

Kings Bay YM-YWHA
3495 Nostrand Avenue Brooklyn N.Y. 11229
718-648-7703

CHAVERIM AFTER SCHOOL ADVANCEMENT PROGRAM 2010-11

Child's Name _____ Date of Birth _____
School _____ Grade _____ Room _____ Gender (circle one) male female
Home Address _____ Apt. # _____ Zip _____ Phone # _____
Mothers Name _____ Business Phone # _____
Fathers Name _____ Business Phone # _____
Name of adult who will pick up child _____ Relationship _____
Emergency Phone # _____ Name _____ Relationship _____
Parent's Cell Phone # _____ E-Mail Address _____

PROGRAM DATES - Sept 8th thru June 27th (Kindergarten starts September 14th)
(please check the correct number of days and fee listed below)

PROGRAM HOURS: 2:30 - 6:00 pm MON THRU FRIDAY

(Extended hours until 7:00 pm MON thru THURSDAY available)

____ 2 Days per week = \$180 per month MON___ TUES___ WED___ TH___ FRI___
____ 3 Days per week = \$245 per month MON___ TUES___ WED___ TH___ FRI___
____ 4 Days per week = \$305 per month MON___ TUES___ WED___ TH___ FRI___
____ 5 Days per week = \$345 per month

EXTENDED HOURS (until 7PM) _____ additional \$ 65/mo for the 2 day program

OR _____ additional \$75/mo for the 3 day program

OR _____ additional \$85/mo for the 4 day program

PAYMENT FOR THE FIRST AND LAST MONTH (SEPT & JUNE)

IS DUE UPON REGISTRATION

Please note the following:

- **TUITION IS FOR A FULL SCHOOL YEAR - SCHOOL CLOSINGS HAVE BEEN TAKEN INTO ACCOUNT IN COMPUTING THESE FEES. THEREFORE, THE MONTHLY AMOUNT ALWAYS REMAINS THE SAME REGARDLESS OF THE NUMBER OF SCHOOL DAYS.**
- **YOU MAY REGISTER YOUR CHILD AT ANY TIME DURING THE COURSE OF THE YEAR. YOU WILL PAY ONLY FOR THOSE MONTHS THAT YOUR CHILD ATTENDS. ONCE AGAIN, **PAYMENT FOR THE FIRST MONTH & FOR JUNE IS DUE UPON REGISTRATION.****

ALL PAYMENTS ARE DUE ON OR BEFORE THE FIRST OF EACH MONTH.

SCHOOL HOLIDAY MINI CAMPS WILL BE OFFERED AT AN ADDITIONAL FEE

TERMS OF ENROLLMENT:

1. **No Refunds: Deposits / Memberships will not be refunded or transferred to any other program; department or member after a contract is signed.**
2. **Registration is for the full school year, starting Sept 8th, 2010 and ending June 27th, 2011**
3. **Medical forms are due prior to the child's admission to the program.**
4. **The Y will not be responsible for damage to or loss of personal property.**
5. **I give permission for my child to be photographed / videotaped, for in house promotional material.**
6. **I give permission for my child to go on trips and to participate in all program activities.**
7. **Transportation: The program will provide transportation from the following schools PS 52, PS 99, PS 153, PS 193, PS 194, PS 195, PS 197, PS 206, PS 207K, PS 207, PS 216, PS 222, PS 236, PS 238, PS 254, PS 255, PS 277, PS 312. IS 234 plus several local private and parochial schools. Each bus will have a counselor.**
8. **Program Hours: Monday thru Friday 2:30 to 6:00 PM. Extended hours until 7 PM available Monday thru Thursday at an additional cost.**
9. **We reserve the right to suspend or expel any child who does not comply with our Behavior Code, which will be presented and explained at our Parent Orientation prior to the start of the program. No refund will be issued in this case.**

I have read the terms of enrollment and agree to abide by them.

Date: _____ Parent Signature: _____

After School Coordinator _____

For office use only: Date: _____ Receipt # _____

Amount paid \$ _____