

KINGS BAY YM-YWHA PRESCHOOL

3495 Nostrand Avenue, Brooklyn NY 11229
718-648-7703

2018-2019 PRESCHOOL APPLICATION

September 2018 to June 2019

(age 2.0 - 3.9; children born in 2015 or 2016)

CHILD'S NAME _____ DATE OF BIRTH _____ GENDER: M F

ADDRESS _____ APT. # _____ ZIP CODE _____ PHONE # _____

MOTHER'S NAME _____ DAY PHONE # _____ CELL # _____

FATHER'S NAME _____ DAY PHONE # _____ CELL # _____

E-MAIL ADDRESS _____

T-SHIRT SIZE: ___xs 2-4 ___s 6-8 ___m10-12 ___lg14-16

<u>SIBLINGS</u>	<u>BIRTHDATE</u>	<u>SCHOOL & GRADE</u>
_____	_____	_____
_____	_____	_____

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: _____

Please check programs and hours that you need (recurring payment authorization is now mandatory; please see the Terms of Enrollment for more information):

FULL DAY (children born in 2015 & 2016) 7:30 AM – 4 PM.....\$9,950 (\$995 per month)_____
(includes breakfast, hot lunch & snacks)

▪ **DEPOSIT WITH REGISTRATION = \$995 (September 2018)**

EXTENDED DAY OPTION (children born in 2015 & 2016) 7:30 AM – 6PM...\$11,250 (\$1,125 per month)_____
(includes breakfast, hot lunch & snacks)

▪ **DEPOSIT WITH REGISTRATION = \$1,125 (September 2018)**

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):

NO CHARGE FOR THE FIRST 2 CARDS: 1. _____ 2. _____

\$10 FOR EACH ADDITIONAL CARD: 3. _____ 4. _____

PLEASE CAREFULLY READ THE REVERSE SIDE OF THIS APPLICATION FOR OUR TERMS OF ENROLLMENT

TERMS OF ENROLLMENT

1. REFUND POLICY

After the child has been accepted and a contract has been signed deposits may be refunded, less a \$100 processing fee, until August 15th. After that date, deposits will not be refunded or transferred to any other program, department or member, unless the child's withdrawal is requested by the Y.

2. FEE AND PAYMENT SCHEDULE:

This contract is for the full fee for the 180 day school year starting on September 5, 2018 and ending in June 2019. For your convenience, following the deposit with registration the balance of the contracted fee will be paid in 9 equal installments from Oct 2018 through June 2019. The deposit required with registration is the September payment, accompanied by the Recurring Payment Authorization Form*. Thereafter (October through June) the monthly payment will automatically be charged to the card on file on the first day of each month. A \$50 fee may be charged for payments declined by the bank. **if you do not wish to submit this form, the required deposit will be payment for two months including the September 2018 AND the June 2019 payment, and thereafter from October 2018 through May 2019 you are responsible to make all payments by the first of each month. A late fee of \$50 will be charged for payments not made by the first of the month.*

3. 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 on the reverse side of this page.

4. HOLIDAYS & CLOSINGS: Our preschool closely follows the NYC public school calendar and therefore we will provide a minimum of 180 instructional days. Please see our calendar to determine which days the school will be closed. In the event of inclement weather or an emergency, if the public schools are closed, we will be closed as well. For your convenience, mini-camps may be offered during extended school closings for an additional "per day" fee.

5. MEDICALS

A NYC Dept. of Health medical form, completed by your child's doctor, is due before school starts.

6. ACCIDENT INSURANCE

Accident insurance is required for all children while at school. The cost of this plan has been incorporated into your tuition fee.

7. PERSONAL PROPERTY

The "Y" will not be responsible for damage to or loss of personal property.

8. I GIVE PERMISSION FOR MY CHILD TO BE PHOTOGRAPHED OR VIDEOTAPED FOR KINGS BAY YM-YWHA PROMOTIONAL MATERIAL.

9. I GIVE MY CHILD PERMISSION TO GO ON ALL TRIPS AND TO PARTICIPATE IN ALL SCHOOL ACTIVITIES, BOTH ON AND OFF PREMISES.

I HAVE READ THE ABOVE TERMS OF ENROLLMENT AND AGREE TO ABIDE BY THEM.

CONSENT FOR EMERGENCY MEDICAL TREATMENT: I do hereby give authority to the Kings Bay YM-YWHA staff to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible. 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).

DATE _____ PARENT'S SIGNATURE _____

SUSAN KAMINSKY, M.S. Ed.
Director, Early Childhood Education _____

DATE _____ RECEIPT # _____ PRESCHOOL AMT. PD. _____