

Philipstown **R e c r e a t i o n** Department
LEARNING CENTER FEE AGREEMENT

Parent or Legal Guardian is required to sign the Fee Agreement before their child is permitted to participate in The Learning Center programs. A signed copy of the Agreement will be given or mailed upon receipt. A non-refundable \$25.00 registration fee is required every year for every child. Pre-payment will be accepted for September to December and January to June only.

All notices to changes in the program, fees or administrative issues will be sent to the parents by the Recreation Commission.

I acknowledge that my child(ren) are toilet trained and will be three years of age by December 1st when enrolling in September of the new Learning Center year.

I will pay the fee by the first of each month to the Philipstown Recreation Department. A \$15.00 late fee will be charged for payments received after the 10th of the month. I agree to pay a commitment fee, equal to one tenth of the yearly tuition, upon registration. I understand this fee will be accepted as payment in full of my tenth monthly installment.

My child may be removed from the program for one of the following reasons:

1. At the Director's recommendation to the Recreation Commission. I will receive a refund for any fee that has been paid for the months my child(ren) did not attend the program, in accordance with Town procedure for refunds.
2. For non-payment of fees. The one month commitment fee will be used to cover the unpaid balance for one month.

If I wish to re-enroll my child and meet the recommendation of the Program Director and approval of the Recreation Commission, the following are the procedures:

1. I will complete the registration process again, including paying the one month commitment fee in advance.
2. If my child(ren) was withdrawn because of non-payment of fees, I will be required to pay an additional \$25.00 registration fee.

Fees will not be waived for family vacations or short term illness. Withdrawal for long term illness requires a Doctor's letter.

PARTICIPANTS NAME: _____

PARENT NAME/LEGAL GUARDIAN (Please Print): _____

PARENT SIGNATURE: _____ DATE: ____ / ____ / ____

Philipstown **R e c r e a t i o n** Department
PARENT INFORMATION & RELEASE AUTHORIZATION

PLEASE PRINT CLEARLY:

CHILD'S NAME: _____ BIRTH DATE ____ / ____ / ____

ADDRESS: _____ AGE _____

MOTHERS NAME: _____ FATHERS NAME: _____

DAY PHONE: () _____ () _____

EVENING PHONE: () _____ () _____

CELL PHONE () _____ () _____

PERSONS TO CONTACTED IF THERE IS AN EMERGENCY:

1. NAME _____ TELE:() _____

2. NAME _____ TELE:() _____

I HEREBY GIVE PERMISSION TO RELEASE MY CHILD TO THE PARENT(S) OR LEGAL GUARDIAN LISTED ABOVE AND THE FOLLOWING:

1. NAME _____ TELE:() _____

2. NAME _____ TELE:() _____

3. NAME _____ TELE:() _____

I UNDERSTAND THAT UNDER NO CIRCUMSTANCES WILL MY CHILD BE RELEASED TO INDIVIDUALS OTHER THAN THOSE LISTED ABOVE WITHOUT MY WRITTEN AUTHORIZATION. IF THESE INDIVIDUALS WILL BE PICKING UP YOUR CHILD, PHOTO ID WILL BE REQUIRED.

PARENT/LEGAL GUARDIAN SIGNATURE

DATE

2009-10 LEARNING CENTER PROGRAM REGISTRATION

PLEASE PRINT CLEARLY:

First Name _____ Last Name _____

Address _____

Grade _____ Date of Birth _____ Male _____ Female _____

Phone (H) _____ (W) _____ Emergency _____

Allergies/Comments _____

Email Address _____

PROGRAMS/SESSIONS YOU ARE REGISTERING FOR:

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

My child is in 6th grade or above and has the right to be released from any program on their own at their sole discretion.

The Philipstown Recreation Department reserves the right to photograph, video or record any Recreation Program and use for future promotions. Please check this box if you do not want your child's picture to be used.

MAKE CHECKS PAYABLE TO: Philipstown Recreation Department, PO Box 155, Cold Spring, NY 10516

***All outstanding bills must be paid before participating in new programs. Please call the Recreation Department if you wish to set up a payment plan; inquiries are confidential.**

REFUNDS/CREDIT:

Refunds will be issued to all registrants in case of program cancellation by the Recreation Department. Refunds, at registrants requests, may be made up to one week prior to start of a program. Participants may be offered a pro-rated credit towards future recreation fees if a documented medical problem prevents completion of a program.

I/We the undersigned, Parent(s) or Legal Guardian of the above named, a minor, do hereby attest that my child is physically able to participate in the above program(s) and I/we authorize Philipstown Recreation Department and staff as our agent(s) to consent to any medical procedures or medical care which is deemed advisable by, and is to be rendered under the general or special supervision of, any licensed physician or surgeon. It is understood that this authorization is given in advance of any specific need of treatment but is given to provide any authority on the part of the aforesaid agent(s) to give consent to any and all such procedures, treatment, or hospital care which the physician, or surgeon in the exercise of his/her best judgement may deem advisable. This authorization shall remain effective from January 1, 20____ through December 31, 20____.

_____	_____	_____
(Print Name) Parent/Legal Guardian	(Signature) Parent/Legal Guardian	Date