



**KINGS BAY Y**  
**AFTER SCHOOL ACADEMY**  
**MINI-CAMP PROGRAM 2022-2023**

**STUDENT INFORMATION**

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_  
 GENDER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_ GRADE: \_\_\_\_ SCHOOL: \_\_\_\_\_  
 HOME ADDRESS: \_\_\_\_\_ APT: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 EMAIL ADDRESS: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

PARENT/GUARDIAN # 1 NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
 NUMBER: (\_\_\_\_) \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_  
 PARENT/GUARDIAN #2 NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
 NUMBER: (\_\_\_\_) \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_  
 EMERGENCY CONTACT NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ NUMBER: (\_\_\_\_) \_\_\_\_\_  
 HOW DID YOU HEAR ABOUT US?  Friends  Flyer  TV  Facebook/Instagram  Event  Other \_\_\_\_\_

**SCHEDULING AND PAYMENT OPTIONS**

**PROGRAM HOURS: 9:00 AM – 5:00 PM**

**EARLY STAY (8:00 AM) · LATE STAY (6:00 PM)**

**\$60 PER DAY FOR CURRENT AFTER-SCHOOL PARTICIPANTS**

**\$80 PER DAY FOR NON-AFTER-SCHOOL PARTICIPANTS**

EARLY STAY (8:00 AM - 9:00 AM): \$20 PER DAY

LATE STAY (6:00 PM - 7:00 PM): \$20 PER DAY

**PLEASE MARK DAYS OF REGISTRATION BY CHECKING APPLICABLE BREAK CAMP DATES:**

September	<input type="checkbox"/> Rosh Hashanah Sep 26, 2022	<input type="checkbox"/> Rosh Hashanah Sep 27, 2022	<input type="checkbox"/>				
October	<input type="checkbox"/> Indigenous People's Day Oct 10, 2022	<input type="checkbox"/>					
November	<input type="checkbox"/> Election Day Nov 8, 2022	<input type="checkbox"/> Veterans Day Nov 11, 2022	<input type="checkbox"/>				
December	<input type="checkbox"/> Winter Break Dec 26, 2022	<input type="checkbox"/> Winter Break Dec 27, 2022	<input type="checkbox"/> Winter Break Dec 28, 2022	<input type="checkbox"/> Winter Break Dec 29, 2022	<input type="checkbox"/> Winter Break Dec 30, 2022	<input type="checkbox"/>	
February	<input type="checkbox"/> Mid-Winter Recess Feb 20, 2023	<input type="checkbox"/> Mid-Winter Recess Feb 21, 2023	<input type="checkbox"/> Mid-Winter Recess Feb 22, 2023	<input type="checkbox"/> Mid-Winter Recess Feb 23, 2023	<input type="checkbox"/> Mid-Winter Recess Feb 24, 2023	<input type="checkbox"/>	
April	<input type="checkbox"/> Spring Recess Apr 10, 2023	<input type="checkbox"/> Spring Recess Apr 11, 2023	<input type="checkbox"/> Spring Recess Apr 12, 2023	<input type="checkbox"/> Spring Recess Apr 13, 2023	<input type="checkbox"/> Spring Recess Apr 14, 2023	<input type="checkbox"/> Eid Al-Fitr Apr 21, 2023	
June	<input type="checkbox"/> Anniversary Day Jun 8, 2023	<input type="checkbox"/> Clerical Day Jun 9, 2023	<input type="checkbox"/> Juneteenth Jun 19, 2023				

## TELL US ABOUT YOUR CHILD

List any allergies and/or medical conditions that we should know about your child:

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Please list any dietary restrictions your child has:

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Indicate the learning environments and modes that you have observed being the most engaging and productive for your child:

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|--|--|--|---|
| <input type="checkbox"/> Collaborative Projects  | <input type="checkbox"/> Competitive Games | <input type="checkbox"/> Discussion        | <input type="checkbox"/> Movement/Dance |
| <input type="checkbox"/> Music/Singing           | <input type="checkbox"/> Large Group       | <input type="checkbox"/> Small Group/Pairs | <input type="checkbox"/> Reading        |
| <input type="checkbox"/> Theater                 | <input type="checkbox"/> Visual Art        | <input type="checkbox"/> Worksheets        | <input type="checkbox"/> Writing        |
| <input type="checkbox"/> Other (Please Specify): |  |  |   |

## TERMS OF ENROLLMENT

1. A Medical Form **MUST** be completed (valid within one year and submitted prior to the start of the program. \_\_\_\_\_ (Initial Here)
2. Kings Bay YM-YWHA, Inc. is not responsible for damage to, or loss of, personal property. \_\_\_\_\_ (Initial Here)
3. Only children ages 13 and older may be dismissed by themselves with prior written and notarized parental/guardian approval. \_\_\_\_\_ (Initial Here)
4. I hereby give permission for my child to be photographed/videotaped for promotional purposes. \_\_\_\_\_ (Initial Here)
5. I hereby give permission for my child to participate in all general program activities, including Aquatics and any trips. \_\_\_\_\_ (Initial Here)
6. Our general program hours are from 9:00 am to 5:00 pm. Early Stay and Late Stay options are available for an additional fee. \_\_\_\_\_ (Initial Here)
7. **Late Arrival:** Please note an additional fee of \$1.00 per minute will apply for pick-ups after the dismissal time unless otherwise agreed upon with the office or a late stay option has been purchased. \_\_\_\_\_ (Initial Here)
8. It is the goal of our program to provide a healthy and safe environment for all participants. If a participant displays any inappropriate behavior or endangers the health and safety of participants or staff, we will contact the parent/guardian to immediately come to the site. We may suspend the participant from the program or consider permanent expulsion in extreme situations. In the event of suspension or expulsion, no refunds or transfers will be granted. \_\_\_\_\_ (Initial Here)

I hereby attest that I am (we are) the legal parent/guardian(s) of the child and hereby consent to the child's participation in all programs, trips, and activities, both general and aquatics, provided by Kings Bay YM-YWHA, Inc. I fully understand and recognize the risks involved and I hereby release the Kings Bay YM-YWHA, Inc. and any of its sponsors, benefactors, and employees from any liability arising out of any injury to my child. If my child requires any emergency medical treatment or procedures during the activities, I hereby consent to and authorize the Kings Bay Y After School Program to make any decision and take any action to arrange for such procedures or treatments at the discretion of the supervisor(s) with the intention that the family will be notified as soon as possible. I hereby authorize the doctor or the hospital to which my child may be brought (and whomever they may designate as their assistants) to perform any emergency procedure or operation, to give treatment, and to administer anesthetic to my child, as deemed necessary. I release and waive, and further agree to indemnify, hold harmless or reimburse the Kings Bay Y After School Program and the individual members, agents, employees, and representatives thereof, as well as activity supervisors, from and against, any claim which I, any other parent or guardian, any sibling, the child, or any other person, firm, or corporation may have or claim to have, known or unknown, directly or indirectly, for any losses, damages or injuries arising out of, during, or in connection with the child's participation in the activities (including all forms of transportation) or the rendering of emergency medical procedures or treatment, if any. I hereby give permission to the Kings Bay YM-YWHA, Inc. to take photographs of me and/or my child to be shown in videos, brochures, advertisements, or internet displays for the purpose of promoting interest in the Kings Bay Y programming. 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 understand that itineraries and programs are subject to change prior to and during the school year.

I HAVE CAREFULLY READ THE CONTRACT AND AGREE TO ACCEPT ALL TERMS SET FORTH ABOVE.

NAME OF CHILD: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

STAFF SIGNATURE AND TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

Kings Bay YM-YWHA is an equal opportunity employer and does not discriminate against any person 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 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, write Office for Civil Rights, U.S. DHHS 26 Federal Plaza Suite 3313, New York, NY 10278. (212) 264-3313, (212) 264-2355(TDD); (212) 264-3039(FAX)

FOR OFFICE USE ONLY| DATE: \_\_\_\_\_ RECEIPT #: \_\_\_\_\_ AMOUNT PAID: \_\_\_\_\_