

Catskill Community Center

Elementary Before-School & After-School Care

2019/2020 Registration Form

Please print clearly and fill out completely.

Child's Name	Date of Birth	Grade	Teacher
_____	_____	_____	_____

Before-School Care

Offered M-F when school is in session

Fee: \$5.00/day for one child; \$2.50/day for each additional child in the family. Payment must be made at the time of registration in cash, by check, or by credit card.

Please check days desired:

Every Day _____

Mondays _____ Tuesdays _____ Wednesdays _____ Thursdays _____ Fridays _____

After-School Care

Offered M-F when school is in session

Fee: if paid in advance, \$7.00/day for one child; an additional \$1.00/day for each additional child in the family. If a child is not registered in advance, the drop-in fee is \$7.50 per day per child.

Payment may be made in cash, by check, or by credit card.

Please check days desired:

Every Day _____

Mondays _____ Tuesdays _____ Wednesdays _____ Thursdays _____ Fridays _____

Parent/Legal Guardian Information (please include information for each parent or legal guardian to whom the Catskill Community Center is authorized to release the child):

Parent/Guardian #1 _____

Phone (Home) _____ (Cell) _____ (Work) _____

Address _____

City _____ State _____ Zip _____ Email _____

Parent/Guardian #2 _____

Phone (Home) _____ (Cell) _____ (Work) _____

Address _____

City _____ State _____ Zip _____ Email _____

Medical Insurance Information

Name of Insured _____ Phone _____

Insurance Provider _____ Group ID _____

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

Name _____ Phone _____

If anyone other than a parent or legal guardian listed above is authorized to pick up your child/children from the After-School Program, please identify them:

Name _____ Relationship _____

Name _____ Relationship _____

List any serious allergies or conditions: _____

Please list any other important information about your child/children that our staff should be aware of:

Parent/Guardian Agreement

I agree to make payments at least weekly for my child(ren) to attend the Community Center's Elementary Before-School and/or After-School Care program in advance 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 will be in session for any particular

month. In the case of snow days or other days when school is not in session at short notice, unused fees will be applied to the following week or month.

I do _____

I do not _____

consent to my child/children's images, whether in photographs, videos, or any other medium, being used by the Catskill Community Center in print media, or on the Catskill Community Center's website, Facebook page, or other social media pages.

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

Signature of Parent or Legal Guardian

Date

Print Name: _____