



Kings Bay Y
3495 Nostrand Avenue Brooklyn N.Y. 11229
718-648-7703 EXT. 0

KINGS BAY Y ACADEMY

Childs First Name: _____ Childs Last Name: _____ GENDER: _____

DATE OF BIRTH: ___/___/___ AGE: _____ Grade: _____ School: _____

HOME ADDRESS: _____ nm APT: ___ CITY: _____ STATE: ___ ZIP CODE _____

PARENT/GUARDIAN 1: _____ Relationship: _____ Number: (_____) _____

E-MAIL _____ Place of Employment: _____ Occupation: _____

PARENT/GUARDIAN 2: _____ Relationship: _____ Number: (_____) _____

E-MAIL _____ Place of Employment: _____ Occupation: _____

EMERGENCY CONTACT NAME: _____ Number: (_____) _____

Relationship to Child: _____

How did you hear about us? Friends Flyer TV Social Media Event Other: _____

SCHEDULING & PAYMENT OPTIONS

Option 1

Option 2

Full Year Commitment
(5 Days Per Week)

Daily Program Registration

Program Price: \$950 per month

Program Hours: 8:00 AM – 6:00 PM

Early Drop Off (7:00 am – 8:00 am): \$75 per month

Late Stay (6:00 pm – 7:00 pm): \$75 per month

Combo (early drop off & late stay): \$100 per month

Program Price with Combo (early drop off & late stay): \$1050

Program Price: \$60 per day (8:00 AM – 6:00 PM)

Early Drop Off (7:00 am – 8:00 am): \$10 per day

Late Stay (6:00 pm – 7:00 pm): \$10 per day

Combo (early drop off & late stay): \$15 per day

Program Price with Combo (early drop off & late stay): \$75

Please Select (Circle) All That Apply:
SEPTEMBER 2020

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

Program Start Date: 09/10/2020

Number of Total Days Selected: _____

September Closures: September 28th (Yom Kippur)

A non-refundable security deposit of \$300 is required for Option 1. (This will be credited towards the June payment)
A 10% Discount on Afterschool registration will be applied when selecting 8 or more days for Kings Bay Y Academy.

LATE FEE: \$50.00 if payment is not received ON or BEFORE the 1st of each month.

TELL US ABOUT YOUR CHILD

Please list any allergies and/or medical conditions Please list any allergies and/or medical conditions that we should know about:

Please list any dietary restrictions:

Does your child have an IEP or receive any additional services (including speech, SEIT, OT, PT Psychology, etc.)?

TERMS OF ENROLLMENT

If you answered is yes to the above, please explain:

YOU MAY REGISTER YOUR CHILD AT ANY TIME DURING THE COURSE OF THE YEAR. YOU WILL PAY ONLY FOR THOSE MONTHS THAT YOUR CHILD ATTENDS.

1. All payments are due on or before the first of each month, for the upcoming month.
2. For school closures/holidays, Mini Camps are offered for an additional fee. (Not included in the program fee.)
3. Daily rate is \$60 per day. (Subject to availability)
4. Medical forms must be completed and submitted prior to the child's admission to the program.
5. The Kings Bay Y will not be responsible for damage to, or loss of, personal property.
6. I hereby give permission for my child to be photographed /videotaped for promotional purposes.
7. I hereby give permission for my child to participate in all general program activities.
8. Our program hours are Monday thru Friday, from 8:00am to 6:00pm; early drop off and late is available Monday thru Friday from 6:00pm-7:00pm at an additional fee.
9. Late arrival policy fee: For arrival after 7pm, a fee of \$1 per minute will be charged.
10. 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 termination in extreme situations.

Release: I hereby give my permission for my child to participate in all programs, swimming activities and trips. I understand and fully recognize that risks are involved and I hereby release the 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 after school program and staff to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible. I grant permission to the physician designated by the Kings Bay Y 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 give permission to the Kings Bay Y 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 Y. I release the Kings Bay Y 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 camp activities, including off-ground activities. I authorize the Kings Bay Y Inc. to act as a parent surrogate on my behalf. I realize that itineraries and/or programs are subject to change prior to, and during, the school year. I have read the terms of enrollment and agree to abide by them.

I have **carefully read** the contract and other related information and agree to accept all terms as set forth above.
Refund policy: No refunds or make-ups will be issued for any days missed or cancelled.

Parent/Guardian Signature: _____ **Staff:** _____ **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 10278/(212) 264-3313; (212) 264-2355 (TDD); (212) 264-3039 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: _____ CHILDS START DATE: _____

