program reserves the right to terminate or limit a child's participation in its program when, in the judgment of the staff, the child's behavior is inappropriate or unsafe. Incident report(s) documenting the event(s) will be filed with the Program Director. **Parents must be available to pick up their child** within a reasonable amount of time when they are called to do so.
- A registration form and a check/money order made payable to Medford Community Schools must be received by Community Schools prior to your child's first day (Community Schools 489 Winthrop St., Medford, MA 02155). Once registered, you may add/pay for additional weeks when you drop your child off on their first day (put your child's full name and week # on your check). For registration questions, please contact Roisin Hunt <a href="mailto:rhunt@medford.k12.ma.us">rhunt@medford.k12.ma.us</a> or for Program information, please contact Director Anthony Petrelis apetrelis@medford.k12.ma.us



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This **REGISTRATION FORM**, along with a Check/Money Order made payable to Medford Community Schools should mailed to Community Schools prior to your child's first day. Medford Community Schools, 489 Winthrop St., Medford, MA 02155. Once registered, you may add/pay for additional weeks when you drop your child off on their first day. <u>Put your child's full name and week # on your check</u>. For registration questions, please contact Roisin Hunt rhunt@medford.k12.ma.us. Or for Program information, please contact Director Anthony Petrelis apetrelis@medford.k12.ma.us

Select your desired week(s) in the chart below:

CHILD Name

		Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	
		7/1-7/5 (4 days \$160)	7/8- /12 \$200	7/15- 7/19 \$200	7/22 -7/26 \$200	7/29-8/2 \$200	8/5-8/9 \$200	
Select	Weeks:							
FOR STAFF	CHECK #	#	#	#	#	#	#	
USE ONLY	AMT REC'D: \$	*	\$	\$	\$	\$	\$	

### Please write clearly:

AGE\_\_\_\_\_Rising Grade\_\_\_\_\_School\*\_\_\_

*If child is an out-of-District student, send physical/immu	nizations to <u>isilva@medford.k12.ma.us</u> at least 3 days prior to start
Address	
PARENT/GUARDIAN <u>NAME &amp; PHONE</u>	
PARENT/GUARDIAN <b>EMAIL</b> ADDRESS:	
Must be signed by a parel	nt/guardian to participate
I/Wepare	ent/guardian of, minor,
and covenant to hold harmless the City of Medford and its actions, causes of actions, and claims, demands, damages, indirectly, all known and unknown personal injuries or projectly including all claims or right of action for damages which so majority resulting from his/her participation in the Medfor provided herein. Furthermore, I/We hereby agree to indersuccessors, employees, agents, servants, and officers any I representatives may incur if any litigation arises from said participating in said programs. I/We understand that this knowledge such minor is in proper physical condition for powith all the proper and required equipment to participate attention beyond first aid, I/We hereby grant permission to	Community School Program and do forever release, acquit, discharge successors, employees, servants, and officers from any and all , costs, on account of, or in any way growing out of, directly or perty damage which I/We may have now or hereafter may have, aid minor has or hereafter may acquire, either before or after reaching at Community School Program and/or receiving medical attention as minify, reimburse or make good to the City of Medford or its loss or damage or costs, including attorney's fees the city or its minors intentional, gross negligent, or reckless acts or omissions while program involves physical activity and hereby state that to my/our articipation in said program. I/We also agree to provide such minor in such programs. In the event of an emergency requiring medical or a physician or hospital personnel designated by the Medford are fully read and understand the terms of this release and waiver.
Sianature	Date