

Monkey Tail Gang After School Club



Please print this form and mail or fax it
to The Schuylkill Center

8480 Hagy's Mill Road
Philadelphia, PA 19128
Phone: 215-482-7300
Fax: 215-482-8158
www.schuylkillcenter.org

Registration form 2011-2012

Child's Name:

Child's School:

Grade: Male Female

Date of Birth:

Parent/Guardian:

Cell Phone:

Work Phone:

Home Phone:

Email Address:

Parent/Guardian:

Cell Phone:

Work Phone:

Home Phone:

Email Address:

Child's Address:

City / State / Zip:

Bill to:

Address:

City / State / Zip:

How many days per week will your child attend? Mon Tue Wed Thur Fri Varies

Registration Fees	5 Day per Week	4 Day per Week	3 Day per Week	2 Day per Week	1 Day per Week
Base Fee, without SCEE Membership	\$270/ Month	\$220/ Month	\$165/ Month	\$120/ Month	\$65/ Month
Member Discount	\$245/ Month	\$200/ Month	\$155/ Month	\$110/ Month	\$60/ Month
Sibling Discount	\$225/ Month	\$185/ Month	\$145/ Month	\$100/ Month	\$55/ Month

Van transportation is available. Call for details on pricing.

Monthly invoices will be sent to the *billing address* above. Payment for each month is due on or before the first day of that month. To receive the membership discount, please add \$60 (the price of a Schuylkill Center family membership) to your first month's fee. For other membership options and benefits, please visit our website: www.schuylkillcenter.org.

Please enclose payment with registration. Make checks payable to SCEE or include credit card information below.

Card number Expiration date

Cardholder signature

Family membership fee (optional):

First month's fee (select from chart above):

Second child fee (if applicable):

Van transportation fee (if applicable):

Total Due:

Emergency Contact Information

Please list two individuals whom in the event of an emergency, may be contacted if the child’s parent(s)/ guardian(s) are not available.

1. _____ Phone: _____

2. _____ Phone: _____

Child’s Physician: _____ Phone: _____

Persons (other than parents/guardians) to whom your child may be released:

Health History:

Please check the following conditions that apply to your child:

Asthma Heart Condition Juvenile Diabetes Other (Please specify) _____

Allergies (food, animals, etc) Please specify: _____

Please list any prescription medications: _____

Please detail any special learning or physical disabilities, as well as any medical condition that you feel requires the staff’s attention. You can also attach addition information to this form.

I consent to the administration of the following medications by staff of The Schuylkill Center (name of medications, dosage, and frequency). Rx _____

To be administered when necessary: Tylenol Benadryl sunscreen insect repellent
(please check all that apply)

Liability Waiver *Please read carefully*

I, _____, parent/guardian of _____, recognize that the activities at The Schuylkill Center for Environmental Education (hereafter “SCEE”) may involve physical and outdoor activity. I grant permission for the above named minor to participate in all activities of the Monkey Tail Gang. Should any activities occur off-site, such as a field trip, I grant permission for my child to use transportation, such as a van, canoe or other conveyance, for such activities. In consideration of SCEE allowing _____ to participate in its activities, I assume all risks and hazards incidental to such participation, including risk of serious injury to the minor, and do hereby waive on the minor’s behalf and on behalf of myself and other relatives of the minor, any and all claims relating to such participation against SCEE, its Board, employees, organizers, volunteers and other participants. SCEE or its representative has my permission, in an emergency where I cannot be located immediately, to transport my child at my expense to the emergency room of the nearest hospital. The hospital and its staff have my permission to provide treatment which is deemed necessary for the well being of my child.

I grant SCEE permission to use video, still images, and/or quotes of my child participating in Monkey Tail Gang for use in SCEE publication materials.

Signature of Parent or Guardian

Date