CHILD’S NAME: ______________________________________________________________
GENDER: (circle one) M or F  DATE OF BIRTH: ___/___/____  AGE: ____   _
HOME ADDRESS: ___________________________________________________________  APT: _____   _
CITY: ______________________________    STATE: ____________  ZIP CODE___________
PARENT/GUARDIAN 1: ________________________________       NUMBER: (______) ___________________
PARENT/GUARDIAN 2: ________________________________       NUMBER: (______) ___________________
E-MAIL ____________________________________________
EMERGENCY CONTACT: NAME: __________________________________
NUMBER: (______) ___________________________  RELATIONSHIP TO CHILD: _____________________
MEMBERSHIP: □ YES □ NO       IF YES, EXPIRATION DATE: _____________________
HOW DID YOU HEAR ABOUT US? ____________________________________________

SUMMER 2020
SUNDAYS: JUNE 21 – AUGUST 9, 2020
MONDAYS: JUNE 22 – AUGUST 10, 2020
TUESDAYS: JUNE 23 – AUGUST 11, 2020
WEDNESDAYS: JUNE 24 – AUGUST 12, 2020

Please Circle Your Selection

<table>
<thead>
<tr>
<th>CLASS OFFERINGS:</th>
<th>INSTRUCTOR</th>
<th>CLASS TIMES</th>
<th>FEES</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 SESSIONS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MENTAL ARITHMETIC</td>
<td>OKSANA SINIYUKOVA-SMIT</td>
<td>SUNDAYS: 10:00AM – 11:00AM</td>
<td>$160</td>
</tr>
<tr>
<td>MUSIC FOR EVERYFUN</td>
<td>MARIA BRODSKAYA</td>
<td>MONDAY: 12:00PM – 1:00PM, WEDNESDAYS: 2:00PM – 3:00PM</td>
<td>$200</td>
</tr>
<tr>
<td>INTERACTIVE GRAMMAR</td>
<td>LUBOV NIGHTINGALE</td>
<td>SUNDAYS: 12:00PM – 1:00PM, TUESDAYS: 3:00PM – 4:00PM</td>
<td>$320</td>
</tr>
<tr>
<td>INTRODUCTION TO ASTRONOMY</td>
<td>DR. DIMITRIY BEZNOSKO, PH.D.</td>
<td>SUNDAYS: 11:00AM – 12:00PM</td>
<td>$200</td>
</tr>
<tr>
<td>BASIC TRAINING</td>
<td>DARIA FEDOROVA-MOSKVINA</td>
<td>WEDNESDAYS: 6:30PM – 7:30PM</td>
<td>$160</td>
</tr>
<tr>
<td>ART &amp; PERSONAL DEVELOPMENT</td>
<td>EKATERINA ABRAMOVA</td>
<td>TUESDAYS: 7:00PM – 8:00PM</td>
<td>$200</td>
</tr>
</tbody>
</table>

SECURITY ENTRY CARDS (FOR NON-MEMBERS ENTRY ONLY): $5 EACH FIRST 2 CARDS; $10 EACH CARD THEREAFTER
**NON-REFUNDABLE**

I hereby give permission to the Lightkeepers International, in partnership with 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 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 parent surrogate on my behalf. I realize that itineraries and/or programs are subject to change prior to, and during, the semester. I hereby give my permission for my child to
participate in all programs, activities and trips as part of the 2020 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.

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

**Refund policy:** No refunds will be issued for any classes missed or cancelled. The Kings Bay Y will attempt to offer make-up class.

**Signature:** __________________________  **Date:** __________________________

**Non-Discrimination Statement:** Kings Bay YM-YWHA does not discriminate any person on the basis of 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 and State laws. 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 Office for Civil Rights, U.S. DHHS 26 Federal Plaza - Suite 3313 New York, NY 10027 (212) 264-3313; (212) 264-2355 (TDD); (212) 264-3039 FAX

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To file a complaint of discrimination, write to the Office for Civil Rights/U.S. DHHS/26 Federal Plaza, Ste 3313/New York, NY 10027. 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).