

Kings Bay Y at Fort Greene & Clinton Hill
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KINGS BAY Y AT
FORT GREENE
CLINTON HILL



**Kings Bay Y at Fort Greene & Clinton Hill Early Childhood Program: 12-24 months Class
2017 – 2018**

Registration Application (complete for each child):

First Name: _____ Middle Name: _____ Last Name: _____

Preferred Name: _____ Date of Birth: ___/___/___ Age in September 2017: _____

Gender: _____ Sibling Applicant: _____

Home Address: _____ Apt: _____ Zip Code: _____

Parent/Guardian Name1: _____ Occupation: _____

Place of Occupation/Business Name: _____

Cell Number: (____) _____ Work Number: (____) _____ Home Number: (____) _____

Email Address: _____

Parent/Guardian Name2: _____ Occupation: _____

Place of Occupation/Business Name: _____

Cell Number: (____) _____ Work Number: (____) _____ Home Number: (____) _____

Email Address: _____

Sibling 1 Name: _____ Gender: _____ DOB: _____ Grade: _____ School: _____

Sibling 2 Name: _____ Gender: _____ DOB: _____ Grade: _____ School: _____

Emergency Contact Name 1: _____ Relationship: _____

Cell Number: (____) _____

Emergency Contact Name 2: _____ Relationship: _____

Cell Number: (____) _____

How did you learn about the Kings Bay Y at Fort Greene & Clinton Hill? _____

Has your child previously been enrolled or is he/she currently enrolled in a daycare or preschool? No Yes

If Yes, when and where? _____

Other Adults Authorized to Pick Up My Child from School:

1: _____ Cell Number: (____) _____

2: _____ Cell Number: (____) _____

Tell Us About Your Family:



Place a picture of your child here

What does your child like to do? _____

What comforts him/her if s/he is upset? _____

Please list any allergies, medical conditions, and health issues that we should know about: _____

Please list any food allergies and/or anything else you would like to share about your child's/family's dietary needs:

Primary language spoken at home: _____

Secondary language(s) spoken at home: _____

Is there any other information we should know that would help us more fully understand your child or family?

We have programs for Grandparents or Special People in your child's life. Please share the names, addresses, phone numbers and emails of your child's special person or people so that we can personally invite them to our school and community events.

We welcome your involvement in our community. Please indicate if you would like to be contacted for involvement as a room parent or parent advisory committee. No Yes

Program & Tuition Schedule

Our 12-24 months classroom runs year-round (September 2017-September 2018).

Enrollment is accepted on a rolling basis as space allows.

Our school is open from 8:00 am to 6:00 pm daily. Please choose options below.

12-24 months

D.O.B Must be in 2016

1/2 Day (8:30 am-12:00 pm)	Full Day (8:30 am- 3:00 pm)	Early Bird (8 – 8:30 am)	Late Stay (3 - 4:30 pm)	Late Stay (4:30 - 6 pm)
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5 Days/wk

\$1,470/month

\$1,690/month

\$180/month

\$175/month

\$175/month

3 Days/wk

\$1,028/month

\$1,352/month

\$120/month

\$160/month

\$160/month

Registration Fee of \$100,

payable to Kings Bay Y at Fort Greene & Clinton Hill, is enclosed.

This fee is a one-time fee and non-refundable.

Terms of Enrollment

- 1) I understand that my child cannot begin school without a current, up-to-date Department of Health medical form (provided by Kings Bay Y at Fort Greene & Clinton Hill), which includes a record of all immunizations. I will continue to work closely with the school if any health issues arise with my child and will submit new medical forms on an annual basis.
- 2) The Kings Bay Y at Fort Greene & Clinton Hill 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.

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 the Kings Bay Y at Fort Greene & Clinton Hill 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 the Kings Bay Y at Fort Greene & Clinton Hill to hospitalize, secure proper treatment for, and order injections, anesthesia or surgery for my child. I authorize the Kings Bay YM-YWHA, Inc. to act as a parent surrogate on my behalf. 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 at Fort Greene & Clinton Hill. 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 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.

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 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](tel:(212)264-3313); [\(212\) 264-2355](tel:(212)264-2355) (TDD); [\(212\) 264-3039](tel:(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: _____

Kings Bay YM-YWHA Inc.
3495 Nostrand Ave, Brooklyn, New York 11229
Tel. (718) 648-7703

One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize Kings Bay YM-YWHA to make a one time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I, _____ authorize Kings Bay YM-YWHA to charge my credit card
(full name)

account indicated below for _____ on _____.
(amount) (date)

This payment is for _____
(description of services)

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Account Type: Visa MasterCard AMEX Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

SIGNATURE _____

DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.