

**Silver Bay Association  
Ticonderoga School After-School Program 2011-20012**

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Sex \_\_\_\_\_ Grade \_\_\_\_\_ Teacher's Name \_\_\_\_\_

Medical Forms (**Must be on file before first day**)

Address \_\_\_\_\_

Billing address (if different) \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell phone/Beeper (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Parents Names \_\_\_\_\_

Father's employer & work phone # \_\_\_\_\_

Mother's employer & work phone # \_\_\_\_\_

**Emergency Information**

Names of People who can be contacted in case of an emergency and we cannot get a hold of a parent:

| Name and relationship | phone/pager |
|-----------------------|-------------|
| _____                 | _____       |
| _____                 | _____       |
| _____                 | _____       |
| _____                 | _____       |

**Pick Up Authorization**

The following can pick up my child and if there are any changes in these arrangements, I will notify the staff in advance with written notice:

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

\_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

The following are **Never** to pick up my child \_\_\_\_\_  
**(In cases of divorced parents, a copy of the divorce agreement must be on file in order to respect the above request.)**

Is there anything we should know about your child to make sure this is a healthy and fun summer (i.e., allergies, phobias, etc.) \_\_\_\_\_

Does your child have special needs? \_\_\_\_\_

How did you hear about this program? \_\_\_\_\_

**I give full permission for my child to:**

- Participate in walking field trips and activities on school grounds \_\_\_\_\_
- To be involved in video recordings and photographs. \_\_\_\_\_

**Initial**

**I agree to the following:**

- I will inform the staff when I cannot be reached at the numbers on this form or if any information has changed on this form or other forms at the center. \_\_\_\_\_
- I understand and agree to policies, procedures and activities outlined in the Silver Camp Handbook. \_\_\_\_\_

**After-school Program days attending (please Circle)**

**Mon Tues Wed Thurs Fri**

**Vacation sessions attending: \$28 Dollars a day Depending on sign up.**

- Full day Session (Christmas Break TBA) ( ) Yes ( ) No ( ) Maybe
- Full day Session (February Vacation 2012) ( ) Yes ( ) No ( ) Maybe
- Full day Session (April Vacation 2008 TBA) ( ) Yes ( ) No ( ) Maybe

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_