

KINGS BAY YM-YWHA PRESCHOOL

3495 Nostrand Avenue, Brooklyn NY 11229
718-648-7703

2010-2011 PRESCHOOL APPLICATION

September 2010 to June 2011
(age 2.0 - 3.9)

CHILD'S NAME _____ DATE OF BIRTH _____

ADDRESS _____ APT. # _____ ZIP CODE _____ PHONE # _____

MOTHER'S NAME _____ DAY PHONE # _____ CELL # _____

FATHER'S NAME _____ DAY PHONE # _____ CELL # _____

E-MAIL ADDRESS _____

<u>SIBLINGS</u>	<u>BIRTHDATE</u>	<u>SCHOOL & GRADE</u>
_____	_____	_____
_____	_____	_____

Please check programs and hours that you need:

FULL DAY (children born in 2007 & 2008) 7:45 AM – 4 PM.....\$7000 _____
(includes breakfast, hot lunch & snacks)

EXTENDED DAY OPTION:

Late pick-up: 4:00PM – 6:00 PM \$800 fee for the school year _____

Early Bird SPECIAL – last year's rates!!!

register before April 15th AND receive FREE CHILDREN'S
MEMBERSHIP at the Y (a \$50 value) AND SAVE \$200 _____

ADDITIONAL DISCOUNTS:

Second Year SAVE \$ 50 _____

Second Child SAVE \$100 _____

Bring A Friend (never attended our preschool before) SAVE \$ 50 _____

TOTAL DISCOUNTS.....\$ _____

We accept ACD vouchers/HRA funding. Please check here if this applies to you _____ and submit this form without deposit.

TERMS OF ENROLLMENT

1. REFUND POLICY

After the child has been accepted and a contract has been signed deposits may be refunded, less a \$100 processing fee, until August 15th. After that date, deposits will not be refunded or transferred to any other program, department or member, unless the child's withdrawal is requested by the Y.

2. FEE AND PAYMENT SCHEDULE:

<u>Program</u>	<u>Deposit with Registration</u>	<u>Monthly payments:</u>					
		<u>SEPT</u>	<u>OCT</u>	<u>NOV</u>	<u>DEC</u>	<u>JAN</u>	<u>FEB</u> (final)
5 FULL DAYS	\$1000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
5 FULL DAYS W/EXT.DAY	\$1200	\$1,100	\$1,100	\$1,100	\$1,100	\$1,100	\$1,100

3. MEDICALS

A NYC Dept. of Health medical form, completed by your child's doctor, is due before school starts.

4. ACCIDENT INSURANCE

Accident insurance is required for all children while at school. The cost of this plan is \$20 per school year and has been incorporated into your tuition fee.

5. PERSONAL PROPERTY

The "Y" will not be responsible for damage to or loss of personal property.

6. I GIVE PERMISSION FOR MY CHILD TO BE PHOTOGRAPHED OR VIDEOTAPED FOR IN-HOUSE PROMOTIONAL MATERIAL.

7. I GIVE MY CHILD PERMISSION TO GO ON ALL TRIPS AND TO PARTICIPATE IN ALL SCHOOL ACTIVITIES, BOTH ON AND OFF PREMISES.

I HAVE READ THE ABOVE TERMS OF ENROLLMENT AND AGREE TO ABIDE BY THEM.

CONSENT FOR EMERGENCY MEDICAL TREATMENT: I do hereby give authority to the Kings Bay YM-YWHA staff to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible.

DATE _____ PARENT'S SIGNATURE _____

SUSAN KAMINSKY, M.S. Ed.
Director, Early Childhood Education _____

DATE _____ RECEIPT # _____ PRESCHOOL AMT. PD. _____
MEMBERSHIP AMT. PD. _____