



**Kings Bay YM-YWHA**  
**3495 Nostrand Avenue Brooklyn NY 11229**  
**718-648-7703**

**Participant Information**

Child's Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender (Circle One): M   F   Do Not Wish To Disclose  
 Home Address: \_\_\_\_\_ Apt: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Parent/Guardian 1**

Full Name: \_\_\_\_\_  
 Contact Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**Parent/Guardian 2**

Full Name: \_\_\_\_\_  
 Contact Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**Emergency Contact 1**

Full Name: \_\_\_\_\_  
 Contact Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**Emergency Contact 2 (Optional)**

Full Name: \_\_\_\_\_  
 Contact Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**FALL 2023 DATES**

**November 12, 2023 to December 24, 2023**

Class Name	Times	Semester Price	Price Per Class
<b>Sibs Climbing Class</b>	9:00 a.m. – 9:45 a.m.	\$210.00	\$35.00
<b>Sibs Learn to Swim Class</b>	10:00 a.m. – 10:45 a.m.	\$150.00	\$25.00

\*\*Self-Direction and Respite Hours are accepted, subject to terms and conditions outlined below.\*\*



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### Child's Abilities and Needs

#### **Verbal Skills:**

Please indicate if your child is verbal:

Yes  No  Limited

#### **Basic Needs:**

Please indicate if the child can take care of the following basic needs:

**Eating:**  Yes  No  Limited

**Clothing:**  Yes  No  Limited

**Toileting:**  Yes  No  Limited

### Child's Medical History

#### **Allergies:**

Please list any known allergies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### **Seizures:**

If applicable, provide information regarding seizures:

Type: \_\_\_\_\_

Medication: \_\_\_\_\_

Date of Last Seizure: \_\_\_\_\_

#### **Medication:**

Please list any current medications:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

#### **Precautions and Special Procedures:**

Please describe any precautions or special procedures that should be taken into consideration: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By signing this contract, I certify that the above is accurate and true to the best of my ability.

Parent/Guardian Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## Terms and Conditions

Please read the following terms and conditions carefully before enrolling your child in our program. By signing this contract, you acknowledge and agree to the terms outlined below:

1. **Payment:** All payments are due in full at the time of registration. Prior to the class starting, all payments must be made in full, and it is a requirement that all families have a printed copy of their receipt at the beginning of the class to provide to the instructor.
2. **Payment Allocation:** When a payment is received, the system, by default, will apply the payment first to the oldest unpaid invoice with the Kings Bay Y. Any remainder will then be applied toward current invoices. A processing fee of 3.5% will be added to all payments made with a card.
3. **No Refunds:** All fees paid are non-refundable once you have enrolled your child in one of our classes. We understand that unforeseen circumstances may arise, but we are unable to provide refunds for any missed or canceled classes.
4. **No Transfers and/or Credits:** We do not offer credits or make-up classes for any sessions your child may miss or cancel. Our classes are carefully planned, and resources are allocated based on enrollment, making it challenging to accommodate individual absences.
5. **Make-Up Classes:** If we, as an organization, need to cancel a class for any reason, we will make every effort to reschedule or provide an alternative. In such cases, a credit or refund will be offered if rescheduling is not possible.
6. **Additional Funding:** For families who receive funding through self-direction, respite hours, or any applicable union, we must receive written confirmation from your child's broker minimally 48 hours prior to program start.
7. **Drop-In Classes:** For any drop-in attendance, it must be communicated to our office a minimum of 48 hours in advance with a submitted application in full and a \$50 per day fee.
8. **Medical Forms:** Medical forms must be submitted a minimum of 48 hours before your child's admission into the program. Failure to do so may result in a delay in your child's participation.
9. **Personal Property:** The Kings Bay Y is not responsible for any damage or loss of personal property while your child is in our program.
10. **Observation Period:** The first class will serve as an observation period. If our team determines that the class is not a suitable fit for your child, we will discuss the next steps with your family.
11. **Late Pickup Fee:** Parents or guardians are responsible for picking up their child promptly after the registered class scheduled time ends. A late pickup fee of \$5.00 will be charged for every ten minutes beyond the scheduled pickup time.
12. **Behavior Code:** We reserve the right to suspend or expel any child who does not comply with our behavior code. The behavior code outlines acceptable conduct and expectations for all program participants.
13. **Individualized Education Plan (IEP):** The Kings Bay Y reserves the right to request an Individualized Education Plan (IEP) if your child has special education needs. Please submit the IEP via email to [info@kingsbayy.org](mailto:info@kingsbayy.org) for our records.

By signing this contract, you acknowledge that you have read, understood, and agreed to the terms and conditions outlined above. You also affirm that you are legally authorized to enroll your child in our program. The Kings Bay Y reserves the right to amend these terms and conditions, and any changes will be communicated to you in a timely manner. I hereby give permission to the Kings Bay YM-YWHA, Inc. to photograph me and/or my child to be shown in a video, brochure, advertisement, or internet display to promote interest in the Kings Bay YM-YWHA. I release the Kings Bay YM-YWHA, Inc. from any claims resulting from the pictures taken on, before, or after the date of this communication. I do hereby give permission for my child to participate in all activities, including off-ground activities. I authorize the Kings Bay YM-YWHA, Inc. to act as a parent surrogate on my behalf. I realize that itineraries and/or programs are subject to change prior to and during the semester. I hereby grant my child permission to participate in all programs, activities, and trips as part of the 2023-2024 Kings Bay YM-YWHA children's programming offerings. I understand and fully recognize that risks are involved. I hereby release the Kings Bay YM-YWHA or any of its sponsors, benefactors, or employees from any liability arising out of any injury to my child. In the event of a medical or surgical emergency, I grant permission to the physician designated by the Kings Bay YM-YWHA to hospitalize, secure proper treatment for, and order injections, anesthesia, or surgery for my child. Furthermore, I understand that payment for medical services is solely the family's responsibility.

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Parent/Guardian Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_