

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? <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

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 _____



Parent Handbook 2020-2021

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.

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 _____

Payment Form

Program	Description	Days	Member	Non-Member	Discount	Total
Pre-School & Pre-K	Full Day 7:00a—6:00p	Monday—Friday	\$175	\$200		
Pre-School & Pre-K	Full Day 7:00a—6:00p	Monday/Wednesday/Friday	\$140	\$165		
Pre-School (2 nd semester only)	Full Day 7:00a—6:00p	Tuesday/Thursday	\$110	\$135		
Pre-School & Pre-K	Half Day 8:30a—1:00p	Monday—Friday	\$105	\$125		
Pre-School & Pre-K	Half Day 8:30a—1:00p	Monday/Wednesday/Friday	\$90	\$115		
Pre-School (2 nd semester only)	Half Day 8:30a—1:00p	Tuesday/Thursday	\$70	\$95		
After-School	5 days until 6:00p	Monday—Friday	\$75	\$100		
After-School	4 days until 6:00p	Circle Days— M T W R F	\$70	\$95		
After-School	3 days until 6:00p	Circle Days— M T W R F	\$65	\$90		
After-School	2 days until 6:00p	Circle Days— M T W R F	\$60	\$85		
Day Camp	Enrolled Pre-Schooler or After-Schooler		\$20/day	\$20/day		
Day Camp	Not enrolled Pre-Schooler or After-Schoolers		\$35/day	\$45/day		
Winter or Spring Break Camp	Partial Week	Circle Days— M T W R F	\$35/day	\$45/day		
Winter or Spring Break Camp	Full Week		\$175	\$225		

Please note: To advance to the pre-k class, your child must turn 4 years old by August 1st
Tuesday/Thursday option is for students starting in the 2nd semester only and is based on birthdate

1. Pay in Full

If you pay for the semester in full by August 1st or January 1st and receive 5% off your total. No refunds or credits will be given for absences.

Total Due: _____ x .95 = _____ Total Paid _____

 Payment Type _____ Date Paid _____

2. Auto Withdraw from a Credit or Debit Card

Put your debit or credit card on file at the front desk or through the Academy Director. School tuition will be withdrawn on the Monday of the week registered. No refunds or credits will be given for absences.

Card Type _____ Card Number _____
 Exp Date _____ Security Code _____
 Name on Card _____ Billing Zip Code _____

3. Auto Withdraw from a Checking or Savings Account

Put your account and routing number on file at the front desk or through the Academy Director. School tuition will be withdrawn on the Monday of the week registered. No refunds or credits will be given for absences. Please note, accounts can not be charged, accrued balances will draft on the 5th of every month.

Bank Name _____ Account Type _____
 Last four digits of account # _____ Last four digits of routing # _____

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's, 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: 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 _____