



The Owl and The Silver Moon

2026/27 Registration Packet

Please complete all forms for registration.

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

Contact Information

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

Parent/Guardian Information:

Name (s) and Address

Phone Number

Email

Parent/Guardian Information (If different):

Name(s) and Address

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

Medical/Emergency Information

Physician Information:

Name _____

Doctor/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 _____

Health Insurance Carrier _____

Medical Conditions _____

Insurance ID Number _____

Other concerns and Behavioral info EpiPen or Inhaler () Toilet Trained ()

Parental Consent and Release Form:

I, _____ hereby give consent for _____
(Parent/Guardian) (Child(ren))

to participate in this Rome Art and Community Center (RACC) program, The Owl and The Silver Moon. I agree to comply with the rules and guidelines established by the RACC. *I also authorize the RACC to use any images or photos taken during this program 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 _____

I understand that if the Child(ren) 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.

Parent/Guardian Signature _____ Date _____

RACC Representative Signature _____ Date _____

2026/27 Payments Form:

Rate Category	Select Class Program	Rate per Year	Quarterly/Incremental payments (4)	4 Incremental payments: 1st payment due upon registration, 11/15; 1/15; 4/15
5-Day Week* (4 year old morning program)		\$2,575.00	\$750.00	
3-Day Week** (3 year old morning program)		\$1,950.00	\$550.00	

1st incremental payment due by AUGUST 15th or upon registration.

If payment **in full is received by August 1, the annual rate is \$2,500/5 day week*

***If payment **in full** is received by August 1, the annual rate is \$1,850 for 3 day/week*

RACC members receive a 10% discount on tuition

Payments:

<i>Quarterly payments</i>	<i>(denote cash, check or credit card)</i>
8/15/26	
11/15/26	
1/15/27	
4/15/27	

Cash / Check

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

Signature: _____ **Date:** _____

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**

