

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

## RISING STARS AFTER SCHOOL 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 8<sup>th</sup> thru June 27<sup>th</sup> (Kindergarten starts September 14<sup>th</sup>)**

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

\_\_\_\_ 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 8<sup>th</sup>, 2010 and ending June 27<sup>th</sup>, 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 \$ \_\_\_\_\_**