

Registration Fee: \$25.00 for 1 child_____ Registration Fee: \$50.00 Family Max_____

Bus from CES to Catskill Community Center:_____

CATSKILL COMMUNITY CENTER
COMMUNITY AFTER SCHOOL PROGRAM
Monday – Friday 3 – 5:30 PM – Catskill
Monday - Friday 3:15 – 5:30 PM - Cairo

Child's Name_____ Age as of September 1, 2011_____

2nd Child's Name _____ Age as of September 1, 2011_____

Mother's Name_____ Home Phone_____

Father's Name_____ Work Phone_____

Address_____ Cell Phone _____

Grade and School entering in the Fall (2011-2012) for 1st child: _____ 2nd child: _____

Insurance Information:

Insured Name_____ Provider_____

Phone_____ Group ID_____

If you can not be reached in case of emergency, who do you wish to be notified?

Name_____ Phone_____

*Is there anyone who may **NOT** pick up your child due to Court Order, etc.?*

Name (s) (please print)_____

Any serious allergy or condition? If so, which child? Explain: _____

This program has a Zero Tolerance Policy. General misconduct including fighting, endangering others, or behavior deemed inappropriate by employees of the program may result in suspension from the program.

Parent/Guardian Signature_____ **Date**_____

HOSPITAL PERMISSION FORM

Child or Children's Name/s:_____

Family Doctor_____ Phone_____

TO WHOM IT MAY CONCERN: I give permission, in the event of an emergency, to treat my child at Columbia Memorial Hospital.

Parent/Guardian Signature_____ **Date**_____

Phone: Home_____ Work_____ Cell_____

PLEASE RETURN THIS FORM WITH REGISTRATION FEE, TUITION AGREEMENT, AND RELEASE OF LIABILITY FORM TO THE CCC, 344 MAIN STREET, CATSKILL, NY 12414