

**Silver Bay Association
Ticonderoga School After-School Program 2009-20010**

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: \$27 Dollars a day Depending on sign up.

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

Parent Signature: _____ Date: _____

School Age Program Director: _____ Date: _____