

The Sunshine Group Summer 2025 Information

Director: Jessica Peck (978)790-9779
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Assistant Director: Mark SanClemente
Website: www.thesunshinegrp.com



Tuition: Medway Residents: \$500, Out of Town: \$700
Family discount details: www.thesunshinegrp.com/parents-and-children

Program Dates:

Sunday April 13, 8:30 - 10 - Sunshine Sensory Jump Q&A / Fundraiser at Urban Air Bellingham: Join us for a sensory jump and Q&A. This event also serves as a fundraiser for our program. Thanks for attending this event and supporting us! This event is \$20 per child (3.99 for urban air socks if you don't already have a pair), and parents are free! Come meet our directors, some of our staff members and families that attend our program! 189 Mechanic St, Bellingham, MA 02019. More information is on our website.

Monday July 7, 6- 6:30 - Sunshine Group Open House: Join us for an open house from at Oakland Park, 76 Oakland Street, Medway, MA 02053

Sunshine Group Summer 2025: Tuesday, July 8 - Friday, August 15

Our program runs Tuesdays – Fridays 9:00 am - 12:00 pm

Please note: On the Southwick's Zoo field trip, we will extend the day to 1:00 (bring a lunch) - date TBD

Location: Oakland Park - 76 Oakland Street, Medway, MA 02053

Weekly Schedule:

- Mondays - **Closed**
- Tuesdays - Program activities at Oakland Park
- Wednesdays - Program activities at Oakland Park
- Thursdays - Field Trips
- Fridays - Swimming

*Field trips and special activities will be posted on the website and shared with families before the summer begins.

What to pack: Please label everything with your child's name so that we can return lost items!

- A labeled backpack with the following items:
 - Water bottle
 - Bathing Suit and Towel (We have a water slide and often play water games to cool down!)
 - Change of clothes
 - Snack (**We are a nut free zone - Please do not pack any items that contain nuts**)

*NOTE: We will not be able to put sunscreen on your child. Please apply sunscreen at home prior to arriving at our program. Thank you!

Sign Up for our Blog! Daily updates support communication with families and provide conversation starters for families to use at home. Please consider subscribing on our website www.thesunshinegrp.com!

**In addition to our daily blog, we will be using a texting app to communicate with families.

Apply for Summer 2025: Mail completed applications ASAP (registrations will close when we reach capacity) with check made payable to **The Sunshine Group** to:

Jessica Peck
17 Kittredge Road,
Shirley MA, 01464

Note: Check is due with the registration, but won't be deposited until after July 1st

(Keep this page for your refrigerator and send the rest of the application in with your check!)

The Sunshine Group 2025 Child / CIT Application * Please Print Clearly *

Child's Name: _____ DOB: _____ Age (by July 1st) _____

Grade they will be entering in the fall: _____

Address _____

Tell us about your child! Does your child have any allergies or medical information we should be aware of?

What experiences (if any) do they have with community groups? (school, camp, team, or playgroup experiences)? No experience required, but we would like to know if students will need additional social supports!




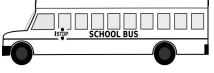

What might be new or difficult for your child? (transitions, drop-off, riding the bus, movie theater) Any fears? (bugs, animals etc...)

Anything else we should know? Please tell us about any supports or accommodations used at home or school that would support your child at our program. Feel free to write on the back of this page if you need more space, or give us a call!!

Primary Contact Information: Name: _____

Phone: _____ Email: _____

Additional Contacts (names and phone numbers): _____

 <p>T-Shirt Size (circle one)</p> <p>Youth: XS S M L XL</p> <p>Adult: S M L XL XXL</p>	 <p>Permission to Contact Via Texting App: In order to quickly share info (schedule changes, safety protocols, emergency closures) we will use a texting app. I give permission to The Sunshine Group to add me to the texting app (your phone number will not be shared with others).</p> <p style="text-align: center;">Circle your choice: YES NO</p>
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">  <p>Permission to Photograph: Circle your choice</p> <p>1. Memory Books Only (Individual end of year gift)</p> </div> <div style="width: 35%; text-align: center;"> <p>2. Memory Books & Blog Only</p> </div> <div style="width: 30%;"> <p>3. All photos allowed! (Sunshine, Town of Medway, News Media, etc.)</p> </div> </div>	
<p>Bus Transportation will be provided for <u>Medway residents only</u>.</p> <div style="display: flex; align-items: flex-start;">  <div> <input type="checkbox"/> I require daily transportation to and from the program (Medway residents only). <input type="checkbox"/> I will drop off my child at 9 am and pick my child up at 12:00. </div> </div>	
 <p>In Case of Emergency: If we are unable to reach you, may we have permission to send your child to the nearest hospital for treatment?</p> <p style="text-align: center;">Circle your choice: YES NO</p> <p>I, the undersigned, as parent/guardian of the above mentioned child, do hereby permit the hospital and its physicians to perform on this child any procedure or treatment deemed necessary in an emergency situation.</p> <p>Parent Signature: _____ Date: _____</p>	

TOWN OF MEDWAY
RELEASE OF LIABILITY
PARTICIPATION IN PARK & RECREATION PROGRAM: The Sunshine Group

In consideration of acceptance of _____, a minor, as a voluntary participant in the Town of Medway Park and Recreation program and in consideration of the risks associated with such use:

1. I acknowledge that I have determined the nature and extent of the planned activities and feel that this participant is of sufficient age, ability, and discretion to participate.
2. I acknowledge that the participant's participation in these voluntary programs may expose the participant to risks of personal injury or death resulting from such participation and the use of materials and equipment by the participant and other participants, and the exposure to harm such as may be presented by the COVID-19 virus. I am aware and acknowledge that the novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization, is extremely contagious, and is believed to be spread mainly from person-to-person contact. While the Town of Medway Park and Recreation department has put in place preventative measures in an effort to reduce the spread of COVID-19, I acknowledge that the Town cannot guarantee that the participant or I will not become infected with COVID-19, and I acknowledge that attending any program may increase participant's risk of contracting COVID-19.
3. I agree that this participation is at the discretion of the Medway Park and Recreation Department and if the participant becomes a discipline problem, he or she will be expelled from the program without refund of the program fee.
4. I hereby grant permission for emergency medical procedures deemed advisable for the participation in the event of injury or illness during participation unless otherwise noted on this form.
5. I agree that I will not sue, or otherwise make any claim against the Town of Medway, including its Park and Recreation Department ("the Town"), or its employees, agents, and officials, for any loss, injury or damage, including but not limited to exposure to and infection by the COVID-19 virus, resulting from participation in these activities.
6. I agree that the Town and its employees, agents, and officials, shall not be legally responsible for any loss, injury or damage resulting from any cause, including negligence of any party.
7. I agree that use of equipment which is provided is at the participant's own risk. I understand and agree that the Town shall not be liable for any loss, damage or injury resulting from the use or suitability of said equipment. The Town makes no warranties of any kind regarding this equipment.
8. To the fullest extent allowed by law, I agree to RELEASE, DISCHARGE, INDEMNIFY and HOLD HARMLESS the town, its employees, agents and officials from all actions or claims from myself, my heirs or personal representatives for any loss, injury, or damage, including but not limited to exposure to and infection by the COVID-19 virus, resulting from these activities, including the use of any equipment.
9. The terms of this Release shall also be binding as to any other persons, including family members, heirs, executors, or administrators. I understand that this is a binding contract that supersedes any other agreements or representations and is intended to provide a comprehensive release of liability but is not intended to assert any defenses which are prohibited by law. If any part of this Release is deemed unenforceable, all other parts shall be given full force and effect
10. I have read the Release and am legally competent to sign this Release as the parent or legal guardian of the participant.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND THIS AGREEMENT, AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE. I SIGN THIS RELEASE AGREEMENT OF MY OWN FREE WILL.

Date: _____ Print Name: _____
Parent/Guardian Signature

Address: _____

Telephone Number: _____

Participant Name (Please print): _____

Date of Birth: _____ Age: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____