

Kings Bay Y

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**KINGS BAY Y RISING STARS
NURSERY 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 8th - June 23rd

Program Hours: 8:00 AM – 4:00 PM Monday - Friday

5 Days/week = \$1225 MON TUES WED THURS FRI

EARLY DROP OFF (from 7:30 AM) _____ \$55

EXTENDED HOURS (until 7PM) _____ \$95

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.

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

Please list any dietary restrictions:

Primary language spoken at home: _____

Our school welcomes collaboration with special educators and families of children who are receiving special education services. If your child is receiving any services, please list them.

Place a picture of your child here below. You may also use this space to include any information that may impact your child's school experience such as birth history, physical development, or previous group experience.

We welcome your involvement in our school and community. Please indicate how you would like to be involved.

TERMS OF ENROLLMENT:

- 1) Medical forms and immunization records must be current within 30 days of the start of the child's first day of the school.
- 2) KingsBayY will not be responsible for damage to, or loss of, personal property.
- 3) 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.
- 4) All payments are due on or before the first of the month.
- 5) A service charge of \$125 will be applied for any refunds or cancellations.
- 6) Statement of Non-Refundable Deposit After a child is accepted to KingsBayY a non-refundable deposit is necessary in order to secure a place for your child on the class list. This deposit will be credited towards tuition fees and applied to the first and last months' payments. There will be no partial refunds of deposits or exceptions made to this policy.
- 7) Submitting an application with a fee does not guarantee your child's space in the school. Admission is granted based on the order in which applications were received, requested schedule (flexibility helps) and the maintenance of both gender and age ratios.
- 8) If a child is absent for an extended amount of time, parents are still responsible for preschool tuition, as the slot cannot be offered to anyone else unless the child is withdrawn from the program
- 9) Make up days are not allowed regardless of school closings, holidays or absences for any reason.

Release: I hereby give my permission for my child to participate in all programs, activities and trips. I understand and fully recognize that risks are involved and I hereby release Kings Bay YM-YWHA a project of 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 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 Kings Bay YM-YWHA 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 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 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 year.

I have read the terms of enrollment and agree to abide by them.

Deposit of \$100, payable to Kings Bay Y is enclosed.
This fee is a one-time fee and non-refundable.

Parent/Guardian1 Signature: _____ Date: _____

Parent/Guardian2 Signature: _____ Date: _____

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 YMYWHA 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](tel:2122643313); [\(212\) 264-2355](tel:2122642355) (TDD); [\(212\) 264-3039](tel:2122643039)
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: _____

