



BEXLEY RECREATION & PARKS DEPARTMENT
Complete 2020/21 School Age Child Care - Registration Form

OFFICE USE ONLY
 Date/Time: _____
 Staff: _____

<input type="checkbox"/> Cassingham Elementary	<input type="checkbox"/> Maryland Elementary	<input type="checkbox"/> Montrose Elementary
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Please print clearly in all sections.

Child's Information					
Name:					
Date of Birth:	Age:	Sex:	Grade: (20-21)	Home Phone:	
Address:			City:	State:	Zip:

Parent/Guardian #1 Information		
Name:		Relationship:
Email:	Cell #:	Work #:
Parent/Guardian #2 Information		
Name:		Relationship:
Email:	Cell #:	Work #:
If Different- Address, City, State, Zip		Home Phone:

BACpack: Before & After School Care

	(\$135) AM Care	(\$223) PM Care	(\$348) Both AM & PM
Monthly			
August	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
September	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
October	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
November	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
December	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
January	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
February	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
March	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
April	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
May	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consistent			
Individual Day	AM \$9	PM \$19	AM & PM \$27
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please check this box if your individual day(s) will **NOT** be consistent or if you need occasional day(s). To schedule these day(s) email Mindy, campadmin@bexley.org

S.O.C.O (Schools Off Camps On)

Days(\$40)	Dates	Location
<input type="checkbox"/> Day 1	Sep. 28 (Yom Kippur)	Maryland
<input type="checkbox"/> Day 2	Oct. 16 (Staff Work Day)	Maryland
<input type="checkbox"/> Day 3	Oct. 23 (Conferences)	Maryland
<input type="checkbox"/> Day 4	Nov. 2 (No School)	Maryland
<input type="checkbox"/> Day 5	Nov. 3 (No School)	Maryland
<input type="checkbox"/> Day 6	Nov. 25 (Thanksgiving)	Maryland
<input type="checkbox"/> Day 7	Jan. 4 (Winter Break)	Maryland
<input type="checkbox"/> Day 8	Jan. 18 (ML King Jr. Day)	Maryland
<input type="checkbox"/> Day 9	Feb. 12 (No School)	Maryland
<input type="checkbox"/> Day 10	Feb. 15 (Presidents' Day)	Maryland
<input type="checkbox"/> Day 11	Mar. 12 (Spring Break)	Maryland
<input type="checkbox"/> Day 12	Apr. 2 (Good Friday)	Maryland

Weeks	Dates	Location	Cost
<input type="checkbox"/> Winter Break 1	Dec. 21-24(Half Day)	Maryland	\$139
<input type="checkbox"/> Winter Break 2	Dec. 28-31(Half Day)	Maryland	\$139
<input type="checkbox"/> Spring Break	Mar. 15-19	Maryland	\$174

Please check this box if you're wanting to schedule individual days within the different weeks above. Each individual day will be \$40. To schedule these day(s) email Mindy, campadmin@bexley.org.

Package Options	Cost
<input type="checkbox"/> All Individual Days (12 Days at 10 days cost, save \$80)	\$400
<input type="checkbox"/> Complete Year Coverage (\$112 savings)	\$820

If the child registered on this form is a 2020 Jeffrey Summer Camp (JSC) participant, by checking this box, you give us permission to use the 2020 JSC forms (Permission/Photo Release, Dismissal, and Medical Forms) as the official Before & After School Program Forms.

RELEASE / PERMISSION

I, as parent or legal guardian representing this minor, agree to release the City of Bexley, its officers, employees and volunteers from any and all liability for accidents, injuries, loss of and / or damage to my / our person or property that may arise out of my child's participation in or at the listed activity / activities. I / we are aware that participating in activities or use of facilities involves certain risk of injury despite safety precautions. I give permission for my child to take part in all camp activities, including trips away from camp. In the event of an accident or emergency, if my child's physician is not available, I grant permission to call another licensed physician. I authorize the camp staff to act for me according to their best judgment.

I have read the Before & After Care Program policies and payment terms and accept full responsibility for 100% payment of all program fees.

 Signature of Parent, Custodian, or Guardian Date

Ohio Department of Job and Family Services
ROUTINE TRIP PERMISSION FOR CHILD CARE

Routine Trip Information	
Routine Trip Destination(s) Cassingham, Maryland, and/or Montrose Elementary	
Date of Permission (<i>valid for one year</i>) 6/3/2020	
Mode of Transportation (<i>walking, school bus, public transportation, parent vehicles, provider vehicle and driver</i>) Bexley Recreation's MFSABBus and Staff Driver	
During this trip children will have access to water that is 18 inches or more in depth. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Are water activities planned in water that is 18 inches or more in depth? (if yes, a swimming permission slip is required) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Child's Information	
Child's Name	
My child is <input type="checkbox"/> not over 4 years and/or 40 lbs <input type="checkbox"/> over 4 years and 40 lbs <input type="checkbox"/> 8 years and/or over 4' 9"	
Signature	
I grant permission for my child to participate in the routine trips described above.	
Parent's Signature	Date 6/3/2020



Bexley Recreation & Parks Department
Deposit & Direct Withdraw Form



Name of Child/Children:

1. _____

K 1st 2nd 3rd 4th 5th Grade

3. _____

K 1st 2nd 3rd 4th 5th Grade

2. _____

K 1st 2nd 3rd 4th 5th Grade

4. _____

K 1st 2nd 3rd 4th 5th Grade

Name on Card: _____ Credit Card Type: VISA MC

Account # _____ - _____ - _____ / _____ Exp. Date: _____ / _____ 3-Digit Code: _____

Please check The Gray Box for direct withdrawal.

Yes to Direct Withdrawal

BACpack withdrawal:

- Payment for all individual days will be charged to the card on the **1st** of the month of attendance.
- Payment for Monthly Registration will be charged to the card on the **1st and 15th** of the month of attendance.

SOCO withdrawal:

Dates Attending

Sep. 28, Oct. 16, 23, Nov. 2, 3, & 25
 Winter Break 1 (Dec. 21 – 25)
 Winter Break 2 (Dec. 28 – Jan. 1) & Jan. 4
 Jan. 18, Feb. 12, 15, Mar. 12, Apr. 2
 Spring Break (Mar. 15- 19)

Account to be Charged on:

Thursday, Sep. 10, 2020
 Thursday, Nov. 19, 2020
 Thursday, Dec. 10, 2020
 Thursday, Jan. 7, 2020
 Thursday, Mar. 4, 2020

BACpack: REGISTRATION / PAYMENT POLICY

Payment must be made prior to the start of the program. For participant convenience, monthly payments have been split into bi-monthly payments. For those that have credit cards on file, payments will be charged to the card on the 1st and 15th of the month. In the event that the 1st or 15th falls on the weekend or on a holiday, the payment/charge will be due the closest business day prior to the scheduled payment day (i.e. the 15th falls on a Saturday, payment will be due on Friday, the 14th).

BACpack: CANCELLATION POLICY

There will be **NO** cancellation fee for cancellation of days/month made 2 weeks prior to the first day of school on Thursday, August 20th. Cancellations of any months made after 2 weeks prior to the first day of school will include a \$25 cancellation fee for each month of cancellation. Cancellation of any individual days after the start of school on Thursday, August 20th will result in a \$5 cancellation fee for each day cancelled. Failure to give notification at least two weeks prior to the changed week will result in having to pay the full fee.

SOCO: REGISTRATION / PAYMENT POLICY

Payment must be made prior to the start of the program. Additional day(s)/week(s) can be added a week in advance to the date you wish to participate and if we have the space in the program date. These Additional dates will be charged the day you request your additional date(s). Payment for camp weeks (i.e. Winter Break, Spring Break) must be made in full by the Wednesday prior to the start of that week. Credit Card must be put on file to make payments as well as cancellation charges.

SOCO: CANCELLATION POLICY

There will be **NO** cancellation fee for cancellation of days/weeks made at or prior to the first day of school on Thursday, August 20th. Cancellations made after the first day of school will include a \$10 cancellation fee for each day of cancellation. Cancellations for weeks (i.e. Winter Break, Spring Break) must be made two weeks prior to the week of attendance and will incur a \$25 cancellation fee. Any cancellation made inside of two weeks will result in a full charge for the week. Parents must notify in writing to the Camp Administrator of withdrawal by two weeks prior to the week/day being changed. Failure to give notification at least two weeks prior to the changed week will result in having to pay the full week fee.

By signing this form, you are giving permission to the Bexley Recreation & Parks Department to charge to the above listed credit card and/or account number the amount owed each day/bi-monthly for Before & After Care Program and/or SOCO Program. All late fees, cancellation charges, and outstanding payments will be assessed to this card. Payment for any other Bexley Recreation sponsored program may NOT be charged as a result of this form.

Signature: _____ Date: _____