



208 W. Broadway Street
Montour Falls, NY 14865

Phone: 607-535-8908
Fax: 607-535-4199
www.myplace-aplc.com

My Place at Watkins Glen Elementary School 2018 Summer Registration and Tuition Information

Application for Enrollment

Child's Name: _____

Son / Daughter (please circle)

Guardian 1 Information:

Name: _____

Address: _____

Phone Carrier (to receive text): _____

Cell phone: _____

Work phone: _____

Email address: _____

Place of employment: _____

Date of Birth: _____

Grade entering in Fall: _____

Guardian 2 Information:

Name: _____

Address: _____

Phone Carrier (to receive text): _____

Cell phone: _____

Work phone: _____

Email address: _____

Place of employment: _____

Full Time (5 days/per week) Part Time (3 days/per week)

Days of the Week Requested: M T W TH F Start Date Requested: _____

Is there any special custody arrangements or Orders of Protection for the child? Yes No

(If yes, please provide a copy of the court order)

Are you interested in volunteering at the program? Yes No

Do you currently have a child enrolled at My Place? Yes No

Have you ever had a child enrolled at My Place? Yes No

How did you hear about us?

Our Website Online Search Employer

Friend/Family - Name: _____ Other : _____

Emergency Contacts: Please list the names of three adults other than yourself who may pick up your child from the program without a note and who will be an emergency contact person.

Name	Primary Contact Phone	Secondary Contact Phone	Relationship to Child

Parent initials are required in each box:

In case of an accident, injury, or medical emergency when parents and emergency contacts cannot be reached the Program may authorize emergency medical treatment and/or transportation to the nearest hospital. I understand and consent to this policy.

I give permission to photograph my child during program activities. These photos may be used for center promotions and publication. Child(ren)'s Name _____

Does your child have any allergies, medical conditions or long term or permanent disabilities? _____

Allergies: _____

Medical Condition: _____

Does your child have a prescribed Epi-Pen? Y or N Prescribed Inhaler? Y or N

Please List any Special Needs: _____

Diet Habits, Activity Restrictions, and Behavior Concerns: _____

I consent to the enrollment of the child listed above. I agree to pay to monthly/weekly tuition by the 1st of every month or Monday of every week. I have submitted the non-refundable application fee of **\$25.00** with this enrollment application.

Parent/Guardian Signature: _____

Date Signed: _____

Office Use:

Date Received: _____ Amount Received: _____ Staff Initials: _____

Payment type: **Check** (payable to My Place) Check #: _____ **Cash**

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