



Village of Briarcliff Manor Recreation Department

# Winter 2012 After School Program REGISTRATION FORM



## Lottery Deadline: WEDNESDAY, January 18th at 12 Noon

**THIS IS A 2 PAGE REGISTRATION FORM - PLEASE COMPLETE and SUBMIT BOTH SIDES for the LOTTERY!**

Registration will be accepted until Wednesday, January 18<sup>th</sup> at 12:00 Noon. **A \$15 late fee will be added to any classes not registered for by the lottery deadline.** You may mail this form in or drop it off in person at the Briarcliff Recreation Office, 3 Library Road. Only one child per form. To be considered for enrollment, the form must be filled out completely (both pages) and must be accompanied by payment for each class desired. If writing out a check, separate checks must be written for each class desired (including alternate classes). After the lottery, you will receive an e-mail confirming class status. Once payments are processed you will receive an e-mail receipt confirming class enrollment. Waiting lists will be made when classes fill. All checks for wait listed classes will be held until after the first week of classes. If you have not heard from us by January 25th please call the Recreation Department, 941-6560, for confirmation.

**Instructions for filling out this form: (please read carefully)** Registration is done by lottery. Be sure to fill in the classes in the order that you wish your child to be enrolled. The #1 class will be the first class we place your child in upon drawing their registration form. In the event the first choice class is full, we will place the child in the alternate choice for class #1 (same for each choice). If you have chosen a 2nd class, we will enroll them in that class. If there is no 2nd class, no alternate choice or the alternative choice is also full, your child will not be enrolled in any classes. Children may be enrolled in more than one class, however only one class, per child, per round of the lottery will be assigned. As first choice classes are assigned, the alternate class listed for the same day will be crossed off. In each round of the lottery, we will enroll your child according to the lowest # still available under your "order of enrollment".

Child's **Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_

Teacher \_\_\_\_\_ Grade \_\_\_\_\_

| Order of Enrollment                                                                | Day   | Class Name | Act.# | Sec.# | Fee   |
|------------------------------------------------------------------------------------|-------|------------|-------|-------|-------|
| <b>Class #1</b>                                                                    | _____ | _____      | _____ | _____ | _____ |
| Alternate for class #1                                                             | _____ | _____      | _____ | _____ | _____ |
| <i>Fill out below only if you want your child enrolled in more than one class:</i> |       |            |       |       |       |
| <b>Class #2</b>                                                                    | _____ | _____      | _____ | _____ | _____ |
| Alternate for class #2                                                             | _____ | _____      | _____ | _____ | _____ |
| <b>Class #3</b>                                                                    | _____ | _____      | _____ | _____ | _____ |
| Alternate for class #3                                                             | _____ | _____      | _____ | _____ | _____ |
| <b>Class #4</b>                                                                    | _____ | _____      | _____ | _____ | _____ |
| Alternate for class #4                                                             | _____ | _____      | _____ | _____ | _____ |

**PLEASE REMEMBER TO COMPLETE THE BACK OF THIS APPLICATION !**

Village of Briarcliff Manor Recreation Department  
**Winter 2012 After School Program Registration Form - Page 2**  
**Lottery Deadline: Wednesday, January 18th at 12 Noon**

Starting Monday, January 23rd a \$15 late fee will be assessed for all new registrations.  
 This form will NOT be accepted if it is less than 100% complete!

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

**EMERGENCY CONTACTS:**

Please list below, in order, those who should be called in case of cancellation of class, or in the event of an emergency. **Contact #1 MUST be a parent (#2 can be parent as well). There MUST BE one contact listed who is not a parent, and is available to pick up the child in case of an emergency.** Those listed as contacts will have assumed permission to pick up your child at dismissal.

| Contact | Name  | Relationship | Phone # - 1 | / | Phone # - 2 |
|---------|-------|--------------|-------------|---|-------------|
| #1      | _____ | PARENT       | _____       | / | _____       |
| #2      | _____ | _____        | _____       | / | _____       |
| #3      | _____ | _____        | _____       | / | _____       |

E-mail address (most checked) **PLEASE PRINT CLEARLY:** \_\_\_\_\_

Please list any medical/behavioral concerns that our instructors should be aware of: \_\_\_\_\_

Regular Dismissal from Todd:                      Bus                      Carline                      Walker                      YMCA

Will your child be dismissed to the Y program from the After School Program?                      YES                      NO

*I hereby certify that the above information is correct and that my child is in good physical and mental health. I give permission for my child to participate in the noted programs and understand that misbehavior on the part of my child will result in dismissal from the After School Program, with no consideration for a refund. I understand that the Department does not accept responsibility for supervision of my child until he or she arrives at the Gym. I agree to pick up my child promptly at the printed dismissal time.*

*The undersigned hereby agrees to release and hold harmless the Village of Briarcliff Manor and the Briarcliff Manor School District, its employees and volunteers of any liability whatsoever in connection with any damages and/or injuries that the above named participant may sustain as a result of participation in the programs for which they are registered. Also, in the event of an injury, I give my permission for the individual named on the reverse to be taken to the hospital for treatment; to include evaluation of the injury, x-ray and immediate treatment or surgery. I, the undersigned, understand that I will be responsible for all costs associated with this treatment.*

Date: \_\_\_\_\_ Parent's Signature \_\_\_\_\_

**METHOD OF PAYMENT:**     CASH     CHECK # \_\_\_\_\_     MasterCard     VISA \*\*

Checks payable to:  
 Village of Briarcliff Manor (\$20 fee for returned checks). \*\* Credit Card information below is shredded after processing. **RECEIPT #** \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Cardholder Signature: \_\_\_\_\_