**Catskill Community Center**

**Before & After School Care Program**

**2019/2020 Registration Form**

**Child’s Name                                                      Date of Birth      Grade              Teacher**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Before School Care**

Every Day \_\_\_\_\_\_   Mondays \_\_\_\_\_\_ Tuesdays \_\_\_\_\_\_ Wednesdays \_\_\_\_\_\_\_ Thursdays \_\_\_\_\_\_\_ Fridays \_\_\_\_\_\_\_

**After School Care**

Every Day \_\_\_\_\_\_   Mondays \_\_\_\_\_\_ Tuesdays \_\_\_\_\_\_ Wednesdays \_\_\_\_\_\_\_ Thursdays \_\_\_\_\_\_\_ Fridays \_\_\_\_\_\_\_

**Parent/Legal Guardian Information (Please Print Clearly)**

Parent/Guardian # 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (Home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Work) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_ Zip \_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian # 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (Home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   (Cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Work) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_ Zip \_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Insurance Information**

Insured Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Provider \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Group ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Identify anyone you wish to authorize to pick up you child(ren) from the After-School Program.

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

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

**List any serious allergies or conditions** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please list any important additional information about your staff that our staff should be aware of:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Payment and Fee Information**

* Payment can be made by cash, credit card, PayPal, or a check made payable to the Catskill Community Center.
* Please be sure to specify which program you will be signing your child up for.

**Fee Schedule:**

**Before School Program** - $5.00 per day and $2.50 more for each additional child in the family.

**After School Program** - $7.00 per day and $1.00 more for each additional child in the family.

There will be **a Drop-In** fee of $7.50 per child per day if a child is not signed up for the program.

**Parent/Guardian Agreement**

I agree to make weekly payments for my child(ren) to attend the Community Center’s Before and/or After School Care Program at the beginning of each week. Monthly payments may be made at the beginning of the month, and fees will be calculated according to how many days school is in session for any particular month.

Please check either I **do** \_\_\_\_\_\_ or I **do not** \_\_\_\_\_\_ consent to by child(ren)’s images being used by the Catskill Community Center on both the Catskill Community Center’s website or the Catskill Community Center’s social media pages.

The Catskill Community Center reserves the right to terminate services offered to my child(ren) due to lack of payment and/or behavioral issues.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

       Parent/Legal Guardian Signature                                                     Date