

**Rush Recreation Department
AFTER SCHOOL PROGRAM – 2017-2018 SCHOOL YEAR
REGISTRATION FORM**

Program Site: Good Shepherd School

The goal of this program is to provide a safe, structured, supervised environment where your child can play and interact with friends. Program activities include arts & crafts, games, outings, and gym time. The program runs from school dismissal until 6:00 p.m. each full day of the school calendar.

The program fee is based on a Monday through Friday registration. Quarterly payments are as follows for residents, and non-residents of Rush. The due dates are located in the handbook. Please write them on your calendar. Thank you.

| | <u>Resident</u> | <u>Non-Resident</u> |
|---------------|-----------------|---------------------|
| 5 days a week | \$474.00 | \$570.00 |
| 4 days a week | \$380.00 | \$456.00 |
| 3 days a week | \$285.00 | \$342.00 |
| 2 days a week | \$190.00 | \$228.00 |
| 1 day a week | \$95.00 | \$114.00 |

Please complete the following registration form and return it along with your initial payment to the Rush Town Clerk's Office. Checks should be made out to the Rush Town Clerk, 5977 East Henrietta Rd Rush NY 14543. Please complete a separate form for each child registered. You are only required to come to the town clerks office for the first quarter. There is a hand book that is given upon registration.

-----Cut / parent/guardian to keep upper half of sheet-----

Child's Name: _____ Grade: _____ Age: _____ School: _____

Parent/Guardian's Name: _____

Address: _____
(Please add street, town and zip code)

E-mail address: _____

Home Phone #: _____

Work Phone# (mother or father): _____

Cell phone (mother or father):# _____

Emergency Contact: _____

Emergency Phone #: _____

Family Relative/Emergency contact: _____

(WE MUST BE ABLE TO REACH SOMEONE IN AN EMERGENCY, PLEASE NOTIFY US IF YOUR PHONE NUMBERS CHANGE)

Doctor's Name: _____ Phone #: _____

Additional pertinent information that staff should be aware of:

Please check the days which your child will attend the program:
All days _ Monday _ Tuesday _ Wednesday _ Thursday _ Friday _
My child has permission to participate in the Rush after School Program and authorize the program staff to act for me according to their best judgment in any medical situation. I acknowledge that the Recreation Department does not provide accident insurance for program participants. I agree to hold the Town of Rush; it is employees and agents harmless for any accident or incident occurring while my child participates in the program. I allow my child to attend any outings scheduled by the after school staff.

Parent/Guardian Signature: _____ Date: ___/___/___

Amount Paid: _____

