

**PRESCHOOL REGISTRATION FORM: Tuesday, September 8, 2020 – May 28, 2021**

CITY OF GOOSE CREEK RECREATION 519 A. North Goose Creek, Blvd., Goose Creek (843)569-4242

Held at the Goose Creek Activity Center

**\$45 per child non-refundable registration fee (ALL CHILDREN MUST BE FULLY TOILET TRAINED.)**

\_\_\_\_\_ **HALF PINTS FIVE DAY (ages 3 - 5) Monday-Friday, 8:30 – 11:00 am**

\$180R month / \$185 NR

**Child's Name:** \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Child's Date of birth: \_\_\_\_\_ Email: \_\_\_\_\_

**Name of RESPONSIBLE PARTY:** \_\_\_\_\_ Birthday Day \_\_\_\_\_

Address: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Day phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

**MOTHER'S Name:** \_\_\_\_\_ Place of employment: \_\_\_\_\_

Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**FATHER'S Name:** \_\_\_\_\_ Place of employment: \_\_\_\_\_

Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

**EMERGENCY CONTACT Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

(if parent cannot be reached in an emergency)

Name of **MEDICAL INSURANCE COMPANY** & ID number: \_\_\_\_\_

**Do you wish to purchase PLAYGROUND INSURANCE?** \_\_\_\_\_ (required if you have no medical insurance)

Does the child have any **SPECIAL NEEDS OR ALLERGIES** we should be aware of? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

If so, what are they?

**Will any other persons be ALLOWED TO PICK UP YOUR CHILD?** **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

If so, who are they? **A child will be released to either parent unless we have a written court order.**

<b>Name</b>	<b>Name</b>	<b>Name</b>
<b>Phone</b>	<b>Phone</b>	<b>Phone</b>

I UNDERSTAND that PAYMENTS MUST BE PAID BY THE FIRST DAY OF EACH MONTH. A LATE FEE OF \$10 will be charged on late payments. I understand that my space in the program may be **FORFEITED** if my payment is late. I UNDERSTAND that a TWO-WEEK ADVANCED WRITTEN NOTICE must be given before withdrawing from the program. If no notice is given, I will PAY FOR THE PROGRAM.

**Waiver & Release of Liability:** In consideration of being allowed to participate in Goose Creek Recreation sports, programs, related events and activities, the undersigned acknowledges and agrees that there are always risks involved in participation in recreational activities. I knowingly and freely assume all such risks, both known and unknown, even if arising from negligence and assume full responsibility for my participation. I declare the participant physically able to participate in the activity. In the event of a medical emergency, I authorize Goose Creek Recreation or its representatives to obtain emergency medical treatment for myself or child (if parent is not available). I willingly agree to comply with the stated and customary terms and conditions for participation. I, for myself and on behalf my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless City of Goose Creek Recreation, Goose Creek Recreation Commission, their officers, officials, agents, and /or employees, other participants, sponsors, and advertisers (releasees), with respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the releasees or otherwise, to the fullest extent permitted by law. I likewise release from liability, any person transporting myself or my child to and from these activities. I further grant GC Recreation the unencumbered right to make promotional use of any pictures and/or video tapes taken of the registrant while participating in this program. The City of Goose Creek has the right pursuant to the SC Setoff Debt Collection Act to collect any delinquent sum due through offset of the state income tax refund including all fees.

I have read this release of liability and assumption of risk agreement and sign it freely and voluntarily.

**For participants under the age of 18 at the time of registration:** This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above, for myself, my heirs, assigns, and next of kin, I release and agree to hold harmless the Releasees from any and all liabilities incident to the minor's involvement or participation in these programs as provided above, even if arising from their negligence, to the fullest extent of the law.

Signature: \_\_\_\_\_ Name (Print): \_\_\_\_\_  
Parent/Guardian Signature

Refunds must be requested prior to the second class meeting unless specified differently in the specific program policies.

There is a \$5 handling fee on all refunds. Insurance is non-refundable. Approval Initial \_\_\_\_\_

**FOR STAFF USE ONLY**

DATE PAID: \_\_\_\_\_ AMOUNT PAID: \_\_\_\_\_ Starting Date \_\_\_\_\_ STAFF INITIAL: \_\_\_\_\_