

**WATERVLIET CIVIC CENTER BEFORE & AFTER SCHOOL PROGRAM**  
**SCHOOL-AGE CHILD CARE PROGRAM**  
**2017-2018 APPLICATION**

CHILD' NAME:	HOME PHONE:
ADDRESS:	CITY:
D.O.B.                                  SEX:	GRADE (in Sept. 2017):

MOTHER'S NAME:	HOME PHONE:
ADDRESS:	CITY:
STATE:                                  ZIP:	CELL PHONE:
EMPLOYER:	WORK PHONE:

FATHER'S NAME:	HOME PHONE:
ADDRESS:	CITY:
STATE:                                  ZIP:	CELL PHONE:
EMPLOYER:	WORK PHONE:

IN CASE OF AN EMERGENCY, LIST PEOPLE TO BE CONTACTED IF NEITHER PARENT CAN BE REACHED. \* MUST BE IN ADDITION TO PARENTS OR GUARDIAN AND CANNOT BE AT THE SAME ADDRESS. YOUR CHILD WILL ONLY BE RELEASED TO THE INDIVIDUALS ON THIS FORM.

NAME:	HOME PHONE:
ADDRESS:	CITY:
STATE:	ZIP:
WORK PHONE:	EMPLOYER:
RELATIONSHIP TO CHILD:	CELL PHONE:
NAME:	HOME PHONE:
ADDRESS:	CITY:
STATE:	ZIP:
WORK PHONE:	EMPLOYER:
RELATIONSHIP TO CHILD:	CELL PHONE:
NAME:	HOME PHONE:
ADDRESS:	CITY:
STATE:	ZIP:
WORK PHONE:	EMPLOYER:
RELATIONSHIP TO CHILD:	CELL PHONE:

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**2017-2018 SCHOOL-AGE CHILD CARE APPLICATION**

PLEASE LIST NAME OF FAMILY DOCTOR, HOSPITAL OF CHOICE IN CASE OF EMERGENCY, ALLERGIES, DISABILITIES, MEDICAL CONDITIONS & HEALTH INSURANCE INFORMATION

FAMILY DOCTOR:		
ADDRESS:	TELEPHONE:	
CITY:	STATE:	ZIP:
ALLERGIES:		
MEDICATIONS CURRENTLY TAKEN:		
IF YOUR CHILD HAS ANY MEDICAL CONCERNS PLEASE COMPLETE THE ATTACHED INDIVIDUAL HEALTH CARE PLAN FORM, OCFS FORM #7006		
HOSPITAL OF CHOICE:		
HEALTH INSURANCE COMPANY:		POLICY #

IN CASE OF AN EMERGENCY, I UNDERSTAND THAT EVERY EFFORT WILL BE MADE TO CONTACT THE PARENTS/GUARDIAN. IN THE EVENT THE PARENT/GUARDIAN CANNOT BE REACHED, THE CHILD WILL BE TRANSPORTED TO THE HOSPITAL PRE-SELECTED BY THE PARENT OR GUARDIAN.

I HAVE RECEIVED A COPY OF THE WATERVLIET CIVIC CENTER SCHOOL-AGE CHILD CARE PARENT HANDBOOK AND BY SIGNING THIS APPLICATION I ACKNOWLEDGE THAT I UNDERSTAND AND AGREE TO ABIDE BY THE POLICIES AND PROCEDURES CONTAINED THEREIN.

GENERAL WAIVER OF LIABILITY: MY CHILD PLANS TO PARTICIPATE IN THE WATERVLIET CIVIC CENTER 2017-2018 BEFORE & AFTER SCHOOL PROGRAM, BY SIGNING THIS RELEASE AND APPLICATION FORM, I UNDERSTAND THAT THE WATERVLIET CIVIC CENTER WILL NOT BE RESPONSIBLE FOR INJURY TO PERSON OR PROPERTY.

PARENT/GUARDIAN NAME: \_\_\_\_\_  
 (please print)

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE CHECK WHICH PROGRAM YOU WISH TO ENROLL YOUR CHILD IN

BEFORE SCHOOL \_\_\_\_\_ AFTER SCHOOL \_\_\_\_\_ BOTH \_\_\_\_\_

**Watervliet Civic Center**  
**2017-2018 Before & After School Program**  
**Program Closure Form**

If the Watervliet City School District closes at regular dismissal time, but they cancel their after school activities the Watervliet Civic Center will not operate our After School Program. The Watervliet Civic Center will implement the following procedures to ensure children are safely released. Please note that regular dismissal time will be approximately 2:00 PM for Pre-K children and 2:35 PM for children in Kindergarten to 6<sup>th</sup> Grade.

- The Watervliet Civic Center will utilize our automated message system to send a detailed automated recording about the program closure to your phone. Since this is the way we will notify you of any program closures, it is very important that every family is signed up for the automated system. Please make sure you update us immediately any time telephone numbers and other contact information changes. Program closure will also be posted on our website; [www.watervlietciviccenter.com](http://www.watervlietciviccenter.com) as well as the Watervliet City School District's website; [www.watervlietcityschools.org](http://www.watervlietcityschools.org)
- The Watervliet City School District has a web-based messaging system called One Call Now. This system notifies parents via phone, email and text message of important district news and information, including school closings, delays and/or early dismissals. One Call Now automatically integrates contact information including phone numbers and email addresses from the district's management system, e-Schools Data, for parents/guardians of every student enrolled in Watervliet schools.
- It will be the responsibility of the parent to make sure that their child arrives home safely.
- Parents have the option of having their child walk home, picked-up by individuals listed on the pick-up list or take the bus home.
- Please check one of the options listed below;  
 My child is allowed to walk home.  
 My child will be picked-up by one of the individuals listed below

<u>Name</u>	<u>Telephone Number</u>

My child is allowed to take the bus home. Please include bus #: \_\_\_\_\_  
 Your child must be registered in the transportation department if you choose this option.

I have read the program closure form and I am aware of the procedures that must be followed in the event that there is no Watervliet Civic Center After School Program.

Child's Name: \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
 (please print)

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

