



2009-2010 Registration Form

**** A two weeks' tuition deposit is due with the registration form. ****

**** If for any reason your child does not enroll in the program and we are unable to fill your child's spot before the beginning of the new school year, the deposit is nonrefundable.

Child's Name _____ Age _____ Date of Birth _____ Sex M / F

Home Address _____
Street and Number City State Zip

Grade in 2009-2010 _____

Parent/Guardian _____ Home# _____ Work# _____ Cell# _____
E-mail Address _____

Parent/Guardian _____ Home# _____ Work# _____ Cell# _____
E-mail Address _____

What is the best way to contact you during CHSAP hours?(i.e. Parent's cell phone, home phone, work phone) _____

Emergency Contact Persons (if above is not available-*must be completed*)

Name _____ Home# _____ Work# _____ Cell# _____

Name _____ Home# _____ Work# _____ Cell# _____

List Those Authorized To Pick Up This Child(Other than Parent/Guardian)

Name _____ Home# _____ Work# _____ Cell# _____

Name _____ Home# _____ Work# _____ Cell# _____

Name _____ Home# _____ Work# _____ Cell# _____

CHILD CARE NEEDS

Circle the days you desire care:

AFTER SCHOOL CARE

M TU W TH F



Registration Agreement

I have read and agree to adhere to the conditions stated in the Cayuga Heights School Age Program **Parent Policy Handbook**.

I am enclosing a two week's tuition deposit, which can be refunded when notice has been given to withdraw my child(ren) from the program and my account is paid in full.

I understand that additional fees will be charged for full days and holiday care, if I choose the care. These charges will appear on the next month's tuition statement.

Children eligible for reduced or free lunch are eligible for a reduced fee. Please contact the Director for details.

It is my responsibility to keep my child's medical requirements current to comply with NYS regulations.

I also acknowledge and agree to pay the following flat fees:

After School Care

2:00- 5:30 P.M.

\$10.00 per day

\$9.50 sibling

Full Day Holiday Care

7:30- 5:30 P.M.

\$30.00 per day

\$27.00 sibling

Child's Name: _____

Parent Signature: _____ Date: _____

*****At least 2 day's notice is needed to cancel holiday care sign-ups (Thursday before full week). If plans are changed on the day your child is signed up for, full day fees will still be charged for that day. Plans and staff are already in place to meet the standard ratios and/or field trip costs.**



Medical Information

I understand that parents will be contacted immediately in case of sickness or accident. I authorize the Cayuga Heights School Age Program to seek medical attention as necessary. I further understand that I am financially responsible and that my insurance company will be billed first.

I give permission for the attending physician to give emergency treatment including anesthesia, injections and X-rays as necessary on arrival, only if my child's own physician is unavailable at that time to oversee medical treatment of my child.

I verify that my Physician has examined my child and determined that he/she is physically fit and all immunizations are up to date.

Please list any allergies or medical conditions for your child _____

Please list anything else of interest for your child (ex. Vegetarian, non-swimmer)

Physician _____ Phone # _____

Dentist _____ Phone # _____

PERMISSION STATEMENT

I give permission for _____ to attend and participate in the following activities:
Child's name

- Walking Field Trips-----Yes / No
- Bus field trips-----Yes / No
- My child has permission to have their picture taken at camp-----Yes / No
- I give CHSAP permission to use photo's of my child- -----Yes / No

Parent/Guardian
Signature _____ **Date** _____



Parents:

We would like to ensure that you get your tuition statements. Please choose one of the following options:

- 1) Please assign me a mailbox in the cafeteria and leave my tuition statement there _____**

- 2) I will provide 10 self-addressed stamped envelopes. Please mail my tuition statement to me _____**

If you receive Select Benefits, you can find signed copies on top of the mailboxes in the cafeteria.

PLEASE RETURN ALL COMPLETED FORMS and DEPOSIT CHECKS to:

**Cayuga Heights School Age Program (CHSAP)
110 E. Upland Road
Ithaca, NY 14850**