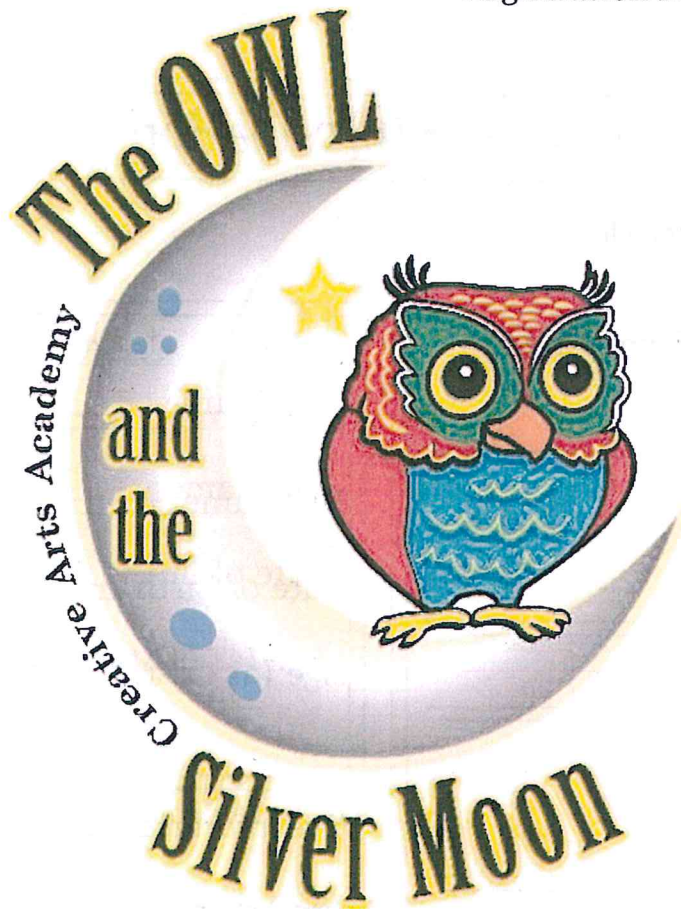


Registration Number:



The Owl and the Silver Moon 2020/21 Registration Packet

Please complete all forms for registration.

- Contact Information
- Medical/Emergency Information
- Parental Consent and Release Form
- Payment Form

Registration Number:

Contact Information

Please include information for both
parents/guardians, if applicable.

Parent/Guardian Information:

Name(s)

Residence Address

Mailing Address

Phone Number

Secondary Phone Number

Email

Preferred Method of Contact

Child Information:

Full Name _____

Nickname _____

Date of Birth _____

Age (as of start date) _____

Office Information:

Rome Art and Community Center
308 West Bloomfield St.
Rome, NY 13440

315-336-1040
315-336-1090 (Fax)
executivedirector@romeart.org
www.romeart.org

Registration Number:

Medical/Emergency Information

Physician Information:

Name

Business/Office Name

Address

Phone Number

Date of Last Physical

Emergency Contacts Information:

Primary

Name

Phone Number

Secondary Phone Number *(if applicable)*

Secondary

Name

Phone Number

Secondary Phone Number *(if applicable)*

Medical Concerns:

Allergies

Medical Conditions

Use of Epipen/Inhaler

Health Insurance Carrier

Insurance ID Number

Notes

Registration Number:

Parental Consent and Release Form:

I, _____ hereby give consent for _____

(Parent/Guardian)

(Child(s))

to participate in this Rome Art and Community Center (RACC) program, The Owl and the Silver Moon. I agree to the rules and guidelines set up by the RACC. *I will also allow the RACC to use any images or photos taken during this program to be used for publicity purposes.* I release the RACC and The Owl and the Silver Moon personnel from any liability during this program, related to any injury or illness, or any other circumstance that may arise.

Child's Name _____ DOB _____

Pick Up Authorization:

Please list below the names, relationship to child, and phone number of any authorized to pick up your child. Only the people listed below will be able to pick up your child/children. If a person is to be added to this list, the parent/guardian signing must do so in person at the RACC office.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

I understand that if the Child(s) named above is/are injured during The Owl and the Silver Moon, I will be notified by phone, or one of the persons listed above will be notified. The RACC will treat minor injuries such as scrapes, scratches, bug bites, etc. with an on-site First Aid Kit. In cases of extreme emergency, I will be notified by phone, but I authorize the RACC and its staff to contact an ambulance and proper medical personnel will treat the child as medically necessary. Those children who have special health requirements, must come each day prepared with all medications, and must arrange in advance with the staff to administer said medications.

Parent/Guardian Signature _____ Date _____

RACC Representative Signature _____ Date _____

Registration Number:

2020/21 Payments Form:

| Rate Category | Select Category | Quarterly/Incremental payments (4) | Rate per Year | 4 Incremental payments: 1st payment due upon registration, 11/15; 1/15; 4/15 |
|--|-----------------|------------------------------------|---------------|---|
| 5-Day Week* (4 year olds morning program) | | \$575.00 | \$2300.00 | |
| 3-Day Week ** (3 year olds afternoon program) | | \$475.00 | \$1900.00 | |

1st incremental payment due by AUGUST 20th or upon registration.

**If payment in full is received by September 1, the annual rate is \$2200/5 day week*

***If payment in full is received by September 1, the annual rate is \$1800 for 3 day/week*

Payments:

| <i>Quarterly payments</i> | <i>(denote cash, check or credit card)</i> |
|---------------------------|--|
| 8/15/20 | |
| 11/15/20 | |
| 1/15/21 | |
| 4/15/21 | |

Cash / Check

Credit Card: Card Number _____ Exp. _____ CVV: _____

Signature: _____ **Date:** _____

Registration Number:

Return these forms to the RACC Office
via email, fax, mail, or in person.

Please include copies of these forms
with your Registration Packet:

- Birth Certificate
- Immunization Record
- Any Applicable Custody
Paperwork



ROME ART AND COMMUNITY CENTER

Celebrating 50 *Years+*