



344 East 14th Street, New York, NY 10003
(212) 780-0800 www.14StreetY.org

Afterschool 2010-2011 School Year

Monday September 13, 2010 – Tuesday June 21, 2011 / 3:00 – 6:00 PM

How to Register

1. Complete a separate registration form for each child.
2. Fill out each section, ensuring that all required phone numbers are included. Before registering please discuss any special needs with the Afterschool Director.
3. Add up the total due for registration, taking into account any reductions for member or sibling discounts, and pick-up fees from NEST and PS110.
4. Please send the following:
 - Registration form and payment
 - Emergency/dismissal form (separate form)
 - Homework form (separate form)
 - Department of Health Medical Forms** (separate form)
(signed by both your doctor and yourself)

TO: *Kathleen Lombardo, 14th Street Y, 344 E. 14th St., New York, NY, 10003.* Please keep a copy of all forms submitted. Be aware that your child will not be permitted to attend Afterschool if you have not provided the Y with the Department of Health medical forms and set up payment prior to the start of the program.

We are happy to assist you with any questions or concerns you may have. If you have questions about the program please contact Kathleen Lombardo at (212) 780-0800 ext 4356 or Kathleen_Lombardo@14streety.org.

Please see a complete list of holiday closings for the school year.





Registration Form

Afterschool 2010-2011 School Year

Today's Date ___/___/___

Child's Information

Child's Name (please print) _____
Last First

Address _____ Apt.# _____

City _____ State _____ Zip Code _____ School Attends _____

Child's Birth date ___/___/___ Age as of 09/13/10 _____ Grade _____

Gender ___ Ethnicity (optional) _____ Religion (optional) _____

Parents' Information

1st Parent/Guardian Name _____ Relationship _____

Home # _____ Work # _____ Cell # _____

E-mail address _____

Occupation: _____

Place of employment: _____

2nd Parent/Guardian Name _____ Relationship _____

Home # _____ Work # _____ Cell # _____

E-mail address _____

Occupation: _____

Place of employment: _____

Please select all that apply:

- A. Child lives with both parents together in one home.
- B. Child splits time between Mother and Father in two homes.
- C. Child lives with just Mom.
- D. Child Lives with just Dad.
- E. Other: _____

Please list all family members in the child's household

Are you or any member of your family in the armed services? Yes No

Medical Information

Medical Alerts/Allergies _____
Medications _____ Dosage _____

* Please note that we are not permitted to dispense medication of any kind.

Special situation or need that program should be aware of:

Does your child have an IEP? Yes / No If so, please provide a copy.

Is there anything about your child's behavioral, emotional or physical needs you would like us to know about?

Referrals:

The following family/person referred us to the 14th Street Y Afterschool program: _____

This information is for statistical purposes only.

How did you hear about the 14th Street Y?

- Word of Mouth
- Live/Work in Area
- Member Referral
- Flyer or Postcard
- Print Advertising
- Direct Mail/E-mail
- Street Fair/Event
- Website
- Other:

Permission for Activities/Dismissal Afterschool 2010-2011 School Year

Each line must be signed.

I give my permission for my child (name) _____:

1. To participate in the free swim activities held at the 14th Street Y during the Afterschool program. I understand that my child **MUST** bring their own towel, flip flops/crocks, wear a bathing suit, and a swim cap in order to swim. He/she may choose to bring and wear his/her own swim goggles if desired.

Parent/guardian's signature _____

2. To take walks around the 14th Street Y area along with his/her group. These walks will include:

- Initial transportation (if applicable): This means being picked up from his/her school and escorted by Afterschool Counselors back to the 14th Street Y.
- Any additional outings that his/her group may take to local places such as the park, the post office, fire department, the florist, and the bagel shop. I am aware that most trips will be scheduled in advance, but that there may be occasion for a spontaneous trip, for which my child also has permission.
- To participate in holiday and half day activities outside of the 14th Street Y.

Parent/guardian's signature _____

3. To travel on a Metropolitan Transit Authority bus. I understand that a Counselor from the 14th Street Y will pick up my child from his/her school, _____ (fill in school), and escort him/her to the 14th Street Y.

Parent/guardian's signature _____

Session Enrollment

(Child's Name) _____ will be attending on the following days

Please indicate by circling the appropriate days:

Full Year: **Mondays** **Tuesdays** **Wednesdays** **Thursdays** **Fridays**

Semester: **Fall** (September – January) **Spring** (February – June)

Mondays **Tuesdays** **Wednesdays** **Thursdays** **Fridays**

Please pick my child from his/her school: _____

at (Teacher's name and room #) _____ Grade _____

at (Time) _____



Fees and Payment Option Information: Afterschool 2010-2011 School Year

FULL YEAR RATES	Member Rate- Early Bird	Non- Member Early Bird	Member Rates	Non- Member Rate
	5 days	\$3,500	\$3,900	\$3,600
4 days	\$2,920	\$3,350	\$3,020	\$3,450
3 days	\$2,500	\$2,975	\$2,600	\$3,075
2 days	\$2,225	\$2,550	\$2,280	\$2,625
1 day	\$1,115	\$1,275	\$1,135	\$1,300

Early bird registration ends August 16th, 2010 at 10:30 AM. There is no spring early bird rate.

SEMESTER RATES	Member Rate Early-Bird	Non Member Rate Early Bird	Member Rate	Non- Member Rate
	5 days	\$1,875	\$2,100	\$1,975
4 days	\$1,535	\$1,775	\$1,675	\$1,875
3 days	\$1,350	\$1,600	\$1,450	\$1,700
2 days	\$1,175	\$1,380	\$1,275	\$1,460
1 day	\$580	\$600	\$650	\$725

Pick Up Fees for NEST and PS110

Nest and PS 110	School Year	Semester
3-5 Day Pick	\$625	\$315
2 Day Pick up	\$375	\$190
1 Day Pick Up	\$160	\$85

Extended Day Pick Up Fee

Earth, Neighborhood, PS 40	School Year	Semester
3 or more days	\$300	\$150
2 days	\$200	\$100
1 day	\$100	\$50

Installment payment plan: Requires a credit card or EFT authorization. Families are required to pay in approximately two month increments in advance. Payments will look as follows:

Full Year Payment Plan

September 1 st	Payment for September & October
November 1 st	Payment for November & December
January 1 st	Payment for January & February
March 1 st	Payment for March & April
May 1 st	Payment for May & June

Semester Payment Plan

September 1 st	Payment for September & October	Semester 1
November 1 st	Payment for November & December	
January 1 st	Payment for January	
February 1st	Payment for February & March	Semester 2
April 1st	Payment for April & May	
June 1st	Payment for June	

If you have not paid in advance we will not provide afterschool service.



Payment by Check:

If you are paying with a check, you must put a credit card on file, or, pay for each semester in full.

Make all checks payable to: **The 14th Street Y**
MEMO: Afterschool Program
344 East 14th Street
New York, NY 10003

**Credit Card Payment Authorization:
Full Year Registration**

I _____ authorize the 14th Street Y to charge my credit
(Please print)
card on the payment schedule listed below for Afterschool, for _____
(Child's name)

American Express MasterCard Visa

Credit Card Number: _____ Exp. Date: ____/____

Cardholder's Name (as it appears on card): _____

Amount to be charged: \$ _____ \$ _____ \$ _____ \$ _____ \$ _____
September Payment November Payment January Payment March Payment May Payment

Home # _____ Work # _____ Cell # _____

Client Signature _____ Date _____

Semester Registration

I _____ authorize the 14th Street Y to charge my credit
(Please print)
card on the payment schedule listed below for Afterschool, for _____
(Child's name)

American Express MasterCard Visa

Credit Card Number: _____ Exp. Date: ____/____

Cardholder's Name (as it appears on card): _____

Amount to be charged: \$ _____ \$ _____ \$ _____
Initial Payment Second payment Third payment

Home # _____ Work # _____ Cell # _____

Client Signature _____ Date _____

****A 10% discount applies for siblings enrolled in Afterschool. 10% discount is applied to the second registration.**



ETF Authorization

Full Year Registration

I _____ authorize the 14th Street Y to make an EFT withdrawal from my bank _____
(Please print)
account on the payment schedule listed below for Afterschool, for _____
(Child's name)

Bank Name: _____ Account Number: _____

Account Type: _____ ABA Routing #: _____
(checking, savings, etc.)

Amount to be withdrawn: \$ _____ \$ _____ \$ _____ \$ _____ \$ _____
September Payment November Payment January Payment March Payment May Payment

Home # _____ Work # _____ Cell # _____

Client Signature _____ Date _____

Semester Registration

I _____ authorize the 14th Street Y to make an EFT withdrawal from my bank _____
(Please print)
account on the payment schedule listed below for Afterschool, for _____
(Child's name)

Bank Name: _____ Account Number: _____

Account Type: _____ ABA Routing #: _____
(checking, savings, etc.)

Amount to be withdrawn: \$ _____ \$ _____ \$ _____
Initial Payment Second payment Third payment

Home # _____ Work # _____ Cell # _____

Client Signature _____ Date _____

****A 10% discount applies for siblings enrolled in Afterschool. 10% discount is applied to the second registration.**



Contract

Afterschool 2010-2011 School Year

Please enroll my child in the 14th Street Y Afterschool program for the period I noted on the registration form. I understand that my payment in full/the first payment of my payment plan, medical forms, and additional forms must be submitted to the Registrar before my child attends the Afterschool program.

1. I have enclosed \$ _____ as initial payment for registration to be applied to the 1st payment due and assume responsibility for paying as indicated:
 - Full Year**
 - \$ _____, (half of the total) by the start of the fall semester and \$ _____ (half of the total) by the start of the spring semester
 - Bi-Monthly installments in the amount of \$ _____, starting in September as indicated in the authorization form.
 - Semester (Fall or Spring)**
 - \$ _____, the entire semester payment by the start of the fall semester.
 - Three installments of \$ _____ starting at the beginning of the semester.
2. Cancellations and refunds: A withdrawal for any reason will cause a forfeit of deposits and fees. There are no refunds or transfer of funds to other Y programs. Failure to pay in full according to the stated schedules will result in my child being withdrawn from the Afterschool Program with a complete loss of fees paid. If the Y cancels a program, refunds will be issued.
3. There is a \$20 fee per returned check, reversed credit card, or change of service.
4. In case of illness, accident, or injury of any kind to the child while attending the Afterschool program, permission is granted for the staff to call a doctor or take the child to a nearby hospital for emergency treatment. It is understood that the 14th Street Y staff will make every effort to reach a parent or guardian in the event of illness or injury to a child. If a child receives emergency medical attention resulting from an illness, accident or injury at Afterschool program, parents will assume all medical costs.
5. The 14th Street Y reserves the right to request withdrawal of a child at anytime during the school program year. In that event, parents or guardians will be responsible for payments covering the portion of the year attended.
6. Permission is granted to the staff to exhibit or reproduce any artwork done by the child without any financial obligation to the child or parents.
7. I understand that The Educational Alliance (the "EA") and those it authorizes, may photograph, sound record, and/or video record my child in the Afterschool Activities and use them in any medium now or hereafter known, in original or modified form, and with or without name or information about my child. The photograph and/or my child's name will be used for the purpose of supporting EA and its charitable purpose. I understand and agree that I will not be paid for any such use.
8. I will inform the 14th Street Y of The Educational Alliance in writing of any changes in family, address, and telephone numbers.
9. I understand that in order to take advantage of the member rate my membership must be active throughout the duration of my child's enrollment in the Afterschool program.

Parent or guardian (PRINT NAME): _____ Name of child: _____

Signature of parent or guardian _____

Relationship _____ Date _____