Participant's Last Name _____ First Name_____ Age_____

Kennedy Summer Day Program 2026

*Children ages 5-14 *a fun and exciting summer experience
* Outdoor activities *on-site learning explorations *arts and crafts
* environmental education * swimming* Field trip each session*
and much more!

FREE Breakfast & Lunch-Daily!!

- **LOCATION**: Ft. Taber Community Center
- **COST**: $300.00 NB residents per two-week session**

**Non-resident cost: $400.00 per two-week session.

A limited number (20 per session) of scholarships will be offered to eligible families at $150.00 per scholarship. *Scholarships are available to residents only, with a maximum of 2 scholarships per household*
(Total Session Cost After Scholarship Award: $150.00)

Registration forms are available now! Call (508) 961 -3015
Space is limited; register early to ensure a fun filled summer!

Available Sessions

- Session 1: June 29–July 10
- Session 2: July 13-July 24
- Session 3: July 27–August 7
- Session 4: August 10-August 21

Payment Information

- Session 1-Due June 22
- Session 2–Due June 29
- Session 3-Due July 13
- Session 4–Due July 27

Registration will be considered incomplete without payment

KSDP 2026 REGISTRATION FORM

Please carefully complete all the information enclosed and provide all required documentation.

This registration form will not be accepted unless ALL the information is completed.
Please make checks payable to the City of New Bedford
Return the completed registration online or in person:
181 Hillman Street, Building #3
Parks Recreation & Beaches Administrative Offices or email to:
Info.prb@newbedford-ma.gov

Child's First Name: _____**Last Name:** _____

Address: _____

City/ Town: _____ **Zip Code:** _____ ***Submit proof of residency for residential rate***

Sex: Male _____ **Female** _____ **Date of Birth:** _____/_____/_____ **Age:** _____

Grade in September 2026 _____ **School:** _____

Mother/Guardian: _____ **Father/Guardian:** _____

Address: _____ **Address:** _____

City/ Town: _____ **Zip:** _____ **City/ Town:** _____ **Zip:** _____

Home Phone: _____ **Home Phone:** _____

Cell: _____ **Work Phone:** _____ **Cell:** _____ **Work Phone:** _____

Emergency/Pick-up Information (other than Parent/Guardian)

Name: _____ **Relationship:** _____ **Phone:** _____

Name: _____ **Relationship:** _____ **Phone:** _____

Please check sessions attending:

☐ **Session 1: June 29 – July 10**
☐ **Session 2: July 13– July 24**
☐ **Session 3: July 27 – August 7**
☐ **Session 4: August 10 - August 21**

TRANSPORATION

My child has permission to walk home from Fort Taber **Yes**_____ **No**_____

My child has permission to walk home from the bus stop **Yes**_____ **No**_____

Participant's Last Name _____ **First Name**_____ **Age**_____

My child will use transportation provided: See Attached Route List/Schedule

ROUTE#: _____ **Location:**_____

MEDICATION POLICY

To ensure the health and safety of all children attending the Kennedy Summer Day Program, here upon referred to as the "**program**", a health supervisor, hereupon referred to as the "**nurse**", will administer all medications. The nurse is a contracted employee of the City of New Bedford, Department of Recreation & Beaches. According to regulations from the Massachusetts Department of Public Health, 105 CMR 430.160, which pertains to the standards regarding the storage and administration of medications to children, an adaptation will be applied to the program.

All medication administered (prescription and over the counter) must have the physician's order (prescription) and parent/guardian permission forms complete.
All medication must be delivered to the program by the parent/guardian or responsible adult and counted or reviewed with the nurse or designated staff person.

All prescribed medications shall be sent to the program in the original containers bearing the pharmacy label with its name, address, and pharmacist's initials, the date filled, the prescription number, the physician's name, the patient's name, the name and amount of the medication prescribed with the directions for use and cautionary statements.
*****Ask the pharmacist for a duplicate labeled container for the medication to be dispensed while the child attends the program.**

All over the counter medications, with written permission from the physician and parent/guardian, must be kept in the original container with the label and directions for use intact and brought to the program as stated above.

No child will be allowed to carry medications with the following exceptions:

a. A child in grade 7 or 8 who is capable and has self-medicating orders, parental permission, and approval of the program nurse. A child may be allowed to always carry an inhaler and self-administer but this must be done under the supervision of the nurse.
b. The permission/approval of the use of self-monitoring and self-injecting devices is permissible but must be taken in the presence of the nurse and according to the physician's orders. (i.e., diabetics)

Medication delegation: the MDPH has authorized "limited delegation" for unlicensed personnel to administer medication in limited situations. The individuals will be trained to administer an Epi-pen to a child with a known allergy and for whom Epi-pen has been prescribed. This does not allow the trained individual to administer the Epi-pen to a child without his/her own prescription. That decision is to be made only by the program nurse, in the event of an emergency.

No *medications will be administered without meeting these program requirements. If you have any questions, please contact Parks Recreation & Beaches.*

Participant's Last Name _____ **First Name**_____ **Age**_____

MEDICAL INFORMATION

Medical History *(please check all that apply)*

Heart condition _____ Diabetes ____ ADD/ADHD _____ Migraines _____ Depression ____ Asthma _____

Other *(specify)* _____

Allergies *(food, insects, medications, environment)* _____

Hearing problems *(specify)* Left ear _____ Right ear _____ Hearing Aid(s) _____

Vision Problems *(specify)* Eyeglasses _____ Contact lenses _____

Are there any activities that your child cannot participate in? *(specify)* _____
Please list any medications your child currently takes (i.e. EpiPen, inhaler, etc.)
_____

A written order from a physician is necessary if medication is to be taken at the program. No medication (OTC included) will be given to any child without this. Medication will ***ONLY*** *be dispensed by the nurse. Children are* ***NOT ALLOWED*** *to carry any medications on their person. Please contact the Parks Recreation & Beaches Department for an appropriate medication order form. (See Medication Policy on Page 6)*

DATE OF LAST PHYSICAL EXAM _____
Submit copy of participant's physical exam report for current year

IMMUNIZATION RECORD

	DATE	DATE	DATE	DATE	DATE	DATE
DPT						
TD/Tdap						
IPV/Polio						
Varicella (or documentation of Chicken Pox disease						
HEP B						
MMR (Measles, Mumps, Rubella)						

Participant's Last Name _____ **First Name**_____ **Age**_____

Physician's Signature _____ Date _____

All applicants are required to certify that they have received the above immunizations and that these immunizations are current. Please have the form filled out and certified by the Physician and returned.
Name of Family Physician _____ *Phone* _____

Name of Family Dentist _____ *Phone* _____

I give permission to the program nurse to share information relevant to my child's health condition with appropriate personnel when needed to meet my child's health and safety needs and to exchange information with my child's primary care physician for the purpose of referral, diagnosis, and treatment.

Parent/Guardian Signature _____ Date _____

- **MEDICATION PERMISSION FORM**

I give the Kennedy Summer Day Program nurse and director permission to administer the following

medication(s) to _____ (*Child's Name*)

PLEASE LIST MEDICATIONS AND TIMES TO BE ADMINISTERED:

_____ @ _____

_____ @ _____

_____ @ _____

I realize that this is a service, and I agree with the guidelines stated in the Medication Policy.

Parent/Guardian Signature _____ Date _____

Participant's Last Name _____ **First Name**_____ **Age**_____

PROGRAM CONSENT AND WAIVER FORM

Swimming I give permission for my child to go swimming at East Beach next to Fort Tabor Park in New Bedford, Massachusetts throughout their Kennedy Summer Day Program Session. Participants will be WALKING to the beach and supervision will be provided. I understand that my child must bring a swimsuit, a towel, and sunscreen to swim.	**YES** **NO**
Field Trips I give permission for my child to attend all trips associated with the program. This includes field trips that may involve walking and travel by bus. I understand that all field trips will take place during program hours and that my child will be back before dismissal time.	**YES** **NO**
Photo Release I hereby give permission for my child's photograph to be taken and for him/ her to be captured on video in connection with the activities of the Kennedy Summer Day Program and to be used in newspaper and magazine articles, on television and other presentations concerning the grogram, or on the internet. I understand that my child would only be identified by first name, if at all.	**YES** **NO**
Food Release I give permission for my child to participate in all events that incorporate special snacks such as but not limited to chips, juice, fruit, and cake. I have listed all known allergies of my child below including a note from the physician confimring the allergy. **Food Allergy** _____	**YES** **NO**
Behavior I understand that the Kennedy Summer Day Program is responsible for maintaining a safe and interactive environment and if my child's behavior is disruptive or in violation of the Kennedy Summer Day Program rules for participants, he/ she may be dismissed from the program without a refund.	**Initial**
Late Pick Up Charge I understand that the Kennedy Summer Day Program pick up time is 3pm. Any participant not picked up by 3:15 will be assessed a charge of $10 every 5 minutes until they're picked up.	**Initial**

Participant's Last Name _____ **First Name**_____ **Age**_____

Waiver	**Initial**
In consideration of this application and/or the right to participate in this activity, I or my child, release the City of New Bedford, its employees, agents, representatives, and other persons or organizations for whose conduct the City may be responsible from any and all liability, loss damage, costs, claims and/or causes of action, including but not limited to all bodily injury claims and property damage resulting from or arising out of the use of premises, facilities, or equipment of the City of New Bedford, and/or caused in any way by the City of New Bedford, its employees, agents, representatives, and other persons or organizations for whose conduct the City may be responsible. I and/or my child are in the necessary physical condition to participate in the registered activity. I authorize the staff to seek emergency medical care on my behalf or on behalf of my child if needed. I will assume all costs associated with any such treatment. I have been informed of the program's policies, including the refund policy, if applicable. I fully understand this waiver and voluntarily accept its terms. I certify, under the penalties of law, this information is correct, and I understand that the information I have provided on my family income is subject to verification by authorized representatives of the City of New Bedford Office of Housing and Community Development, and the U.S. Dept. of Housing and Urban Development. This information will be kept confidential and used for funding monitoring purposes only. Parent/Guardian Signature _____ Date _____	

Participant's Last Name _____ **First Name**_____ **Age**_____

Please keep this page for your records!

What to Bring!

(EVERYDAY)

Participants Will Need…

- Loose-fitting and appropriate clothing. Clothes should cover the stomach and back. Participants must also wear or bring sneakers.
- Everyone will receive a Kennedy T-shirt. Participants are asked to wear their Kennedy T-shirt on field trip days.
- Swimsuit, towel, and flip flops for the beach and other water activities.
- Lotion based sunblock (No Spray), a hat, and a water bottle.
- Breakfast and lunch are provided daily; however, participants may bring their own food and snacks.
- A jacket or sweatshirt for days when the weather is cool.
- **A change of clothing in case of an emergency (strongly recommended).**
- ***We are a peanut free facility.***