KINGS BAY YM-YWHA 3-K and 4-K/UPK programs 3495 Nostrand Avenue, Brooklyn NY 11229

718-648-7703

Sept 2022 - June 2023 After School Application

CHILD'S NAME	DATE OF BIRTH			
ADDRESS	APT. #	ZIP CODE	PHONE #	
GUARDIAN 1'S NAME_ GUARDIAN 1'S WORK: BUSINESS NA	DAY PH ME AND ADD	IONE # DRESS	CELL PHONE#	
GUARDIAN 2'S NAME_ GUARDIAN 2's WORK: BUSINESS NAM	DAY P ME AND ANDI	HONE # RESS	CELL PHONE#	
E-MAIL ADDRESS				
PLEASE LIST ANY ALLERGIES THAT YOUI child's medical form):				
Does your child have an IEP or receive any actification of the second se		, , ,		
Please check programs and hours that		M) land Comme	2.50 A DM 62.750	
Extended OPTION 1: early drop off (as of includes snacks) • DEPOSIT WITH REGIST	·	· •	(\$375 per month)	
Extended OPTION 2: early drop off (as of includes snacks)	•	, .	(ΦΕΟΟ (1)	

DEPOSIT WITH REGISTRATION = \$500 (Sept 2021 payment)

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 in September 2022 and ending in June 2023. For your convenience, following the deposit with registration the balance of the contracted fee will be charged in <u>9 equal</u> monthly installments from Oct 2021 through June 2022

The deposit required with registration is equal to the total of the September payment. Thereafter (October through June) the payment will be charged to the payment card on the <u>first day of each month</u>. WE REQUIRE USE OF OUR "RECURRING PAYMENT" OR "AUTO-PAY" SYSTEM TO INSURE ON TIME PAYMENT AND TO AVOID LATE FEES. THE FORM IS ATTACHED AND MUST BE SUBMITTED ALONG WITH THIS APPLICATION.

- 3. HOLIDAYS & CLOSINGS: Our preschool follows the public school calendar and therefore we will provide 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.
- 4. MEDICALS

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

5. ACCIDENT INSURANCE

Accident insurance is required for all children while at school. The cost of this plan if \$30 per school year and has been incorporated into your tuition fee.

6. PERSONAL PROPERTY

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

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

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 SIG	GNATURE	
	Oxana Petrova, M.S Director, Early Child		
DATE	RECEIPT #	PRESCHOOL AMT. PD.	