



Kings Bay YM-YWHA
3495 Nostrand Avenue Brooklyn N.Y. 11229
718-648-7703 EXT. 223

KIDS R US

CHILD'S NAME: _____

GENDER: (circle one) **M** or **F** DATE OF BIRTH: ___/___/___ AGE: _____

HOME ADDRESS: _____ APT: _____

CITY: _____ STATE: _____ ZIP CODE _____

MOTHER'S NAME: _____ NUMBER: (_____) _____

FATHER'S NAME: _____ NUMBER: (_____) _____

E-MAIL _____ HOME PHONE (_____) _____

EMERGENCY CONTACT: NAME: _____

NUMBER: (_____) _____ RELATIONSHIP TO CHILD: _____

MEMBERSHIP: YES NO IF YES, EXPIRATION DATE: _____

HOW DID YOU HEAR ABOUT US? _____

****PLEASE LIST ALLERGIES IF ANY: _____

WINTER SEMESTER	FEE	PAYMENT AMOUNT
DECEMBER 18 – MARCH 11 10:00 – 12:30PM	12 Sessions: \$360, members \$310 Drop in rate: \$32	

PAYMENT INFORMATION

CHECK/CASH: \$ _____
 Amount (Please make payable to Kings Bay Y)

CREDIT CARD: _____
 Type (Visa or MasterCard only) Credit Card Number Expiration Date

 Name as it appears on card Signature

I give permission to the Kings Bay Y to take photographs to be used on promotional materials and I release the Kings Bay Y from any claims that may result from the pictures taken on or after this date.

Signature: _____ Relationship: _____ Date: _____

PLEASE BE AWARE THAT THERE WILL BE **ONE MAKE UP DATE** AFTER THE SEMESTER IS OVER FOR ALL CHILDREN WHO MISSED ANY OF THE CLASSES, REGARDLESS OF HOW MANY MISSED.