



Learning, fun and quality care

**2018-2019**

<b>Child's Name:</b>	<b>Sex:</b>	<b>DOB:</b>	<b>Sept. 2018 Grade</b>	<i>A t-shirt will be provided; please indicate size below:</i>
<b>Address:</b>	<b>City:</b>	<b>Zip Code:</b>		
<b>School attending:</b>				

<b>1. Parent/ Guardian Name:</b>	<b>Cell #:</b>	<b>Cell Phone Carrier:</b>	<b>Work #:</b>	<b>Employer:</b>
<b>Home address:</b>	<b>City:</b>	<b>Zip Code:</b>	<b>Email:</b>	
<b>2. Parent/ Guardian Name:</b>	<b>Cell #:</b>	<b>Cell Phone Carrier:</b>	<b>Work #:</b>	<b>Employer:</b>
<b>Home Address:</b>	<b>City:</b>	<b>Zip Code:</b>	<b>Email:</b>	

<b><i>In case of emergency, list at least two people (16 years-old or older) to be contacted if neither parent can be reached and will also be authorized for pick-up:</i></b>					
<b>1. Name:</b>	<b>Relationship to child:</b>		<b>2. Name:</b>	<b>Relationship to child:</b>	
<b>Home address:</b>	<b>City:</b>		<b>Home address:</b>	<b>City:</b>	
<b>Zip Code:</b>	<b>Cell #:</b>		<b>Zip Code:</b>	<b>Cell #:</b>	

**HEALTH INFORMATION/MEDICAL TREATMENT**

My child does not have any health concerns.

My child does not receive special services from the School District.

If applicable, please list any disabilities, allergies, medical conditions, prescriptions or special concerns for your child.

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***Please complete all necessary health care forms & submit with registration to: [soi@schoolsoutinc.org](mailto:soi@schoolsoutinc.org)***

<b>Requires Emergency Medication at site</b>	<b>Requires Asthma Care Plan</b>	<b>You have listed any health concerns in the space above</b>
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If applicable, please provide a brief description of the special services for your received from the School District, including IEP:

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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>Name of Physician or Medical Service:</b>	
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**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 program is 6:00 p.m. I agree to pick up my child from the program by 6:00 p.m. closing time. If I am late, the charge will be \$1.00 per minute after 6:00 p.m.

*I acknowledge that all information given is current & accurate. I agree to abide by the policies & procedures of School's Out, Inc. This authorization is valid through June 2019, unless revoked in writing.*

Parent/ Guardian Name (Print)	Parent/ Guardian Signature

<b>** \$50 non-refundable registration fee/family**</b> <b>10 monthly tuition payments will be due the 1<sup>st</sup> of each month.</b>					
(select program schedule)	Monday	Tuesday	Wednesday	Thursday	Friday
<b>AM Program</b> 7:30 am-9:15 am					
<b>PM Program</b> 3:15 pm- 6:00 pm					

**Important Enrollment Information:**

- All part-time schedules (enrollment of 1-2 days/week), will automatically be placed at the Enrichment Center*

Please select payment options:			
Check Enclosed	Tuition Express Automatic Payment	Tuition Express Online Scheduled Payment	MyProcure

**Please return completed form to:**  
 239 Delaware Ave, Delmar NY 12054  
 -OR-  
 Email to: [soi@schoolsoutinc.org](mailto:soi@schoolsoutinc.org)