

**BEXLEY RECREATION & PARKS DEPARTMENT**  
**2016/17 Before & After School Program - Registration Form**

Please register for one of the following schools and also AM, PM, or both AM & PM coverage by checking the appropriate box:

<input type="checkbox"/> <b>Cassingham Elementary</b>	<input type="checkbox"/> <b>Maryland Elementary</b>	<input type="checkbox"/> <b>Montrose Elementary</b>
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Please print clearly in all sections.

Child's Name \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Grade (2016-17) \_\_\_\_\_

Parent Name \_\_\_\_\_ Address \_\_\_\_\_

Email \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**Other parent (if different than above)**

Parent Name \_\_\_\_\_ Address \_\_\_\_\_

Email \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**REGISTRATION / PAYMENT POLICY**

Payment must be made prior to the start of the program. For participant convenience, monthly payments have been split into bi-monthly payments. For those that have credit cards on file, payments will be charged to the card on the 1<sup>st</sup> and 15<sup>th</sup> of the month. In the event that the 1<sup>st</sup> or 15<sup>th</sup> falls on the weekend or on a holiday, the payment/charge will be due the closest business day prior to the scheduled payment day (i.e. the 15<sup>th</sup> falls on a Saturday, payment will be due on Friday, the 14<sup>th</sup>).

**CANCELLATION POLICY**

There will be **NO** cancellation fee for cancellation of days/month made 2 weeks prior to the first day of school on Wednesday, August 17th. Cancellations of any months made after 2 weeks prior to the first day of school will include a \$25 cancellation fee for each month of cancellation. Cancellation of any individual days after the start of school on Wednesday, August 17th will result in a \$5 cancellation fee for each day cancelled. Failure to give notification at least two weeks prior to the changed week will result in having to pay the full fee.

<b>T-Shirt Size: (Youth)</b> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> <b>(Adult)</b> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> XLarge <input type="checkbox"/>
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<u>Monthly Registration</u>	<u>AM Care (\$145)</u>	<u>PM Care (\$205)</u>	<u>Both AM &amp; PM (\$340)</u>	<u>Payment Dates</u>
August	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	August 15 <sup>th</sup>
September	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	September 1 <sup>st</sup> & 15 <sup>th</sup>
October	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	October 1 <sup>st</sup> & 15 <sup>th</sup>
November	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	November 1 <sup>st</sup> & 15 <sup>th</sup>
December	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	December 1 <sup>st</sup> & 15 <sup>th</sup>
January	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	January 1 <sup>st</sup> & 15 <sup>th</sup>
February	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	February 1 <sup>st</sup> & 15 <sup>th</sup>
March	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	March 1 <sup>st</sup> & 15 <sup>th</sup>
April	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	April 1 <sup>st</sup> & 15 <sup>th</sup>
May	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	May 1 <sup>st</sup>

<u>Individual Day Registration</u>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
AM Only - \$10 Per Day	<input type="checkbox"/>				
PM Only - \$15 Per Day	<input type="checkbox"/>				
AM & PM - \$25 Per Day	<input type="checkbox"/>				

Please check this box if your individual days will not be consistent (i.e. a Monday one week and a Friday another week). If that is the case, also contact Mindy Walsh, Before/After Care Administrator at [campadmin@Bexley.org](mailto:campadmin@Bexley.org) to schedule your registration days.

If the child registered on this form is a 2016 Jeffrey Summer Camp Program (JSCP) participant, by checking this box, you give us permission to use the 2016 JSCP forms (Permission/Photo Release, Dismissal, and Medical Forms) as the official Before & After School Program Forms. The only other form you would need to fill out is the payment form.

**RELEASE / PERMISSION**

I, as parent or legal guardian representing this minor, agree to release the City of Bexley, its officers, employees and volunteers from any and all liability for accidents, injuries, loss of and / or damage to my / our person or property that may arise out of my child's participation in or at the listed activity / activities. I / we are aware that participating in activities or use of facilities involves certain risk of injury despite safety precautions. I give permission for my child to take part in all camp activities, including trips away from camp. In the event of an accident or emergency, if my child's physician is not available, I grant permission to call another licensed physician. I authorize the camp staff to act for me according to their best judgment.

I have read the Before & After Care Program policies and payment terms and accept full responsibility for 100% payment of all program fees.

\_\_\_\_\_  
Signature of Parent, Custodian, or Guardian

\_\_\_\_\_  
Date



**BEXLEY RECREATION & PARKS DEPARTMENT  
2016/17 Before & After School Program  
Deposit & Direct Withdraw Form**

**Name of Child/Children:**

1. \_\_\_\_\_

<input type="checkbox"/> Cassingham Elementary	<input type="checkbox"/> Maryland Elementary	<input type="checkbox"/> Montrose Elementary
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2. \_\_\_\_\_

<input type="checkbox"/> Cassingham Elementary	<input type="checkbox"/> Maryland Elementary	<input type="checkbox"/> Montrose Elementary
------------------------------------------------	----------------------------------------------	----------------------------------------------

3. \_\_\_\_\_

<input type="checkbox"/> Cassingham Elementary	<input type="checkbox"/> Maryland Elementary	<input type="checkbox"/> Montrose Elementary
------------------------------------------------	----------------------------------------------	----------------------------------------------

4. \_\_\_\_\_

<input type="checkbox"/> Cassingham Elementary	<input type="checkbox"/> Maryland Elementary	<input type="checkbox"/> Montrose Elementary
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**Name on Card:** \_\_\_\_\_ **Credit Card Type:**  VISA  MC

**Account #** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ / \_\_\_\_\_ **Exp. Date:** \_\_\_\_ / \_\_\_\_ **3-Digit Code:** \_\_\_\_\_

**\*\*\*Please check Daily/ Monthly for direct withdrawal.**

**\*\*\*\*Payment for all individual days will be charged to the cards on the 1<sup>st</sup> and 15<sup>th</sup> of the month of attendance.**

**DAILY/ Monthly (Please check for direct withdrawal)**

By signing this form, you are giving permission to the Bexley Recreation & Parks Department to charge to the above listed credit card and/or account number the amount owed each day/bi-monthly for Before & After Care Program. All late fees, cancellation charges, and outstanding payments will be assessed to this card. Payment for any other Bexley Recreation sponsored program may NOT be charged as a result of this form.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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