



Kings Bay YM -YWHA preschool  
3495 Nostrand Ave  
Brooklyn, NY 11229  
718-648-7703

## Kings BayY 2024-2025

### Registration Application:

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Guardian Name1: \_\_\_\_\_ Occupation: \_\_\_\_\_

Place of Occupation/Business Name: \_\_\_\_\_

Cell Number: (\_\_\_\_) \_\_\_\_\_ Work Number: (\_\_\_\_) \_\_\_\_\_ Home Number: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent/Guardian Name2: \_\_\_\_\_ Occupation: \_\_\_\_\_

Place of Occupation/Business Name: \_\_\_\_\_

Cell Number: (\_\_\_\_) \_\_\_\_\_ Work Number: (\_\_\_\_) \_\_\_\_\_ Home Number: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Sibling 1 Name: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Sibling 2 Name: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Emergency Contact Name 1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Number: (\_\_\_\_) \_\_\_\_\_

Emergency Contact Name 2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Number: (\_\_\_\_) \_\_\_\_\_

Applicant Status:  First Time Applicant  Returning Student  Sibling Applicant: \_\_\_\_\_

How did you learn about us? \_\_\_\_\_

Has your child previously been enrolled or is he/she currently enrolled in a daycare or preschool?  No  Yes

If Yes, when and where?  
\_\_\_\_\_  
\_\_\_\_\_

### Schedule

**Dates: September 2024– June 2025 The school will begin after Labor Day.  
Our school is open from 7:00 am to 6:00 pm. Please choose the options below.**

	1/2 Day (8:30 am-12:00 pm)	Full Day (8:30 am- 4:00pm)	Early Bird (7.00 am– 8:30 am)	Late Stay (4:00 pm – 6:00 pm)
<input type="checkbox"/> 5 Days/wk (M-F)	<input type="checkbox"/> \$850	<input type="checkbox"/> \$1300	<input type="checkbox"/> \$100	<input type="checkbox"/> \$200
<input type="checkbox"/> 3 Days/wk (M,W,F)	<input type="checkbox"/> \$700	<input type="checkbox"/> \$900	<input type="checkbox"/> \$85	<input type="checkbox"/> \$165
<input type="checkbox"/> 2 Days/wk (T, TH)	<input type="checkbox"/> \$550	<input type="checkbox"/> \$700	<input type="checkbox"/> \$70	<input type="checkbox"/> \$130

**Tell Us About Your Family:**

**Terms of Enrollment:**

- 1) Medical forms and immunization records must be current within 30 days of the child's first school day.
- 2) Kingsway will not be responsible for damage to or loss of personal property.
- 3) Our program aims to provide all participants with a healthy and safe environment. If a participant displays any inappropriate behavior or endangers the health and safety of participants or staff, we will contact the parent/guardian to come to the site immediately. We may suspend the participant from the program or consider permanent termination in extreme situations.
- 4) All payments are due on or before the first of the month.
- 5) A service charge of \$125 will be applied for any refunds or cancellations.
- 6) Statement of Non-Refundable Deposit After a child is accepted to KingsBayY a non-refundable deposit is necessary to secure a place for your child on the class list. This deposit will be credited towards tuition fees and applied to the first and last months' payments. No partial refunds of deposits or exceptions will be made to this policy.
- 7) Applying with a fee does not guarantee your child's space in the school. Admission is granted based on the order in which applications were received, the requested schedule (flexibility helps), and the maintenance of both gender and age ratios.
- 8) If a child is absent for an extended amount of time, parents are still responsible for preschool tuition, as the slot cannot be offered to anyone else unless the child is withdrawn from the program
- 9) Make-up days are not allowed regardless of school closings, holidays, or absences for any reason.

**Release:** I hereby permit my child to participate in all programs, activities and trips. I understand and fully recognize that risks are involved and I hereby release Kings Bay YM-YWHA a project of Kings Bay Y 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 emergency or surgical emergency. I do hereby give authority to the program and staff to obtain necessary emergency medical treatment for my child, understanding that the family will be notified as soon as possible. I grant permission to the physician designated by 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 hereby permit 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 Kings Bay Y. 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 permit 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. I realize that itineraries and/or programs are subject to change before, and during the year.

**I have read the terms of enrollment and agree to abide by them.**

A deposit \$200, payable to Kings Bay Y is enclosed.  
This fee is a one-time fee and non-refundable.

Parent/Guardian1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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 YMYWHA 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 10278 [\(212\) 264-3313](tel:2122643313); [\(212\) 264-2355](tel:2122642355) (TDD); [\(212\) 264-3039](tel:2122643039) FAX 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 #: \_\_\_\_\_ AMOUNT PAID: \_\_\_\_\_ ENTERED: \_\_\_\_\_