



Learning, fun and quality care

2019-2020

Child's Name:	Sex:	DOB:	Sept. 2019 Grade	<i>Please indicate t-shirt size below:</i>
Address:	City:	Zip Code:		
School attending:				

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

<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>					
1. Name:	Relationship to child:		2. Name:	Relationship to child:	
Home address:	City:		Home address:	City:	
Zip Code:	Cell #:		Zip Code:	Cell #:	

HEALTH INFORMATION/MEDICAL TREATMENT

My child does not have any health concerns &/or 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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<i>If you have selected any checkbox below, please complete all necessary health care forms & submit with registration to: soi@schoolsoutinc.org</i>		
Requires Emergency Medication at site (Medication Consent Form Needed)	Requires Asthma Care (Asthma Care Plan Needed)	You have listed any health concerns/needs in the space above (Health Care Plan Needed)

If applicable, please provide a brief description of the special services your child 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.

Name of Physician or Medical Service:	
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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 2020, unless revoked in writing.

Parent/ Guardian Name (Print)	Parent/ Guardian Signature

** \$50 non-refundable registration fee/family**					
10 monthly tuition payments will be due the 1st of each month.					
(select program schedule)	Monday	Tuesday	Wednesday	Thursday	Friday
AM Program 7:30 am-9:15 am					
PM Program 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.
- Placement at the school sites will require a 5 day/week schedule. Any absences must be communicated to the site.

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

Please return completed form to:
 239 Delaware Ave, Delmar NY 12054
 -OR-
 Email to: soi@schoolsoutinc.org