

Kings Bay Y AT WINDSOR TERRACE
1224 Prospect Ave., Brooklyn N.Y. 11218
718. 407. 6377



KINGS BAY Y AT WINDSOR TERRACE
2017-2018
Fall MINI-CAMP PROGRAM

REGISTRATION APPLICATION

FIRST NAME: _____ LAST NAME: _____

GENDER: _____ DATE OF BIRTH: ___/___/___ AGE: _____ CURRENT GRADE: _____ SCHOOL: _____

HOME ADDRESS: _____ APT: _____ ZIP CODE: _____

EMAIL ADDRESS: _____ CELL PHONE: _____ HOME PHONE: _____

PARENT/GUARDIAN NAME: _____ RELATIONSHIP: _____

NUMBER: (_____) _____ EMAIL ADDRESS: _____

PARENT/GUARDIAN NAME: _____ RELATIONSHIP: _____

NUMBER: (_____) _____ EMAIL ADDRESS: _____

EMERGENCY CONTACT NAME: _____ RELATIONSHIP: _____

NUMBER: (_____) _____

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

SCHEDULING & PAYMENT OPTIONS

Program Hours: 8:00 AM – 6:00 PM

Early Drop off option (7:30am-8:00am) \$15

Trips will be announced prior to the mini camp.

Breakfast and snack served at the Y, Please bring lunch!

- Monday, October 9, 2017-Columbus Day
- Tuesday, November 7, 2017 - Election Day
- Friday, November 24, 2016 -Thanksgiving Recess

PAYMENT INFORMATION

*Program Price: \$75 per day

*Sign up for 3 or more days and save \$10 per day!

*If a refund is requested a \$35.00 cancelation fee will be deducted from the refund.

TELL US ABOUT YOUR CHILD

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

Please list any dietary restrictions:

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

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Collaborative Projects | <input type="checkbox"/> Competitive Games | <input type="checkbox"/> Discussion | <input type="checkbox"/> Movement/Dance |
| <input type="checkbox"/> Music/Singing | <input type="checkbox"/> Large Group | <input type="checkbox"/> Small Group/Pairs | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Theater | <input type="checkbox"/> Visual Art | <input type="checkbox"/> Worksheets | <input type="checkbox"/> Writing |
- Other (Please Specify): _____

Our Mini Camp Program features a revolving selection of exciting activities. What activities within the program would you like your child to participate in?

- | | | | |
|-------------------------------|---|----------------------------------|---|
| <input type="checkbox"/> Art | <input type="checkbox"/> Drama/Theatre | <input type="checkbox"/> Cooking | <input type="checkbox"/> Music |
| <input type="checkbox"/> Yoga | <input type="checkbox"/> Dance/Movement | <input type="checkbox"/> Chess | <input type="checkbox"/> Other (Please Specify) _____ |

Please let us know if you or both parents/guardians are interested in the following:

- I am interested in helping organize fundraising events.
- I would like to volunteer at special events and/or holiday events.

TERMS OF ENROLLMENT

1. Deposits may not be refunded or transferred to any other program once a contract is signed.
2. Medical forms must be completed and submitted prior to the child's admission to the program.
3. The Kings Bay Y AT Windsor Terrace will not be responsible for damage to, or loss of, personal property.
4. Only children ages 13 and older may be dismissed by themselves with prior written parental/guardian approval. If you are participating in a pick-up pool, you must provide written Parent/Guardian permission for your child to be picked up by the persons involved.
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 8:00AM to 6:00 PM.
8. 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.

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

Parent/Guardian Signature: _____ After School Coordinator: _____ Date: _____

FOR OFFICE USE ONLY | DATE: _____ RECEIPT #: _____ AMOUNT PAID: _____

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; (212) 264-2355 (TDD); (212) 264-3039 FAX. In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (866) 632-9992 (voice) or (800) 877-8339(TDD). USDA is an equal opportunity provider and employer.

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Dear Parents:

We are asking you to complete this form, stating the names of the individuals who are allowed to pick up your child from the MINI-CAMP program. Please be as thorough as possible with this list, as we will not allow your child to leave with anyone who isn't named below. Also, please be advised that the person picking up your child must have a valid form of photo ID on them, such as a driver's license, a passport or current school - issued ID. There will be NO exceptions.

Thank you,
Shirley Charles

Name: _____ Phone Number: _____ Relationship to Child _____

Name: _____ Phone Number: _____ Relationship to Child _____

Name: _____ Phone Number: _____ Relationship to Child _____

Name: _____ Phone Number: _____ Relationship to Child _____

Name: _____ Phone Number: _____ Relationship to Child _____

Name: _____ Phone Number: _____ Relationship to Child _____

Name: _____ Phone Number: _____ Relationship to Child _____

I HAVE READ THE ABOVE AUTHORIZATIONS AND AGREE TO ABIDE BY THEM.

Signed _____ Date _____

Relationship to child _____ Telephone # _____

Name of child: _____ Child's grade: _____