



7 Saxon Woods Road, White Plains, NY 10605

Phone: (914) 948-1120

Website: www.ethicalsocietywestchester.org

ETHICS FOR CHILDREN 2016-2017 REGISTRATION AGREEMENT

Please fill out all relevant information. You may register more than one child on the same form. Registration is on-going throughout the year as long as there is room.

Parent 1: _____ Parent 2: _____

Phone Number: _____ Email: _____

Mailing Address: _____

How did you hear about the ECSW Ethics for Children Program? _____

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Name of Child 1: _____

Birthday: _____ 2016-2017 Grade in School: _____

Program: Choose One

- Junior Ethics (Exploring and Growing Ethics) (ages 5---9- K-4th Grade)
- Senior Ethics (Living Ethics) (10-14- 5th-8th Grade)
- My child has participated in an ECSW program in the past: _____

Name of Child 2: _____

Birthday: _____ 2016-2017 Grade in School: _____

Program: Choose One

- Junior Ethics (Exploring and Growing Ethics) (ages 5---9- K-4th Grade)
- Senior Ethics (Living Ethics) (10-14- 5th-8th Grade)
- My child has participated in an ECSW program in the past: _____

Name of Child 3: _____

Birthday: _____ 2016-2017 Grade in School: _____

Program: Choose One

- Junior Ethics (Exploring and Growing Ethics) (ages 5---9- K-4th Grade)
- Senior Ethics (Living Ethics) (10-14- 5th-8th Grade)

- My child has participated in an ECSW program in the past: _____

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Tell us More....

We are partners in creating a community that fosters every child's growth. Please share what is unique about your child/ren and what they need to grow at *Ethics for Children*. What brought you to ECSW and the EFC Program?

The curriculum assumes that children are at grade level. For example, children in third grade or above might be invited to read aloud. Please let us know about any modifications that are necessary for your child's participation. The information provided will be reviewed by the EFC Program facilitators and shared with EFC staff members.

Please use this space to tell us anything you think we should know about your child. Any medically relevant information, special needs, etc.

Volunteering:

In order for our program to run smoothly, we rely on the commitment of families to volunteer for our program. Please indicate your interest below:

- EFC Welcome/Registration Table
- Fundraising and *Ethics for Children* Events
- Substitute teaching (in the event that a teacher is absent)

Permission Slip, Allergy, and Media Release Form

Permission Slip

I give permission for my child/ren, named above to participate in field trips taken by the EFC [program](#) during the 2016 – 2017 season, provided additional information concerning individual trips is distributed as appropriate. I understand that transportation will be by bus or private car with safety belts. I hereby release ECSW from any liability.

Parent Signature: _____

Date: _____

Media Release:

- I understand that at any classes, events or activities of Ethical Culture Society of Westchester, my Child(ren) may be photographed, filmed or otherwise have our activities recorded by Ethical Culture Society of Westchester, its employees, agents or contractors. In further consideration for my Child being permitted to attend and participate in Ethical Culture of Westchester class(es), I agree to allow the voice, image and likeness of my Child to be recorded and reproduced by photo, video, film, tape or any other media, including any electronic or digital media, and that such content may be used and reproduced for any legitimate purpose by Ethical Culture Society of Westchester, or its assigns. I agree that Ethical Culture Society of Westchester shall own all copyrights in such content. I hereby waive any and all rights to royalties, commissions or other compensation, and any and all rights of publicity or privacy, that my Child may have, now or in the future, related to the use or exploitation of such content described above by Ethical Culture Society of Westchester.
- I choose to opt-out of the media release.

Parent Signature: _____

Date: _____

Allergies: Please list any allergies below.

Name of Child: _____

List Allergies: _____

Name of Child: _____

List Allergies: _____

Name of Child: _____

List Allergies: _____