

**LAKE PLACID AFTER SCHOOL PROGRAM
2022-2023 SCHOOL YEAR REGISTRATION FORM**

Registration fee: **\$25** (Only one child per form)

Application deadline is August 24th, 2022 (1 week before school starts)

STUDENT INFORMATION:

Name: _____ Date of Birth: _____

Guardian(s) with whom the child resides: _____

Grade (2022-2023) _____ Teacher: _____

Hobbies/Interests: _____

GUARDIAN INFORMATION:

Guardian One's Name _____ Guardian Two's Name _____

Home Address: _____ Home Address: _____

Home Phone: _____ Home Phone: _____

Employer: _____ Employer: _____

Work Phone: _____ Work Phone: _____

E-mail: _____ E-mail: _____

Authorization for release of your child: Under no circumstance will your child be permitted to leave the after school program with anyone other than the following people you authorize. You may send in a note or call the program director for the occasional schedule change.

NAME ADDRESS:

PHONE NUMBER:

***Daily Rate: 1 child \$15.00/day , 2nd child \$11.00/day, 3rd child \$7.00/day.**

***Weekly Rate: 1 child (4 or 5 days) \$70.00, 2nd- child \$50.00, 3rd child \$30.00.**

*** WE ENCOURAGE THE USE OF A CREDIT CARD***

This year we will be offering scheduled part time and full time.

How many days will your child attend the program per week? _____

If less than five, what days of the week will your child attend the program?

You will be billed for the days your child is signed up for, even if they do not attend that day

By signing this document I agree that I am the one responsible for and will pay the annual registration, and weekly fees within 15 days of the invoice date or LATE FEES will apply.

Signature: _____

Would you prefer your bill emailed? Yes or No Email Address _____

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In Case of Emergency:

Doctor to notify in case of an emergency **if neither parent can be contacted:**

Doctor's Name: _____ Hospital: _____

Address: _____ Phone Number: _____

Friend or relative to be notified in case of an emergency **if neither parent can be reached.**

NAME ADDRESS

PHONE NUMBER

HEALTH FORM RELEASE:

I, _____, authorize the Lake Placid After School Program to copy my child's entrance physical examination form from the school's files and keep this copy in the after school program files, as required by the licensing division of the New York State Department of Social Services.

Guardian Signature **Date**

Please list any allergies your child has

*****Within the first few weeks of school, a parent will be asked to help complete a safety plan for their child with allergies in the event that they would ever have a reaction at the program*****

If your child has no allergies, please check here ____

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Authorization for Pediatric Emergency Medical and/or Surgical Treatment

It is the firm hope that the authorization granted on this form will never need to be used. For the safety of the child, however, sound medical practice calls for such authorization. The authorization on this form will be used only when absolutely necessary.

I, _____, authorize the Lake Placid After School Program to call an emergency ambulance in case of an accident or acute illness (the determination thereof shall rest solely with the Director) and to allow possible emergency care if I am not immediately available.

Guardian Signature

Date

Address: _____

Full name of child: _____

Relationship to child: _____

Insurance Coverage: _____

Policy number: _____

HEALTH AUTHORIZATION:

I, _____, authorize the Lake Placid After School Program to take my child's temperature, apply topical antibiotics, apply sunscreen or bug spray, if necessary.

Guardian Signature

Date

Parent Permission and Waiver of Liability For Student

Participation at Lake Placid After School Program 2022-2023

By signing below I give permission for my child, _____ to participate in the 2022-2023 Lake Placid After School Program's daily activities.

Signature of Guardian: _____ Date: _____

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AUTHORIZATION FOR PHOTOS _____

I permit my child to have their photo taken at the After School Program. These photos will be posted on the school website under after school program or Facebook under **Lake Placid After School Program**. No names will be used by me on either site.

Guardian Signature Date

AUTHORIZATION FOR EXCURSIONS:

_____ has my permission to attend trip sponsored by the Lake Placid After School Program. These trips are planned with the interest and/or education of your child in mind. **Should you elect not to have your child attend**

such trips, the responsibility of alternative childcare services lies with the parent.

Guardian Signature

Date

Thank you for choosing the Lake Placid After School Program for your child's after school needs. We look forward to meeting you and your child this fall. Be well. -ASP Staff.

If you would like to pay by credit card, please fill out the following form.

**Lake Placid Child Care Committee
PO Box 965
Lake Placid, NY 12946
518-524-2468**

Authorization for Credit Card Use

Automatic Payment plan

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.

All information will remain confidential

Name on Card: _____

Billing Address: _____

Credit Card Type: _____ Visa _____ Mastercard _____ Discover

Credit Card Number: _____

Expiration Date: _____

Card Identification Number: _____ (last 3 digits located on the back of the credit card)

Amount to Charge: \$ _____ ie...month statement

I authorize the Lake Placid After School Program to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Please Sign and Date

Signature: _____

Date: _____

Print Name: _____

Return the completed and signed form to Cameron Scsigulinsky (Shipman)

If you would like an email or text confirmation please provide that information below.
