

KINGS BAY YM-YWHA PRESCHOOL

3495 Nostrand Avenue, Brooklyn, New York 11229

(718) 648-7703 ext. 211

2020 SUMMER PROGRAM APPLICATION – AGES 2 thru 5

Name of child _____ Birth date _____ Sex _____

Address _____ Apt. # _____ Zip _____ Phone _____

Mother's name _____ Daytime phone _____

Business name and address _____

Father's name Daytime Phone _____ Daytime phone _____

Business name and address _____

Siblings' name _____ Siblings birth date _____

E-mail address _____

T-Shirt Size (check one): _____ 2-4 _____ 6-8 _____ 10-12 _____ 14-16

PLEASE LIST ANY ALLERGIES THAT YOUR CHILD HAS (and make sure that the doctor has noted these allergies on your child's medical form): _____

Does your child have an IEP or receive any additional services (including speech, SEIT, OT, PT, psychology, etc)? _____

If your answer is yes to the above, please explain: _____

Person to call in an emergency (other than parent):

Name _____ Phone# _____ Relationship _____

Family Doctor Address _____ Phone# _____

PLEASE CHECK DESIRED PROGRAM

FULL SUMMER - June 29th – August 21st, 2020, 9 AM-4 PM.....\$2650 _____ (includes breakfast, hot lunch and snacks)

½ SUMMER (06/29 – 07/24/20) _____ OR (07/27 – 08/21/20) _____\$1500

Early drop off (7:45AM-9AM) \$200 _____ OR Late stay (4PM-6PM) \$300 _____ OR choose BOTH options for \$400 _____

EXTENDED WEEK: Aug 24th – 28th @ \$75 per day. Please circle which days you need: MON TUES WED THURS FRI

SECURITY ENTRY CARDS - for *non-members* entry into the building – required for drop-off and pick-up (members use your pass card that was issued upon membership):

PICK UP NAMES FOR THE FIRST 2 CARDS: 1. _____ 2. _____

REGISTER EARLY FOR THESE AMAZING DISCOUNTS

Register by January 31, 2020 and receive \$200 off OR
Register between February 1 – March 31, 2020 and receive \$150 off OR
Register from April 1 – 30, 2020 and receive \$100 off OR
Register from May 1 – 31, 2020 and receive \$50 off
NO discounts will be offered for June registrations!

Sibling discount \$50 Bring-A-Friend discount \$50

Your application must be submitted along with the deposit in order to qualify for this special discount!!

TERMS OF ENROLLMENT (PLEASE READ BOTH SIDES OF THIS AGREEMENT AND SIGN)

A deposit of \$200 is required for each camper with this application. Please make check or money order payable to the Kings Bay YM-YWHA, or pay by credit/debit card at the main office. All fees must be paid by June 1, 2020. A service charge of \$75.00 will be assessed for cancellation up to this date. *After June 1st there will be no refunds made.*

Important Notes, Terms and Conditions:

1. Late stay option is only available until 6pm.
2. Independence Day is a National Holiday. The program is not in session on this date.
3. A deposit of \$200 is required for each child with this application. The deposit will be deducted from the final cost.
4. All checks or money orders should be made payable to the "Kings Bay YM-YWHA."
5. Full payment is due by June 1, 2020.
6. No payment plans will be issued.
7. **A service charge of \$75 will be deducted for cancellations following submission of the registration packages but prior to June 1, 2020.**
8. **No refunds will be issued after June 1, 2020.**
9. A standard Department of Health Medical Form must be submitted to the camp by June 1, 2020. **No child may attend the Preschool Summer Program without the completed Medical Form and Emergency Authorization Form.**
10. The Kings Bay YM-YWHA is not responsible for any lost, stolen or damaged property.
11. The Kings Bay YM-YWHA reserves the right to add surcharges to any camp program.
12. No makeups or refunds will be issued for days missed.
13. Repeated late pick-ups will result in the child being removed from the program. Refunds will not be issued in this case.
14. If you are applying for a scholarship, please be aware that all other discounts will be reflected within your total scholarship rate.
15. A current membership card OR non-member entry card is required by each person entering the building. The fees for the non-members entry cards are as shown above.

I give permission to the Kings Bay YM-YWHA, Inc. to take photographs of me and/or my child to be shown in a video, brochure, advertisement, or internet display for purposes of promoting 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 give permission for my child to participate in all summer activities, including off-ground activities, and authorize the Kings Bay YM-YWHA, Inc. to act as parent surrogate on my behalf. I realize that programs are subject to change prior to and during the summer season.

I hereby give my permission for my child to participate in all programs and activities as part of the 2020 Kings Bay YM-YWHA Summer Program. 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.**

I have carefully read the contract and other related information and agree to accept all terms as set forth above.

DATE: _____ PARENT'S SIGNATURE _____ DIRECTOR'S SIGNATURE _____

The Kings Bay YM-YWHA is an equal opportunity provider and employer, and does not discriminate on any basis in accordance with the US Dept of Agriculture policy; nor based on race, color, religion, sex, gender identity or expression, sexual orientation, national origin, age, disability, marital status, family status or any other characteristic protected by Federal or State laws. The Kings Bay YM-YWHA will make reasonable accommodations in compliance with the Americans with Disabilities Act of 1990.

To file a complaint of discrimination, write to the Office for Civil Rights/U.S. DHHS/26 Federal Plaza, Ste 3313/New York, NY 10278. The telephone number is (212) 264-3313 or (212) 264-2355 (TDD); the fax number is (212) 264-3039. To file a complaint of discrimination concerning funded food programs, write to USDA, Director/Office of Civil Rights/1400 Independence Avenue S.W./Washington D.C. 20250-9410. You can also call (866) 632-9992 (voice) or (800) 877-8339 (TDD).

FOR OFFICE USE ONLY

Date _____ Receipt# _____ Membership Exp. Date _____

Deposit Amt. _____ Balance due _____