

# 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 (if different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Father's Home Address (if different) \_\_\_\_\_ 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?  YES  NO  shared  
Does your child nap? Y N  
Is your child in good health and can he/she participate without any accommodations?  YES  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.)?  YES  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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

## 2019-2020

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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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**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, St. Joe'a, Caywood, River Ridge or R.C. Hinsdale to Silverlake.

School	Address	Phone	Departure/Arrival Time
St. Pius	348 Dudley Rd. Edgewood, KY	(859)341-8226	1:55/2:10
Blessed Sacrament	2407 Dixie Hwy. Ft. Mitchell, KY	(859)331-3062	2:45/2:55
Beechwood	50 Beechwood Rd. Ft. Mitchell, KY	(859)331-3250	2:55/3:10
St. Joe's	2474 Lorraine Ct. Crescent Springs, KY	(859)578-2742	2:10/2:20
Caywood	3300 Turkeyfoot Rd. Edgewood, KY	(859)341-7062	3:45/4:00
Hinsdale	440 Dudley Pike, Edgewood, KY	(859)341-8226	3:45/4:00
River Ridge	2772 Amsterdam Rd. Villa Hills, KY	(859)341-5260	3:45/ 4:00

**Method of Transportation:** Chevrolet Cut Mini Bus, International 3000 School Bus, Thomas 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 \_\_\_\_\_