

Kings Bay YM-YWHA
3495 Nostrand Avenue Brooklyn N.Y. 11229
718-648-7703 x 219

CHAVAYA - KINGS BAY YM/YWHA
AFTER SCHOOL PROGRAM 2010-11
for the HEBREW LANGUAGE ACADEMY

Child's Name _____ Date of Birth _____
Grade _____ Gender (circle one) male female
Home Address _____ Apt. # _____ Zip _____ Phone # _____
Mother's Name _____ Business Phone # _____
Father's Name _____ Business Phone # _____
Name of adult who will pick up child _____ Relationship _____
Emergency Phone # _____ Name _____ Relationship _____
Parent's Cell Phone # _____ E-Mail Address _____
Please list any allergies your child may have _____

PROGRAM DATES* – August 26th through June 19th
(Please check the correct number of days and fee listed below)

**Dates are subject to change based on the HLA calendar.*

PROGRAM HOURS: 4:00 pm – 7:00 pm MON THRU FRIDAY (includes bus transportation from HLA to Kings Bay Y)

_____ 2 Days per week = \$165 per month MON__ TUES__ WED__ TH__ FRI__
_____ 3 Days per week = \$245 per month MON__ TUES__ WED__ TH__ FRI__
_____ 4 Days per week = \$310 per month MON__ TUES__ WED__ TH__ FRI__
_____ 5 Days per week = \$345 per month

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.

**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 contract is signed.**
- 2. Registration is for the full school year, starting August 26th, 2010 and ending June 19th, 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 HLA. Each bus will have a counselor.**
- 8. Program Hours: Monday thru Friday 4:00 PM to 7:00 PM.**
- 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 Director _____

For office use only: Date: _____ Receipt # _____

Amount paid \$ _____