



NON REFUNDABLE Registration Fee \$20.00 _____
 EDO Y _____ N _____ Total Weekly Fee _____
 CCR _____ EEC _____
 Fall KK Member: Yes _____ No _____
Summer Only: Yes _____ No _____
 Immunization Records _____
 Individual Med form (if applicable) _____
 Received by CBB _____
Photo: _____ **OFFICE USE ONLY**

SUMMER 2026 Registration
Must attend a minimum of 2 weeks to enroll

Name: _____

Current Grade K 1st 2nd 3rd 4th 5th 6th & up

CHILD MUST HAVE COMPLETED KINDERGARTEN IN JUNE 2026 TO ATTEND

Applications WILL NOT be accepted without registration fee & Copy of Immunization record

Weeks attending: (please circle) 1 **2** 3 4 5 6 7 8 9 10 (3 days)

Summer Program starts Monday June 22nd as long as Westfield Schools have ended

Week 2 is a 4-day week CLOSED Friday July 3rd

******Last day of Summer Program is Wednesday August 26th ******

Closed Thursday & Friday August 27 & 28 for children – Open for registration

Early Drop off 7:30 am - 8:30 am - \$20.00 per child per week _____ Yes _____ No

I understand to secure my child's enrollment I must pay for the first 2 weeks they are attending. These do not have to be consecutive weeks _____

Payments must be made by **Friday at 5:00pm including online payments** or I will pay a \$20.00 late fee. _____

If I do not pay by Friday at 5:00 pm I can call Monday for availability, and I will pay a \$20 late fee. _____

Picking up your child later than 5:30pm could result in losing privileges and late fees apply. _____

I give permission to use my child in positive publicity in video, print, and photos. YES _____ NO _____

I give permission for my child to use computers YES _____ NO _____

Our Parent Handbook, Safety, Technology & Video Surveillance Policies are available on our website **bgcwestfield.org** for review. I agree I have received this information. _____

I understand that there are **no refunds or make up days** for missed days during weekly sessions. _____

I must send my child with sneakers. _____

I have read the program rules (along with my child) and we agree with all of them. _____

I will send sunscreen with my child, and I give permission for it to be applied. _____

I must provide copy of current immunization record _____

Children in KDG & 1st grade must send a set of clothing (**clearly labeled w/ name**) to be left at the program. _____



FIELD TRIP PERMISSION FORM 102 CMR 7.34(5)(c)

CHILD'S NAME: _____

I, _____, give permission for my child to attend ALL field trips by **Bus or Van**. I understand that trips are subject to change but if they do, I will be notified of the changes. I also understand that times are approximate, and my child could return later than scheduled due to traffic and conditions.

I further understand if I do not want my child to participate in field trips I must keep them home for the day as all staff are out on the trips.

Parent Signature

Date

Trip dates and times are TBD and are subject to change.