

# Registration Form



First & Last Name		Middle Name		
Gender	Age	Date of Birth		
Child's Home Address		City	State	Zip
What school does your child attend?			Grade next Fall	
Mother's Name		Father's Name		
Mother's Home Address		City	State	Zip
Father's Home Address		City	State	Zip
Mother's Home Phone		Father's Home Phone		
Mother's Cell Phone		Father's Cell Phone		
Mother's Work Phone		Father's Work Phone		
Mother's Email Address		Father's Email Address		
Mother's Occupation		Father's Occupation		
Does the child reside with both parents? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> shared				
Does your child nap?   Y   N				
Is your child in good health and can he/she participate without any accommodations? <input type="checkbox"/> YES <input type="checkbox"/> NO				
If no, please explain.				
My child would like to be in a group with (friend's name)				
If your child were to appear in a group or individual photo taken during a Silverlake program, are we free to use it for advertising purposes (brochures, etc.)? <input type="checkbox"/> YES <input type="checkbox"/> NO				
How did you hear about our Program?				

The following people have permission to pickup my child **other than** above parents/guardians:

Name	Relationship to child	Phone Number
Name	Relationship to child	Phone Number
Name	Relationship to child	Phone Number
Name	Relationship to child	Phone Number

If I cannot be reached in the event of an emergency, the following person is authorized to act on my behalf:

Emergency Contact		Emergency Number		
Physician's Name		Physician's Phone		
Physician's Address		City	State	Zip
Preferred Hospital				

Please list any current medications, food supplements or modified diets for this child.

Please list any allergies for this child including medicines, foods, nature items, etc.

Please list any operations, serious illness, and chronic or recurring illness.

### ASSUMPTION OF RISK, WAIVER OF LIABILITY, MEDICAL AUTHORIZATION

As legal guardian of \_\_\_\_\_, I recognize that potentially severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, tumbling, trampoline, martial arts, dance, cheerleading, ball sports and swimming and diving. In addition, swimming or any activity in or around water can result in brain damage or drowning. I am also aware that participation in day camps involves transportation to and from various field trips and as a result my child could be injured or killed in a vehicular accident. Being fully aware of these dangers, I voluntarily consent to the aforementioned person participating in any and all Silverlake programs, camps, and activities and I ACCEPT ALL RISKS associated with that participation.

In consideration for allowing my child to use these facilities, I on my own behalf and the behalf of my child and our respective heirs, administrators, executors and successors, hereby COVENANT NOT TO SUE and FOREVER RELEASE Silverlake, The Family Place, it's officers, directors, shareholders, employees or agents from all liability for any and all damages or injuries suffered by my child while under the instruction, supervision, or control of Silverlake programs including without limitation, those damages or injuries resulting from acts of negligence on part of its officers, directors, shareholders, employees or agents.

In the event of an accident or emergency I would like my above mentioned child to be taken to a hospital for medical treatment and I hold Silverlake, The Family Place, and its representatives harmless in their execution of this action. Additionally, I hereby agree to individually provide for all possibly future medical expenses which may be incurred by my child as a result of any injury sustained while participation at or for Silverlake, The Family Place.

I have read and understand this ASSUMPTION OF RISK and WAIVER OF LIABILITY and MEDICAL AUTHORIZATION and I VOLUNTARILY affix my name in agreement.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_



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# Parent Handbook 2017-2018

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Our Staff is very excited and looking forward to a wonderful year.

This handbook contains Silverlake Academy's policies and procedures, which are important to you and your child. By signing the following, you agree that you have received and read a copy of the Silverlake Academy Parent Handbook prepared by Silverlake, "The Family Place". You also agree to follow the policies, procedures, and practices placed before you within the Silverlake Academy Parent Handbook.

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Name of Child \_\_\_\_\_ School \_\_\_\_\_

Name of Parent(s) \_\_\_\_\_ Start Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

I am aware that an immunization record is required for my child to participate in any Silverlake Academy Program upon registration. initial \_\_\_\_\_

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## Payment Form

Child's Name \_\_\_\_\_ Siblings Name(s) \_\_\_\_\_

Program	Description	Days	Member	Non-Member	Discount	Total
Pre-school and Pre-K	Full Day 7:00a-6:00p	Mon-Fri	\$165	\$185		
Pre-school and Pre-K	Full Day 7:00a-6:00p	Mon/Wed/Fri	\$130	\$150		
Pre-school	Full Day 7:00a-6:00p	Tues/Thurs	\$100	\$120		
Pre-school and Pre-K	1/2 Day 8:30a-1:00p	Mon-Fri	\$95	\$115		
Pre-school and Pre-K	1/2 Day 8:30a-1:00p	Mon/Wed/Fri	\$80	\$100		
Pre-school	1/2 Day 8:30a-1:00p	Tues/Thurs	\$60	\$80		
After School	5 Days till 6:00p	Mon-Fri	\$70	\$90		
After School	4 Days till 6:00p	Circle days: M T W Th F	\$65	\$85		
After School	3 Days till 6:00p	Circle days: M T W Th F	\$60	\$80		
After School	2 Days till 6:00p	Circle days: M T W Th F	\$55	\$75		
1/2 Day Kinder Care	5 Days till 6:00p	Mon-Fri	\$95	\$115		
1/2 Day Kinder Care	4 Days till 6:00p	Circle days: M T W Th F	\$85	\$105		
1/2 Day Kinder Care	3 Days till 6:00p	Circle days: M T W Th F	\$75	\$95		
1/2 Day Kinder Care	2 Days till 6:00p	Circle days: M T W Th F	\$65	\$85		
Spring Break	Full Week	Mon-Fri	\$175	\$195		
Spring Break	Partial Week	Circle days: M T W Th F	\$35/day	\$45/day		
Full Day Camp/snow days	not enrolled in after school or 1/2 day k		\$35/day	\$45/day		
Full Day Camp/snow days	enrolled in after school or 1/2 day k that week		\$20/day	\$20/day		

\*Day camp maximum family payment for members is \$90/day

1. Pay in Full by August 1<sup>st</sup> or January 1<sup>st</sup> and receive 5% off your total. No refunds or credits will be given for absences.

Down Payment Amount	Date Paid	Payment Type	Emp initials
Total Due: _____ x .95 = _____		Total Paid _____	
Payment Type	Date Paid		Emp Initials

2. Auto Withdraw from a Credit or Debit Card

Pay the down payment (first week of school tuition). School tuition will be withdrawn on the Monday of the week registered. No refunds or credits will be given for absences.

Down Payment Amount	Date Paid	Card Type	Initials
Credit Card Type _____	Credit Card Number _____		
Exp Date _____	Security Code _____		
Name on Card _____	Billing Zip Code _____		
Signature _____			

3. Auto Withdraw from a Checking or Savings Account

Pay the down payment (first week of school tuition). School tuition will be withdrawn on the Monday of the week registered. No refunds or credits will be given for absences.

Down Payment Amount	Date Paid	Payment Type
Bank Name _____	Account# _____	
Routing# _____	Account Type _____	

**Dear Parent or Guardian:** As a participant in The Silverlake Academy After School Program, your child will be involved in transportation from St. Pius, Blessed Sacrament, Beechwood, Caywood, Ft. Wright or R.C. Hinsdale to Silverlake.

**Location:**

<b>Caywood</b> 3300 Turkeyfoot Edgewood, KY (859) 341-7062	<b>Beechwood</b> 50 Beechwood Ft. Mitchell, KY (859) 331-3250	<b>R.C. Hinsdale</b> 440 Dudley Pike Edgewood, KY (859) 341-8226	<b>Blessed Sacrament</b> 2407 Dixie Highway Ft. Mitchell, KY (859)331-3062	<b>St. Pius X</b> 348 Dudley Rd Edgewood, KY (859)341-8226	<b>Ft. Wright</b> 501 Farrell Dr, Covington, KY (859) 331-7742
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**Departure Time from School:**

11:42am/3:40pm      2:55p      11:50am/ 3:45pm      10:45am/2:40pm      1:55pm      12:16pm

**Arrival Time to Silverlake:**

12:00pm:/4:00pm      3:05p      12:00pm/4:00pm      11:10am/3:00pm      2:10pm      12:30pm

**Destination:**

Silverlake "The Family Place"  
301 Kenton Lands  
Erlanger, Kentucky 41017      Phone Number: (859) 426-7777

**Method of Transportation:** Chevrolet Cut Mini Bus and International 3000 School Bus

**Designated Supervisors:** Silverlake, The Family Place CDL drivers and Limousine Associates Drivers

If you would like your child to participate in these activities please complete, sign and return the following statement of consent, release of liability and permission for medical treatment.

Please copy and return original to Silverlake "The Family Place".

PARENT'S PERMISSION AND INDEMNITY

I/we hereby request that my/our child \_\_\_\_\_ be permitted to participate. I/we understand that this activity will take place away from Silverlake, The Family Place's grounds and that my/our child will be under the supervision of Silverlake, The Family Place personnel on the dates specified. I/we release and agree to indemnify Silverlake The Family Place and its representatives from liability for any accident in which my/our child may be involved or any injury to my/our child which may occur in connection with these activities. I/we consent to the conditions for participation in these activities including the method of transportation.

I/we authorize the above named designated supervisors to seek necessary medical treatment by a duly-licensed doctor or hospital for my/our child, except that surgery shall require the opinion of at least two doctors. I/we agree to assume any and all medical costs incurred.

I/we agree to assume all transportation costs should it be necessary for my/our child to return home for medical, disciplinary or other reasons.

I/we recognize that I/we remain fully responsible for any legal liability resulting from personal action by my/our child.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_