



SLEEPY HOLLOW RECREATION
AFTER SCHOOL PROGRAM
REGISTRATION FORM 2019/2020
Return to: 55 Elm Street SH NY 10591



Child's Name:		Parent's Name	
Address:			
Home Phone:		Work Phone:	
Child's Age:		Grade:	
School:		e-mail:	
Emergency Contact :		Phone:	cell phone:
Doctor's Name:		Phone:	
Does your child have any physical limitations or special needs? Yes/No			
If yes, Please explain:			
Does your child have any allergies or take any medications? Yes/No			
If yes, Please explain:			
Please indicate if your child attends religion: YES/NO and which day:			
Name of person (s) authorized to pick up your child:			
1.Name:		Relationship:	
2.Name:		Relationship:	
You can register on COMMUNITY PASS.NET			
PROGRAM RUNS -TIME: 2:30-6:00PM		<u>location SH SENIOR CENTER</u>	

RELEASE FORM: In consideration of the Village of Sleepy Hollow for allowing my child to participate in "The Sleepy Hollow After School Enrichment Program," I hereby waive & release any and all rights or claims for damages I may have against the Village of Sleepy Hollow, its employees, representatives and volunteers for any and all injuries suffered by my child while participating in the After School Program. I also understand that the Village does not have medical insurance and I agree to obtain insurance coverage for my child while in the program. I also give the staff of the program permission to obtain emergency medical treatment if necessary. I also give the Village of Sleepy Hollow permission to obtain educational information from the School District of the Tarrytown's as needed for the educational component of this program.

Emergency Medical Release: In the event of an emergency if I _____ cannot be reached, I give my permission to the Sleepy Hollow Afterschool Program to obtain emergency medical assistance for my child.

Signature _____ Date _____

I give the Village of Sleepy Hollow After School Program permission to release my child so he/she can walk home at the conclusion of each day. Signature _____ Date _____

First and last month upfront: JUNE WILL NOT BE REFUNDED Register by 8/26/19

Fee per month: \$225*SH RESIDENT sibling discount \$50

Fee per month: \$310*TARRYTOWN RESIDENT sibling discount \$50

Payment due by the 1st Friday of the month - no exceptions! late fee \$25

NO REFUNDS

**THIS IS A 10 MONTH PROGRAM, YOU ARE RESPONSIBLE TO PAY FOR ALL MONTHS!!!!
 NO EXCEPTIONS FOR TUITION PAYMENTS!!!!**