



**BEDFORD LEARNING CENTER  
JUNE BUGS 2020 REGISTRATION**

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Please circle class entering: 2's class 3's class 4's class or Kindergarten in Sept 2020

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Mom's Cell Phone \_\_\_\_\_ Dad's Cell Phone \_\_\_\_\_

Mom's Work Phone \_\_\_\_\_ Dad's Work Phone \_\_\_\_\_

**Primary Emergency Contact (other than parents or guardian)**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

**Emergency Information**

1. Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Preferred Hospital: \_\_\_\_\_

3. Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

4. Medicine allergic to \_\_\_\_\_

5. Food Allergies: \_\_\_\_\_ Epi-pen? \_\_\_\_\_

6. Any other Allergies: \_\_\_\_\_

7. Immunization Record: Up to date? \_\_\_\_\_

8. Any special health conditions: \_\_\_\_\_

**JUNE BUGS:** This mini-camp session is a fun-filled time for children aged 2.5 - 5 years old. The children will explore water activities, art and crafts, nature, cooking, music, dramatic play, games, storytelling, science and outdoor play. Mrs. Villis' classroom will have children incoming and outgoing 2's & the Ms. Beninati's room will have the 3's/4's children and. Staff is hired based on enrollment; we are therefore unfortunately unable to offer refunds for withdrawal or absence of any kind.

\_\_\_\_\_ JUNE 8- 12: 9:00 AM - 12 PM 5 days \$295.00/Week

\_\_\_\_\_ JUNE 15-19: 9:00 AM - 12 PM 5 days \$295.00/Week

\_\_\_\_\_ JUNE 22-26: 9:00 AM - 12 PM 5 days \$295.00/Week

- o Total Fee Enclosed with Registration form: \$ \_\_\_\_\_
- o Deposit-non-refundable by April 1 (Balance due May 1) \$200.00
  - o Please make checks payable to The Bedford Learning Center

### Camper Information

Is there anything else you would like the staff to know about your child?

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I give my permission for the following people to pick up my child from camp in addition to myself and my spouse/my child's other parent:

Parent/Guardian Signature \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

### PERMISSION SLIP

Camper's Name: \_\_\_\_\_

I give my permission for the Bedford Learning Mini Camp Staff to apply the suntan lotion I send to camp, to my child during the camp day.

Parent/Guardian Signature: \_\_\_\_\_

- ✓ I give permission for Bedford Learning to photograph of my child and share photos on BLC's Facebook page. Please intial here: \_\_\_\_\_



Limited Space for Enrollment. Register Early!

Each year we have a waiting list.

Please send form and check to:

Susan Ross 201 West Main Street. Mt. Kisco, NY 10549