



**SLEEPY HOLLOW RECREATION**  
**AFTER SCHOOL PROGRAM**  
**REGISTRATION FORM 2021/2022**  
**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:	
WILL YOUR CHILD ATTEND EVERYDAY? YES OR NO		IF NO ,WHAT DAYS WILL THEY ATTEND?	
MONDAY-TUESDAY-WEDNESDAY-THURSDAY-FRIDAY. CIRCLE ALL THAT APPLY!			
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:			
Name of person (s) authorized to pick up your child:			
1.Name:		Relationship:	
2.Name:		Relationship:	
You need to 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 After-school 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 \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**First PAYMENT UPON REGISTRATION by 9/3/2021**

**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\* 1ST 50 KIDS WILL BE ACCEPTED!**

**THIS IS A 10 MONTH PROGRAM, YOU ARE RESPONSIBLE TO PAY FOR EACH MONTH!**

**NO EXCEPTIONS FOR TUITION PAYMENTS!!!! 366-5109**

**THIS IS A 10 MONTH PROGRAM. PAYMENTS MUST BE MADE FOR ALL MONTHS !!!**