

**PLEASE PRINT CLEARLY IN BLUE/BLACK INK**

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_ Room: \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email(s): \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Emergency Adult Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

(relative, neighbor, parent of classmate) Phone: \_\_\_\_\_

The following adults are authorized to pick up my child (other than parent/guardian):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone (from 3:00-5:30 PM): \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone (from 3:00-5:30 PM): \_\_\_\_\_

**Your have the responsibility to inform us if someone is not legally permitted to pick up your child or if someone other than those listed is picking up your child. Please let us know in advance in writing.**

**Medical Information** Please describe any physical problems, allergies, or limitations your child has:

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

**Registration for Holiday Camp: February 15-19, 2010**

Day	Dates of Session	Check to Enroll	Tuition	Totals
Scienterrific <b>Monday</b>	February 15		\$80.00	
Film & TV <b>Tuesday</b>	February 16		\$80.00	
Sports Spectacular Day <b>Wednesday</b>	February 17		\$80.00	
Art a la Carte Day <b>Thursday</b>	February 18		\$80.00	
New York, New York Day <b>Friday</b>	February 19		\$80.00	
<b>Full Week (5 days)</b>	February 15-19		\$380.00	

**Note: Checks payable to PS 87 PA**

Session Fee Total: \$ \_\_\_\_\_

Registration Fee: \$ 25.00

**Please read the information on the back  
and SIGN your name**

**Credit Card Fee:** \$ \_\_\_\_\_

**Total Due:** \$ \_\_\_\_\_

## Terms and Conditions of Participation in the Holiday camp

I understand and agree:

1. that this payment is for the days listed, and that I shall not be entitled to any deduction for my child's absence or illness during the term; that in the event of my child's withdrawal or suspension from the Holiday Camp Program after classes have started, I shall not be entitled to any refund of unused tuition;
2. that the Program requires my child to meet certain standards of behavior and that if my child fails to behave or demonstrates repeated unsatisfactory conduct, the Program has the right to dismiss my child from the Holiday Camp Program.
3. that if my child is not picked up by 5:30 PM, I agree to pay the lateness fees according to Program policy, and that my child may be taken to the 20<sup>th</sup> Precinct in the event no one is available to supervise my child after 6:00 PM;
4. that if my child is injured and requires medical attention and I cannot be reached for instructions, I hereby give authority to the PS87 Afterschool Program to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible;
5. that in consideration of the PS87 PA Inc. conducting the Afterschool, Holiday Camp and Sunday Programs and allowing my child to participate in such a program, I hereby release and forever discharge PS87, the PS87 PA Inc., and the PS87 Afterschool Program and its officers, volunteers, employees, contractors, and agents from any liability arising out of or based upon any bodily injury or property damage which may be sustained by my child while participating in such program;
6. that some Holiday Camp Program sessions may involve field trips outside the PS87 building supervised by staff of the PS87 Afterschool Program. I give my child permission to go on any such trips organized as part of the Holiday Camp Program, including (but not limited to) neighborhood parks, museums, and other schools.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_