

# **Pawling Community Services**

P.O. Box 635 Pawling, New York, 12564  
845/855-2162

## **REGISTRATION FORM 2011-2012 SCHOOL YEAR**

Please be sure to complete all of the information requested in this application.  
Incomplete applications will be returned to the parent/guardian.

*ALSO NOTE:* By completing the following information and submitting for enrollment, the responsible parent/guardian verifies that they understand all policies, regulations, and payment expectations pertaining to the Pawling Community Services SACC Program.

**(Please Print)**

<b>CHILD'S INFORMATION</b>				
Child's last name:	First:	Middle:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Grade:
Street address:		Birth date:	Age:	
City	State		Zip Code:	
Home Phone:	Cell Phone:	Email Address:		
<b>Parent / Guardian # 1 Home Address</b>				
Parent / Guardian Last Name: First:		Employer:	Employer phone #:	
Street address:				
City:	State		Zip Code:	
Home Phone:	Cell Phone:	Email Address:		
<b>Parent / Guardian # 2 Home Address</b>				
Parent / Guardian Last Name: First:		Employer:	Employer phone #:	
Street address:				
City:	State		Zip Code:	
Home Phone:	Cell Phone:	Email Address:		
In Case of Emergency who should be called first (please circle one):				
Parent / Guardian #1		Parent / Guardian #2		Either

### EMERGENCY CONTACT

**In the event of an emergency and neither parent can be contacted, please provide at least two alternate emergency contact names. Please remember to inform these people that they are listed as your emergency contacts. (additional names may be added to a separate sheet of paper).**

Last Name:	First:	Relation to Child:
Home Phone:		Alternate Phone:
Last Name:	First:	Relation to Child:
Home Phone:		Alternate Phone:

### BILLING

Person responsible for bill:	Address if Different:	Phone #:
Person responsible for bill:	Address if Different:	Phone #:

Does your child qualify for the DSS Child Care Subsidies program?  Yes  No

### ENROLLMENT DAYS

Monday	<input type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/> Both
Tuesday	<input type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/> Both
Wednesday	<input type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/> Both
Thursday	<input type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/> Both
Friday	<input type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/> Both

### HOMEWORK

PCS SACC has scheduled time into the program for your child to work on his/her homework. Please check the appropriate response below.

Homework Preference:

My child may choose whether or not to do her/his homework while in program

My child must complete as much of his/her homework as possible while in program.

My child should not do homework while in program. I prefer that homework be completed at home.

Please make your child aware of your preference regarding their homework while in the program. Homework time will run Monday through Thursday.

Child's Grade:	Teachers Name:
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### AUTHORIZATION FOR PICK UP

Parent's Marital Status:	If Separated or Divorced who has legal custody?
Is Child's time divided between parents because of divorce or separation? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please note that unless there is a legal document ON FILE with the program office stating that one parent is not allowed contact with a child, staff is NOT legally able to keep a non-custodial parent from picking up the child/ren. Please attach a copy of a legal document to this form if this situation applies to you.  
*Additionally, all PCS SACC staff reserve the right not to release a child to anyone that smells of, or presents to be under the influence of drugs or alcohol.*

"I give permission for the following people (must be over 18 years of age) to pick up my child/ren at the Pawling Community Services (PCS) SACC Program. I realize that my child/ren will not be released to anyone who is not listed below unless PCS SACC is informed with written permission. I also understand that if a staff member does not recognize a parent or someone else on this child's pick-up form, the staff person may ask for identification. It will be my responsibility to assure that each of the individuals listed below will have proper identification if required to present it to the PCS SACC staff."

SIGNATURE \_\_\_\_\_

Last Name:	First:	Relationship to Child:
Home Phone:	Work Phone:	Cell Phone:
Last Name:	First:	Relationship to Child:
Home Phone:	Work Phone:	Cell Phone:
Last Name:	First:	Relationship to Child:
Home Phone:	Work Phone:	Cell Phone:

### HOLD HARMLESS

I give my child/ren permission to participate in all programs and activities provided through the Pawling Community Services SACC Program. I understand that my child/ren may be photographed and his/her name may be used for publicity purposes for the PCS SACC. I absolve and hold harmless the PCS SACC program, its staff, and volunteers of any liability in the event of an accident or emergency occurring while my child is participating in any of the PCS SACC sponsored programs. I understand that PCS does not provide insurance for my child. Any and all accidents must be reported to the parents, SACC Director and Executive Director within 24 hours.

Parent/Guardian Signature:	Date:
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