

Kings Bay Y Annex  
3043 Avenue W. Brooklyn N.Y. 11229  
(T) 718.947.0305 ext. 229 (F) 718.648.0758  
Email: info@kingsbayy.org

## KINGS BAY Y ANNEX RISING STARS AFTER SCHOOL PROGRAM 2022 - 2023

### REGISTRATION APPLICATION

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ GENDER: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_ APT: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
PARENT/GUARDIAN NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
CELL PHONE: (\_\_\_\_) \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_  
PARENT/GUARDIAN NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
CELL PHONE: (\_\_\_\_) \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_  
EMERGENCY CONTACT NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
CELL PHONE: (\_\_\_\_) \_\_\_\_\_

How did you hear about us?  Friends  Flyer  TV  Blog/Yahoo Group  Event  Other \_\_\_\_\_

### SCHEDULING & PAYMENT OPTIONS

PROGRAM DATES - Sept 8<sup>th</sup> - June 23<sup>rd</sup> (Kindergarten Sept. 10<sup>th</sup>, Pre-Kindergarten Sept. 11<sup>th</sup>)

Program Hours: 2:30 – 6:00 PM Monday thru Friday

5 Days/week = \$1265.00  MON  TUES  WED  THURS  FRI

EXTENDED HOURS (until 7PM) \_\_\_ \$110 5 days

**HRA/ACS FUNDING ACCEPTED. CHECK HERE IF THIS APPLIES TO YOU AND SUBMIT THIS APPLICATION WITHOUT A DEPOSIT\_\_\_\_\_**

### DISCOUNTS

- **Annual discount** – 5% off payment for the full year (Sept-June).
- **Sibling discount**- oldest child pays full price, each additional sibling receives \$25.00 off monthly fee.
- **Bring a friend discount**- \$25.00 off the next month fee.

## TELL US ABOUT YOUR CHILD

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

Please list any dietary restrictions: \_\_\_\_\_

## TERMS OF ENROLLMENT

**Please note the following:**

- **TUITION IS FOR A FULL SCHOOL YEAR - SCHOOL CLOSINGS HAVE BEEN TAKEN INTO ACCOUNT IN COMPUTING THESE FEES. THEREFORE, THE MONTHLY AMOUNT ALWAYS REMAINS THE SAME REGARDLESS OF THE NUMBER OF SCHOOL DAYS.** If a refund is requested a \$35.00 cancelation fee will be deducted from the refund.
  
- **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. ONCE AGAIN, PAYMENT FOR THE FIRST MONTH & FOR JUNE IS DUE UPON REGISTRATION.**

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.
3. Medical forms must be completed and submitted prior to the child's admission to the program.
4. The Kings Bay Y will not be responsible for damage to, or loss of, personal property.
5. I hereby give permission for my child to be photographed/videotaped for promotional purposes.
6. I hereby give permission for my child to participate in all general program activities.
7. Our program hours are Monday thru Friday, from 2:30PM to 6:00 PM. Extended day is available Monday thru Friday from 6:00pm-7:00pm at an additional fee.
8. Late arrival policy fee: For arrival after 6pm, a fee of \$1 per minute will be charged.
9. 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.**

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

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 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

**FOR OFFICE USE ONLY** | DATE: \_\_\_\_\_ RECEIPT #: \_\_\_\_\_ AMOUNT PAID: \_\_\_\_\_ ENTERED: \_\_\_\_\_ **CHILDS START DATE:** \_\_\_\_\_