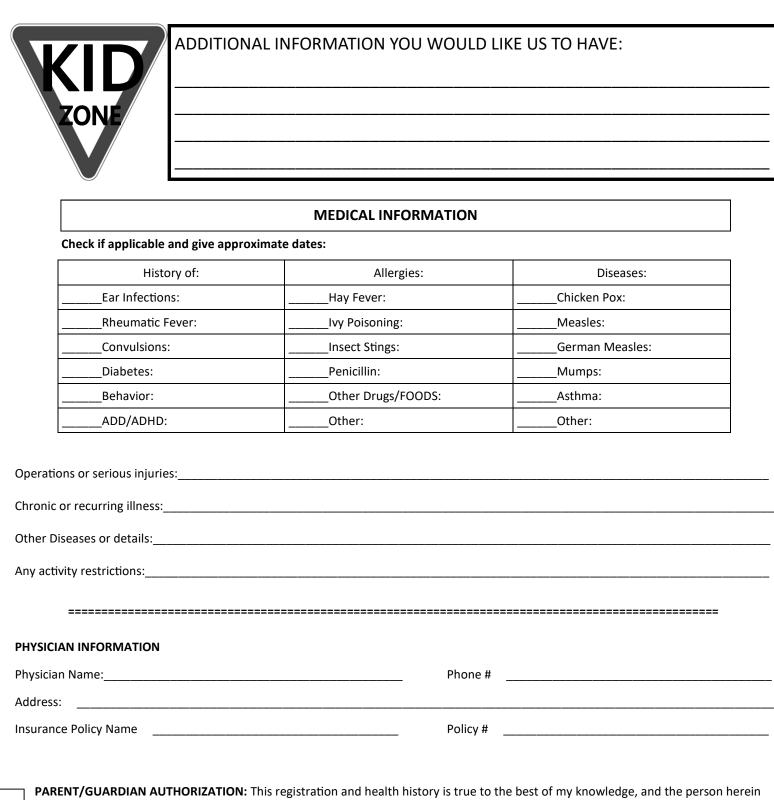


Gillam – Grant Community Center Before & After School Program

2023-2024 Registration

Participant Name:			
Address:			
Current Grade:	Date of Birth:	Please Check One: Boy Girl	
Before School Full Time	After School	Both rcle days needed): M T W TH F	
I dii Tiirle	rait fille (Flease Ci	cie days needed). Writ W Till I	
Anticipated Drop Off Time (before school) Anticipated Pick Up Time (after school)			
Parents/Guardians:			
Name:			
Address:			
Home Phone:	Work Phone:	Cell Phone:	
Email Address:			
Address:			
Home Phone:	Work Phone:	Cell Phone:	
Email Address:			
Emergency Contacts (otl	her than above):		
Name:	Relationship:	Phone:	
Name:	Relationship:	Phone:	



described has permission to engage in all prescribed center activities, except as noted by me. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Gillam-Grant Community Center, to secure proper treatment for, and to order injections, anesthesia or surgery for my child as named on the registration form.

Release: I/We the parent(s) or guardian(s) of the child named on the reverse side of this form, who is enrolling in the Kid Zone After School Program, give my approval for his/her participation in activities related to this program. I/We do further, hereby release, indemnify, and hold harmless the Gillam-Grant Community Center, the instructors, teachers, and the Byron-Bergen Central School District. In case of injury, all claims will be hereby waived against the above mentioned.

ratetit/dual diali digitature	Parent/Guardian Signature:		Date:
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PARENT HANDBOOK 2023-24 SIGNATURE PAGE

PLEASE RETURN THIS PAGE WITH KID ZONE REGISTRATION FORM. THANK YOU!

I have read the attached Parent and Student Handb	ook. I understand the rules, payment expo	ectations and policies.
Student Name:		_
Parent Name (printed):		_ Date:
Parent Signature:		
GENERAL PICTURE/VIDEO RELEASE		
I,	nyself or my child without restriction or cor my child as a result of this agreement, I ex in any way connected to the above-granted	nmitment to other parties, and that GGCC pressly release and indemnify GGCC from any
Signature:	Date	:
Please list all individuals who have your permission to required to provide photo identification to the Gillan in extreme situations.		
NAME(S):	PHONE NUMBER(S)	RELATIONSHIP TO CHILD
1.		
2.		
3.		
4.		
5.		
6.		