



PS 32 After School Program of the Samuel Field Y Registration Form 2011-2012

FOR OFFICE USE ONLY	
Amount: _____	Acct _____
Date: _____	Receipt # _____ Initials: _____
Fin: _____	Roster: _____ Medical Date: _____

Family Name	Address	Town	Zip
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Father's Info: -----

Father's Name	Home Phone	Cellular Phone	Business Phone
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Mother's Info: -----

Mother's Name	Home Phone	Cellular Phone	Business Phone
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Family E-mail:

Please print clearly

Emergency Name: ----- Relationship: ----- Phone #: -----

ENROLLMENT CONTRACT 2011-2012

The Samuel Field Y and _____, hereinafter referred to as Applicant, hereby agree to the enrollment of Applicant's child, _____, in the Samuel Field Y's After School Program, hereinafter referred to as SFY ASDC, upon the following express terms and conditions:

I. **TERMS OF ENROLLMENT:** Applicant hereby enrolls his/her child for the 2011-2012 program year, it being understood that the program year commences on or about September 8, 2011 and ends on or about June 27, 2012. Parents will receive calendar, indicating days that the school will be closed, whether for Jewish or other holidays.

Child's Full Name	Sex	Age	Birthdate	Grade in Sept. 2011	School	Class

PLEASE CHECK ALL THAT APPLY:

PLEASE CIRCLE DAYS YOUR CHILD WILL ATTEND

YEARLY ASDC TUITION:

- ____ 5 days a week..... \$3,200
- ____ 4 days a week..... \$3,045
- ____ 3 days a week..... \$2,785

- | | | | | | |
|-----------|---|---|---|----|---|
| Child #1: | M | T | W | TH | F |
| Child #2: | M | T | W | TH | F |
| Child #3: | M | T | W | TH | F |

II. **PAYMENTS**: The required first tuition payment and schedule of balance payments is included. PLEASE ENCLOSE A CHECK PAYABLE TO THE "SAMUEL FIELD Y" for the amount of the first tuition installment based upon number of days per month that you register your child to attend.

III. **WITHDRAWAL/CHANGES**:

- A. In all cases of withdrawal before the start of school, a full refund shall be made.
- B. In all cases of withdrawal after the start of school, tuition fees shall be paid to the end of the withdrawal month during which the removal takes place.
- C. In NO instance will Membership Dues be refunded.
- D. Any changes to the account must be effective on the first of the month, and there will be a service charge of \$25 per change of your account.
- E. It is understood that no fee deductions are to be made, or credits allowed for absence or withdrawal on account of illness or any cause whatsoever, except as herein above stated.

IV. **MEDICAL FORMS**:

Applicant agrees to have his/her child examined by a physician and to submit a health certificate (supplied by the Samuel Field Y) before entering the child in After School Day Care, meeting the requirements set forth by the New York City Department of Health. No child will be allowed to begin the SFY After School Program without a health certificate.

V. **PHOTO/DIGITAL MEDIA RELEASE**:

Applicant hereby gives permission to the Samuel Field Y for use of all digital media for the purpose of publication and/or on display on behalf of the Samuel Field Y.

VI. If the Samuel Field Y determines that services cannot be provided as a result of an act of nature, a local or national emergency, or any conditions that in the opinion of the Y jeopardizes the safety of the children, no compensation or make-up days will be provided. The Samuel Field Y reserves the right to cancel or alter programs and/or fees as necessary.

IT IS EXPRESSLY UNDERSTOOD AND AGREED BY THE PARTIES HERETO THAT THE PRIVILEGE OF PAYING TUITION INSTALLMENTS IS EXTENDED ONLY AS A CONVENIENCE AND DOES NOT IN ANY WAY VARY THE OBLIGATION OF THE APPLICANT TO PAY THE TUITION IN FULL. EACH INSTALLMENT IS AUTOMATICALLY DUE ON THE DATE STATED WITHOUT BILLS BEING SEND BY THE Y. THE AFTER SCHOOL PROGRAM HEREBY MAKES IT KNOWN TO THE APPLICATION THAT HIS/HER CHILD IS BEING ACCEPTED FOR THE ENTIRE SCHOOL YEAR, AND THAT THE TUITION STATED IS PAYMENT FOR A PLACE IN THE SCHOOL AND NOT FOR THE PERIOD OF ATTENDANCE.

Applicant (please sign)

Date

