

14 Street Y – After School Registration Form

Please return to After School Office

Questions? Contact Patrick Wise
AfterSchool@14StreetY.org
www.14StreetY.org/Afterschool

pg. 1

Dear Parents,

It is a great pleasure to welcome you to After School at the 14th Street Y! We are excited to continue to offer safe, educational, and creative programs in the heart of the East Village.

Our philosophy centers on engaging heads, hands, and hearts. Your After Schooler will engage in a class of their choosing that focuses on movement, the arts, or exercising their brain. After you register you will receive a list of class choices. Together you and your After Schooler can pick enrichment classes that they will enjoy.

Each day includes snack and homework help followed by enrichment and options to play on the roof, in our regulation size gym, or quiet games in the Community Room. **In addition, on Monday and Friday afternoons we offer free swim in our indoor pool!**

On Fridays, our time is devoted to the community and special events and workshops. We begin program by welcoming Shabbat and taking a moment to separate from the school week into the relaxation of the weekend. Every week the children take part in music, singing, and a skit derived from our values based curriculum.

If you have any questions about After School at the 14th Street Y, please feel free to contact me, Patrick Wise, at AfterSchool@14StreetY.org or by calling 646-395-4324.

Our door is always open to you and your child; please stop in during the summer to say hello!

Sincerely,

Patrick Wise



Program Coordinator

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pg. 2

AFTER SCHOOL SCHEDULE

Pick Up/ Drop Off @ 14th Street Y	2:20 - 3:00pm
Homework/Playtime/Youth Sports/Snack	3:00 – 4:00pm
Community Announcements	4:00 – 4:15pm
Enrichment/Youth Sports/Study Hall	4:15 – 5:15pm
Roof/Gym/*Open Swim *Mon+Fri	5:15 – 6:00pm
Dismissal	6:00pm **6:15pm(M + F)

For a full list of previous enrichment classes visit

www.14streety.org/afterschool

(Enrichment Class choices for 2017-2018 will be available September 1st)

Youth Sports Registration begins August 1st visit

www.14streety.org/youthsports

****On Swim Days (Mon & Fri) Dismissal is at 6:15pm**

PLEASE NOTE:

A late fee of \$15 will be charged to your account for pickup 15 minutes after dismissal.

A late fee of \$45 will be charged to your account for pickup 30 minutes after dismissal.

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pg. 3

IMPORTANT DATES & CLOSINGS

After School begins Tuesday, September 12, 2017 and ends on June 22, 2018

Kindergarten Only Practice Day will be on Monday, September 11, 2017 - we will provide pick up

If you would like to participate in K Practice Day please email AfterSchool@14StreetY.org

Holiday Camp is offered on the following dates:

* **Note:** These are all of the holidays published by the Department of Education for the public school system.

Holiday Camp	Date
Columbus Day	Oct 9
Election Day	Nov 7
Martin Luther King Day	Jan 15
February Break	Feb 16 – 23
Spring Break	Apr 2 - 6
Anniversary Day	Jun 7
Chancellor's Day	Jun 11
Eid al-Fitr	Jun 15

Note: The dates below are days the 14th Street Y After School/Holiday Camp Program will **NOT** be in session:

CLOSED Holidays	Dates
Rosh Hashanah	Sep 21-22
Yom Kippur	Sept 29
Thanksgiving	Nov 23 - 24
Winter Recess	Dec 25 - Jan 1
Passover	March 30
Memorial Day	May 28

During most public school holiday vacations and teachers in-service days, the 14th Street Y runs enriching and fun camp programs for children Kindergarten to 5th grade. Activities include field trips, swim time, gym games, and more. Some places we've traveled to on holiday camp include: the Museum of Natural History, the Central Park Zoo, the Children's Museum, as well as activities in our Black Box Theater. **Holiday Camps are offered at an additional fee (\$85 for members and \$95 for non-members). Holiday Camps are open to the public.** We also offer coverage during some half days. We will pick your child up and run fun programming, like baking in our kitchen, science lab time, and trips to the firehouse. **Half Day Camps are offered at an additional fee of \$45 for members and non-members.**

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pg. 4

REGISTRATION INSTRUCTIONS

1. Complete a separate registration form for each child.
2. Fill out each section completely, ensuring that all required phone numbers are included. Before registering please discuss any special needs, or if your child has an IEP, with the After School Director. This information is critical to our support of your child's growth and happiness.
3. PLEASE SEND ALL REGISTRATION MATERIALS TO: Patrick Wise at *14th Street Y, 344 E. 14th St., New York, NY, 10003* or scan and email to AfterSchool@14StreetY.org

*Please keep a copy of all forms submitted.

Please be aware that your child will not be permitted to attend After School 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 Patrick Wise at (646) 395-4324 AfterSchool@14StreetY.org

Please use the following checklist to ensure you have completed and included all forms.

We will return incomplete packets.

- Child/Parent Info Form (pages 5)**
- Emergency Contact Form (page 6)**
- Medical Consent Form (Page 7)**
- After School Contract (pages 8)**
- Payment Plan Form (pages 9&10)**

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pg. 5

CHILD/PARENT INFORMATION FORM

Child's Name (please print): _____
Last First
Address _____ Apt.# _____
City _____ State _____ Zip Code _____ School _____
Child's Birth date ___/___/___ Age as of 09/12/2017 _____ Grade _____
Gender: _____ Ethnicity (optional) _____ Religion (optional) _____

Parents' Information

1 st Parent/Guardian Name _____ Relationship _____ Home # _____ Work # _____ Cell # _____ E-mail address _____ Occupation: _____ Place of employment: _____	2 nd Parent/Guardian Name _____ Relationship _____ Home # _____ Work # _____ Cell # _____ E-mail address _____ Occupation: _____ Place of employment: _____
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Please select all that apply:

- A. Child lives with both parents together in one home.
- B. Child splits time between parent/guardian in two homes.
- C. Other: _____

How did you hear about the 14th Street Y After School Program?

___ 14th Street Y website ___ School Website ___ Friend ___ Word of Mouth ___ Banner in front of building
___ postcard at school

Have you or a family member attended another Y Youth Program?

___ New Country Day Camp ___ Preschool ___ 2x2 ___ Aquatics ___ Youth Sports ___ New Town Day
Camp

Is anyone in your family a member of the Armed Services Yes / No

Please provide email (s) for newsletters (if same as above leave blank)

1. _____
 2. _____
-

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pg. 7

HEALTH HISTORY

Please note that you will need to provide an up to date physical in addition to this form before the start of the program

Please indicate if your child has had any of the following afflictions. If any of your answers are yes, please give the corresponding and appropriate dates of illness:

Rheumatic Fever Y/N Date _____

Seizures Y/N Date _____

Diabetes Y/N Date _____

Asthma Y/N Date _____

Chicken Pox Y/N Date _____

Please indicate if your child has had allergic reactions to any of the following. If any of your answers are yes, please explain:

Hay Fever Y/N Please Explain: _____

Poison Ivy, etc. Y/N Please Explain: _____

Insect Stings Y/N Please Explain: _____

Penicillin Y/N Date Please Explain: _____

Other Drugs Y/N Please Explain: _____

Food Y/N Please Explain: _____

If you listed any allergy above, please indicate whether your child has a prescription epi-pen Y/N

Please list any of the following that apply to your child:

Past Illnesses: _____

Operations or Serious Injuries (including dates): _____

Hospitalization (including dates): _____

Chronic or Recurring Illness: _____

Conditions that require activity to be restricted (please explain): _____

Appliance Worn (glasses, contacts, etc): _____

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

Medication Taken and Dosage: _____

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?

Are there any specific activities that we should encourage to ensure the health and safety of your child? Please Explain:

Do you give permission for all program activities unless otherwise noted by a doctor? Y/N

EMERGENCY MEDICAL CONSENT

I do hereby give authority to 14th Street Y After School and Camp staff to obtain necessary medical treatment for my child with the understanding that the family will be notified as soon as possible.

Relationship: _____ Signature: _____ Date: _____

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pg. 8

AFTER SCHOOL CONTRACT

Please read this form in its entirety prior to signing.

Please enroll my child in the 14th Street Y After School 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 After School program.

SESSION ENROLLMENT: Circle Session

FALL (9/12/17-2/2/18)

FULL YEAR (9/12/17-6/22/18)

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

CIRCLE DAYS: Monday Tuesday Wednesday Thursday Friday

Please pick my child from his/her school: _____ room#/Name of teacher: _____ at (Time) _____

1. 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 After School Program with a complete loss of fees paid. If the Y cancels a program, refunds will be issued. There is a \$15 fee per returned check, reversed credit card, or change of service. There is a \$30 fee for dropping days during the year.
2. In case of illness, accident, or injury of any kind to the child while attending the After School 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 After School program, parents will assume all medical costs.
3. The 14th Street Y reserves the right to request withdrawal of a child at any time during the school year program. In that event, parents or guardians will be responsible for payments covering the portion of the year attended.
4. 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. I understand that The 14th Street Y and those it authorizes, may photograph, sound record, and/or video record my child in the After School 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 the 14th Street Y and its charitable purpose. I understand and agree that I will not be paid for any such use.
5. I will inform the 14th Street Y of The Educational Alliance in writing of any changes in family, address, and telephone numbers.
6. 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 After School program.
7. I give permission for my child to:
 - Participate in the free swim activities held at the 14th Street Y during the After School program. I understand that my child MUST bring their own towel, flip flops/crocs, 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.
 - 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 After School 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.
 - 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 or guardian (PRINT NAME): _____ Name of child: _____ Relationship _____

Signature of parent or guardian _____ Date _____

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pg. 9

AFTER SCHOOL FEES 2017-2018

FULL YEAR	MEMBER EARLY BIRD	NON-MEMBER EARLY BIRD	MEMBER	NON-MEMBER
5 Days	\$4,400	\$4,850	\$4,700	\$5,100
4 Days	\$3,850	\$4,250	\$4,100	\$4,450
3 Days	\$3,500	\$3,800	\$3,700	\$3,950
2 Days	\$2,900	\$3,200	\$3,100	\$3,350
1 Day	\$1,750	\$1,900	\$1,850	\$2,000

SEMESTER ONLY (Fall or Spring)	MEMBER EARLY BIRD	NON-MEMBER EARLY BIRD	MEMBER	NON-MEMBER
5 Days	\$2,450	\$2,650	\$2,600	\$2,800
4 Days	\$2,200	\$2,400	\$2,300	\$2,500
3 Days	\$1,900	\$2,100	\$2,000	\$2,200
2 Days	\$1,750	\$1,900	\$1,850	\$2,000
1 Day	\$1,100	\$1,200	\$1,150	\$1,250

<u>Pick Up Fee for NEST+M and PS110 Schools ONLY</u>	School Year	Semester
3 or more days	\$650	\$350
2 days	\$400	\$220
1 day	\$200	\$110

***Early Bird Ends
July 31st
2017**

Installment Payment Plan: Requires a credit card or EFT authorization. Families are required to make a payment every two months (September, November, January, March, and May)

Youth Sports Classes: Online Registration is available for Youth Sports classes (Basketball, Ballet, Gymnastics, Tennis, Julie's Groove Crew, and Swimming.) After School families receive a discounted rate. (Rates vary per class)

A 10% discount applies for siblings enrolled in After School. The 10% discount is applied to the second child's registration.

We pick up from Extended Day (Test Prep) Programs for an additional fee. Inquire with us at the email above.

***Early Bird rates valid from 5/30/17-7/31/17**

Fall Semester 9/12/17-2/2/18 Spring Semester 2/5/18-6/22/18

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pg. 10

PAYMENT INFORMATION

Calculation of program costs. Please use the rate sheet for reference	
5 Days a Week	\$ _____
4 Days a Week	\$ _____
3 Days a Week	\$ _____
2 Days a Week	\$ _____
1 Day a Week	\$ _____
NEST/PS 110 Pick Up Fee	\$ _____
REGISTRATION SUBTOTAL	\$ _____
Less 10% sibling discount for one additional child	\$ (_____)
Less 15% sibling discount for second additional child	\$ (_____)
Tax deductible contribution to sponsor a child in After School	\$ _____
TOTAL	\$ _____

Make all checks payable to:

The 14th Street Y
 MEMO: After School Program
 344 East 14th Street
 New York, NY 10003

If you are paying with a check, payments must follow credit card installment plan.

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

Full Year

\$ _____ **Deposit (\$350) Due at time of registration**
 \$ _____ **Payment Due September 1st** (remainder of primary deposit)
 \$ _____ **Payment Due November 1st**
 \$ _____ **Payment Due January 1st**
 \$ _____ **Payment Due March 1st**
 \$ _____ **Payment Due May 1st**

I _____ authorize the 14th Street Y to charge my credit card on the payment schedule listed above for After School, for _____ (child's name).

MasterCard Visa Credit Card Number: _____

Exp. Date: ____/____

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

Client Signature _____ Date _____

Contributions

We rely on your **tax deductible** contributions to enable children from economically disadvantaged families to attend After School. Any amount is greatly appreciated. **Donation Amount:** \$ _____