

Kings Bay YM-YHWA  
 3495 Nostrand Ave, Brooklyn, NY 11229  
 Phone: (718) 648-7703 Fax: (718) 648-0758  
 Email: info@kingsbay.org



## Kings Bay Y Main Site After School Academy 2021-2022 Registration Application

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Home Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Parent/Guardian Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Scheduling & Payment Options

Program Dates: September 13, 2021 - June 24, 2022

Program Hours: Dismissal - 6:00 PM; Monday - Friday

5 Days	4 Days	3 Days	2 Days	1 Day
<b>Full Week</b>	<b>M T W Th F</b> (Circle 4 Days)	<b>M T W Th F</b> (Circle 3 Days)	<b>M T W Th F</b> (Circle 2 Days)	<b>M T W Th F</b> (Circle 1 Day)
School Year: \$5500 Monthly: \$550	School Year: \$4950 Monthly: \$495	School Year: \$4450 Monthly: \$445	School Year: \$3350 Monthly: \$335	School Year: \$2400 Monthly: \$225

Extended Hours (until 7:00 PM): \_\_\_ \$60/1 day \_\_\_ \$70/2 days \_\_\_ \$80/3 days \_\_\_ \$90/4 days \_\_\_ \$100/5 days

**HRA/ACD Funding Accepted. Check here if this applies to you and submit this application without a deposit \_\_\_**

Discounts for families opting out of transportation - 10% off cost of month

Single Day Program Drop Off - \$50 per day

**LATE FEE: \$50 if payment is not received ON or BEFORE the 1st of each month**

# Tell Us About Your Child

Allergies: \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

Does your child have an IEP or receive any additional services (including speech, SEIT, OT, PT Psychology, etc.)? If yes, please explain: \_\_\_\_\_

# Terms of Enrollment

Please note and initial the following to indicate your understanding:

Tuition is for the full school year (September - June) and school closings have been taken into account in computing these fees. Therefore, the month amount always remains the same regardless of the number of school days. If a refund is requested, a \$100.00 cancellation fee will be deducted from the refund. **Initial Here:** \_\_\_\_\_

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. Payment for the first month and for June is due upon registration. **Initial Here:** \_\_\_\_\_

- 1. All payments are due on or before the first of each month for the upcoming month. **Initial Here:** \_\_\_\_\_
- 2. For school closures/holidays, Mini Camps are offered for an additional fee. **Initial Here:** \_\_\_\_\_
- 3. An additional day is \$30.00 if you sign up for 1 to 3-days registration and would like to add a pick-up day. The daily rate is \$50 per day. **Initial Here:** \_\_\_\_\_
- 4. Medical forms must be completed and submitted prior to the child's admission to the program **Initial Here:** \_\_\_\_\_
- 5. The Kings Bay Y will not be responsible for damage to, or loss of, personal property. **Initial Here:** \_\_\_\_\_
- 6. I hereby give permission for my child to be photographed/videographed for promotional purposes. **Initial Here:** \_\_\_\_\_
- 7. I hereby give permission for my child to participate in all general activities. **Initial Here:** \_\_\_\_\_
- 8. Our program hours are Monday through Friday from 2:30pm to 6:00pm; extended day is available Monday through Friday from 6:00pm - 7:00pm at an additional fee. **Initial Here:** \_\_\_\_\_
- 9. Late Arrival Policy: For arrival after 6pm, a fee of \$1 per minute will be charged. **Initial Here:** \_\_\_\_\_
- 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 other participants and/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 cases. In the event of suspension or expulsion, no refunds will be granted. **Initial Here:** \_\_\_\_\_

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 and any of its sponsors, benefactors, and employees from any liability arising out of any injury to my child in the event of a medical 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 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 the 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 give permission for my child to participate in all camp activities, including off-ground activities. I authorize the Kings Bay YM-YWHA 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 carefully read the contract and other related information and agree to accept all terms set forth above. Refund Policy: No refunds or make-up days will be issued for any days missed or cancelled. (Initial Here: \_\_\_\_\_)**

Name of Child: \_\_\_\_\_ Start Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

Staff Signature and Title: \_\_\_\_\_ Date: \_\_\_\_\_

How did you hear about us? (Circle One) **Social Media** **Word of Mouth** **Google Search** **Other:** \_\_\_\_\_

Kings Bay YM-YWHA is an equal opportunity employer and 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, 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

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**General Information Sheet**

**CHILD'S INFORMATION**

Child's Name: \_\_\_\_\_ Child's Grade: \_\_\_\_\_

Child's School: \_\_\_\_\_

Home Address: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Parent/Guardian #1 Name: \_\_\_\_\_

Mobile Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Parent/Guardian #2 Name: \_\_\_\_\_

Mobile Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

**EMERGENCY CONTACT(S)**

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Contact Number: \_\_\_\_\_

**AUTHORIZED PICK-UP PERSONNEL**

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

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Dear Parents and Guardians,

We are asking you to complete this form stating the names of the individuals who are allowed to pick up your child from the Kings Bay Y Afterschool Academy program. Please be as thorough as possible with this list as we will not allow your child to leave with anyone who is not named below. Please be advised that the person picking up your child must have a valid form of photo identification (ie. state issued driver's license or identification card, nationally issued passport, or school issued ID card). There will be NO EXCEPTIONS!

Thank you,  
Kings Bay YM-YWHA

Name: \_\_\_\_\_ Number: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Number: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Number: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Number: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Number: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Number: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Number: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

I have read and acknowledge the above statement and authorize the listed individuals to take my child out of the care of the Kings Bay YM-YWHA.

Child's Name: \_\_\_\_\_ Child's Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Trip Authorization Form**

Dear Parents and Guardians,

Please complete this consent form which will be used for general trip/activity authorization but also in the event of an emergency. It is our hope to never use this form for a medical emergency but in the event that we do, please know that we will make every effort to contact you and your designee as soon as possible.

**AUTHORIZATION FOR EMERGENCY MEDICAL AND/OR SURGICAL TREATMENT**

In the case of an emergency during my child's enrollment, presence, or association with the Kings Bay YM-YWHA, I hereby authorize the doctor or 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 give my child permission to go on all trips and to participate in all program activities.**

I have read and acknowledge the above statement and authorize the listed individuals to take my child out of the care of the Kings Bay YM-YWHA.

Child's Name: \_\_\_\_\_ Child's Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**INSURANCE INFORMATION**

Name of Insurance Plan: \_\_\_\_\_ Policy #: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

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**Assumption of the Risk and Waiver of Liability**  
**Relation to the Coronavirus (COVID-19)**

The coronavirus (COVID-19) has been declared a worldwide pandemic by the World Health Organization (WHO). COVID-19 is extremely contagious and can spread from person-to-person contact. The Kings Bay YM-YWHA has and will continue to use its best efforts to institute and implement preventative measures to reduce the spread of COVID-19; however, the Kings Bay YM-YWHA cannot guarantee that you or your child(ren) may not become infected, exposed, or otherwise contract COVID-19 while attending, participating in or otherwise engaging in any activities at or in connection with the Kings Bay YM-YWHA.

By signing this waiver and release, I acknowledge and agree that I, on behalf of my child(ren): a) understand the contagious nature of COVID-19; b) voluntarily assume the risk that me, my child(ren) or anyone for whom I may be responsible may become infected, exposed, or otherwise contract COVID-19 while attending, participating in, or otherwise engaging in any activities at or in connection with the Kings Bay YM-YWHA; and c) hereby waive, release, and discharge the Kings Bay YM-YWHA from and against any claims or injuries arising out of, relating to, or in any way connected to COVID-19 and the subject of this Waiver and Release.

Participant Name: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you have a child under the age of 18 attending the Kings Bay YM-YWHA for any purpose, please complete the following:

Child's Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**PLEASE FILL OUT THIS FORM AND GIVE TO YOUR CHILD'S TEACHER**

Date: \_\_\_\_\_

Dear: \_\_\_\_\_

This communication is to inform you that my child \_\_\_\_\_

Grade \_\_\_\_\_ Class \_\_\_\_\_ Room # \_\_\_\_\_

She/He will be picked up by a counselor from the school and taken by bus to the Kings Bay YM-YWHA located at 3495 Nostrand Avenue (between Avenue U and V).

### **DAYS IN THE KINGS BAY Y AFTERSCHOOL PROGRAM**

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

The phone number (718) 648-7703, ext. 216.

Thank you in advance,

Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

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**Kings Bay Y After School Calendar 2021 - 2022**

- September 13th, 2021** - First Day of After School Program
- September 16th, 2021** - Kings Bay Y Closed for Yom Kippur
- October 11th, 2021** - Kings Bay Y Closed for Indigenous People's Day
- November 2nd, 2021** - Election Day Mini-Camp
- November 11th, 2021** - Veteran's Day Mini Camp
- November 25th, 2021** - Kings Bay Y Closed for Thanksgiving Holiday
- November 26th, 2021** - Thanksgiving Holiday Break Mini-Camp
- December 24th & 27th - 31st, 2021** - Winter Break Mini-Camp
- January 17th, 2022** - Kings Bay Y Closed for Martin Luther King Jr. Day
- February 1st, 2022** - Lunar New Year Mini Camp
- February 21st, 2022** - Kings Bay Y Closed for President's Day
- February 22nd - 25th, 2022** - Mid-Winter Recess Mini Camp
- April 15th & 18th - 22nd, 2022** - Spring Break Mini-Camp
- May 2nd, 2022** - Eid al-Fitr Mini Camp
- May 30th, 2022** - Kings Bay Y Closed for Memorial Day
- June 20th, 2022** - Juneteenth Mini Camp
- June 24th, 2022** - Last Day of After School Program

**Kings Bay Y Mini Camps - We're Open When Schools Are Closed!**

Program Duration: 8:00 AM - 6:00 PM

Early Arrival (starting at 7:00 AM) and Late Stay (until 7:00 PM) available for an additional fee!

Swimming on select days, arts and crafts, sports and more! Come join the fun!

Kosher breakfast and snack provided. Please pack a peanut free lunch.