

**Rush Recreation Department
AFTER SCHOOL PROGRAM – 2010-2011 SCHOOL YEAR**

**REGISTRATION FORM
Program Site: Monica Leary Elementary School Cafeterium**

The goal of this program is to provide a safe, structured, supervised environment where your child can play, study and interact with friends. Program activities include homework time, arts & crafts, games and gym time. The program runs from school dismissal until 5:30 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	\$395.00	\$475.00
4 days a week	\$316.00	\$380.00
3 days a week	\$237.00	\$285.00
2 days a week	\$158.00	\$190.00
1 day a week	\$79.00	\$95.00

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 Town of Rush. **Public registration begins May 24th 2010.** Please complete a separate form for each child registered.

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

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

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: _____