





## School's Out, Inc. Registration Form 2017-2018 School Year

As Parent or Legal Guardian of \_\_\_\_\_, I hereby authorize School's Out, Inc., in an emergency, to grant consent to any physician deemed appropriate to conduct the required tests and provide necessary medical treatment/care to the above-named child, if Parent #1 or Parent #2 cannot be reached.

<b>Parent Guardian Signature:</b>	<b>Date:</b>
<b>Name of Physician or Medical Service:</b>	

**TRANSPORTATION PERMISSION** - I give permission to School's Out, Inc. to transport my child(ren) to and from daily program for the Enrichment Center & for transportation on full-day & half-day Vacation Care Programs. All transportation will be provided by the Bethlehem Central School District.

**SUNSCREEN / INSECT REPELLANT PERMISSION** – I give permission for School's Out, Inc. to administer the sunscreen and/or insect repellent I provide for my child when she/he is attending the School's Out Program if my child cannot apply it. It will be my responsibility to supply a sunscreen lotion and/or insect repellent and to bring it to the program site with his or her name on it.

**ACKNOWLEDGEMENT FORM FOR PICK UP** - I acknowledge that the pickup time for my child enrolled in the School's Out is 6:00 pm. I agree to pick up my child from the program by 6:00 pm closing time. If I am late, the charge will be \$1.00 per minute after 6:00 pm.

<b>** \$50 non-refundable registration fee/ family**</b> <b>10 Monthly Tuition payments will be due the 1<sup>st</sup> day of each month.</b>						I acknowledge that all information given is current and accurate. I agree to abide by the policies and procedures of School's Out, Inc. <i>This authorization is valid through June 2018 unless revoked in writing.</i>
Program	Monday	Tuesday	Wednesday	Thursday	Friday	
<i>Before-School Program</i>						
<i>After-School Program</i>						
<b><u>Important Enrollment Information:</u></b> <ul style="list-style-type: none"> <li>All Part-Time Schedules (enrollment of 1-2 days/week), will automatically be placed at the Enrichment Center.</li> </ul>						<b><u>Parent Signature:</u></b>
Please Select Payment Option:						<b><u>OFFICE USE ONLY:</u></b>  <b><u>Registered:</u></b>
Check Enclosed	Tuition Express Auto Payment	One-Time Online Payment				

Please return completed form to: 239 Delaware Ave Delmar, NY 12054

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