



Kings Bay Y at Windsor Terrace
1224 Prospect Avenue
Brooklyn, New York, 11218
T: (718) 407- 6377
Email: info@ywindsorterrace.org

Kings Bay Y at Windsor Terrace Preschool Summer Camp 2017

Registration Application:

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

Preferred Name: _____ DOB: ____/____/____ Gender: _____

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: _____ DOB: _____ Grade: _____ School: _____

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

Emergency Contact Name: _____ Relationship: _____ Cell Number: (____) _____

Applicant Status: First Time Applicant Returning Student Sibling Applicant: _____

How did you find out about us? _____

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

If Yes, when and where? _____

Scheduling Options:

Program Dates: June 26, 2017 – August 18, 2017
Program Hours: 9:00 AM-3:00 PM Monday thru Friday
Circle your Session Selections

Session 1: June 26th – July 7th, Session 2: July 10th- Jul 21st, Session 3: Jul 24th – Aug 4th, Session 4: Aug 7th- Aug 18th

Preschool 2-5's	1/2 Day (9-12pm)	Full Day (9-3pm)	Early Drop-off (8-9am)	Late Stay (3-5pm)
<input type="checkbox"/> 5 Days/2 wks	<input type="checkbox"/> \$610	<input type="checkbox"/> \$900	<input type="checkbox"/> \$90	<input type="checkbox"/> \$215
<input type="checkbox"/> 3 Days -M,W,F/2 wks	<input type="checkbox"/> \$405	<input type="checkbox"/> \$610	<input type="checkbox"/> \$55	<input type="checkbox"/> \$140
<input type="checkbox"/> 2 Days - T,TH/2 wks	<input type="checkbox"/> \$300	<input type="checkbox"/> \$450	<input type="checkbox"/> \$40	<input type="checkbox"/> \$105

Please Note: Your non-refundable registration Fee of \$100 must be submitted with this application.

Tell Us About Your Family:

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

Place a
picture of your
child here

Please list any dietary restrictions: _____

Indicate the learning environments and modes that you have observed being the most engaging and productive for your child:

- Movement/Dance Music/Singing Large Group Theater
 Small Group/Pairs Visual Art Other (Please Specify): _____

Primary language spoken at home: _____

Does your child speak more than one language at home? If so, what language(s)? _____

Would you be interested in a playdate with others in your child's program? Yes No

If so, do we have permission to share your name and phone number with other interested parents to enable parents to self-organize a playdate? Yes No

The Preschool Summer Camp is part of a larger Kings Bay Y at Windsor Terrace community. Your involvement in your child's Preschool specific events, and the community is essential. How would you like to get involved?

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

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

Terms of Enrollment:

1. Camp payments are due in FULL **before** your child begins.
2. Registration fees may not be refunded.
3. In addition to your registration fee, a service charge of \$125 will be incurred for any tuition refunds or cancellations requested on or after June 1st, 2017.
4. Medical forms and immunization records must be completed and submitted prior to the child's first day of the program.
5. The Kings Bay Y at Windsor Terrace will not be responsible for damage to, or loss of, personal property.
6. Late arrival policy fee: For arrival after designated pickup time, a late fee will be charged.
7. 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, activities and trips. I understand and fully recognize that risks are involved and I hereby release the Kings Bay Y at Windsor Terrace 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 Windsor Terrace 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 at Windsor Terrace. 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.

Registration Fee of \$100, payable to Kings Bay Y YM-YWHA, is enclosed.

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

Parent/Guardian1 Signature: _____ Date: _____

Parent/Guardian2 Signature: _____ Date: _____

Preschool Director 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](tel:2122643313)) 264-3313; ([212](tel:2122642355)) 264-2355 (TDD); ([212](tel:2122643039)) 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: _____