



February Vacation Program

The Challenger Club will provide a drop-in recreation program during February Vacation Break, Monday through Friday (2/17 – 2/21) from 8:30am-4:30pm to assist those families who need a familiar, fun, safe and secure environment for their children to attend while they work, perform other duties, or just need some respite time.

The program will be carefully supervised and includes any admission costs and transportation to any activities we attend and snacks during the day. Your child will be required to provide their own lunch but drinks will be provided. **If your child has any special dietary constraints or allergies, please notify us and send them with their own snacks to avoid any concerns.** You may sign-up your child to attend the entire week or any individual day(s). **The cost of the program will be \$450 for all 5 days or \$80 for any individual day, payable in advance to the Cape Cod Challenger Club.**

Transportation to and from the Club is not provided. Parents/Guardians will need to make their own arrangements to have their child dropped-off and picked-up. Space will be limited so that we can maintain a safe and secure environment under proper supervision ratios. If you are interested, please register early. Participants who we are familiar with, or participate regularly in other Challenger activities are given first consideration.

Please note that we are unable to accept participants who are not fully toilet trained and need assistance in the rest room or with dressing, or anyone with severe behavioral issues that may require restraint. Also, we are unable to dispense controlled medications. The program may not be appropriate for everyone. If it is determined that your child requires 1:1 supervision, an additional fee will be required. If you have any questions, please contact us to discuss your particular situation or concern. You can contact us by telephone at (508)420-6950 ext 1136, or by email to kelvin@capecodchallenger.org.

Name _____ Age _____ M/F _____ School _____ Grade _____

Address _____ City/Town _____ Zip _____

Parent/Guardian _____ Phone _____ Email _____

Emergency Contact _____ Relationship _____ Cell _____

Allergies? _____ Emergency Medications? _____

Is there anything else you would like to tell us? _____

All families are required to complete the attached Program Application each calendar year, even if you have participated in previous years, to assist us in keeping our information current. If you are a new participant, or if we are unfamiliar with your child, please schedule a time to meet with us.