



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



TODDLER CAMP REGISTRATION FORM - Summer 2018

Date _____

Child: First Name _____ Last Name _____ Gender _____ DOB _____

Address _____
 (Street) (Apt. #) (City, State) (Zip)

Parent/Guardian #1: First Name _____ Last Name _____
 Phone # _____ Email _____

Parent/Guardian #2: First Name _____ Last Name _____
 Phone # _____ Email _____

Does your child have: Allergies: _____
 (please state all allergies including medications, foods, seasonal, etc)
 Prescription Epi-pen

Special Services Received: (OT/ PT/ SEIT/ Speech & Language) please explain: _____

<input checked="" type="checkbox"/> Indicate 1 st & 2 nd choices	Course Title	Semester Dates	Price Options	Price
	Mini Camp 9:00 am – 10:45 am	Tues/Wed/Thurs , 6/19 – 8/9 Section I	Member: \$1,550 Non-Member: \$1,625	
	Mini Camp 11:00 am – 12:45 pm	Tues/Wed/Thurs , 6/19 – 8/9 Section II	Member: \$1,550 Non-Member: \$1,625	
	Mini Camp - Afternoon 3:15 pm – 5:00 pm	Mon/Wed , 6/18 – 8/8 Section III	Member: \$1,050 Non-Member: \$1,100	
	On Our Way - Morning 9:30 am – 12:00 pm	Mon/Wed , 6/18 – 8/8 Section I	Member: \$1,600 Non-Member: \$1,750	
	On Our Way - Morning 9:30 am – 12:00 pm	Tues/Thurs , 6/19 – 8/9 Section II	Member: \$1,600 Non-Member: \$1,750	

Registration Subtotal: _____

Discount*: _____

Total Due: _____

Tax Deductible Contribution: _____

Payment Amount: _____

Balance: _____

*10% twin discount on 2nd child's fee

*5% sibling discount if older child is registered in another 14th Street Y Summer Camp. Please notify registrar if applicable.

Payment Options:

Cash Amount Received: _____ Check #: _____ (Made out to: 14th Street Y)

Credit Card: MC Visa _____/_____/_____/_____ Exp. Date: ____/____/____

Name on Card: _____ Cell: _____ Email: _____

Signature: _____ Date: _____

**Please submit registration form to Julia Massey, 4th fl, via hand delivery, mail, or email: JMassey@14StreetY.org
 If questions, please contact Dana Federbush, at: DFederbush@14StreetY.org or (646) 395-4336.**





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HOUSEHOLD NAME: _____

	DOB	Grade
Child's name		
Child's name		
Child's name		

Emergency Information

Name _____ Relationship _____ Telephone _____

CLASS REGISTRATION AND CANCELLATION POLICIES **UPDATED Dec 2011**

To register at the Member rate, your membership must be active for the duration of the class and you must present your membership card at the time of registration. Full payment must accompany registration for classes.

When space permits, you may register for a class after the start date. We will pro-rate the remaining classes and charge \$10 for administration fees. Subject to availability, you may transfer classes. There is a \$10 administrative fee for each transfer. **This policy does NOT apply to Aquatics classes, for which prorating does not apply and registration is closed after the second session.**

There are no refunds or credits issued for classes or workshops that meet fewer than three times per semester. **There are no refunds issued when withdrawing from a class. Eligibility for program credit is determined by the director of that program. To receive a 100% credit, written requests must be received at least one week prior to the first class. Class withdraw requests must be submitted in writing to the program director of the appropriate department. Credits are computed from the date written notice is received. Please allow six weeks to process any withdraw transaction. * All fees for the 14th Street Y Preschool, Two X Two Program, and Summer Camps are nonrefundable.** The 14th Street Y is not responsible for providing makeup classes or issuing credits or refunds for programs missed as a result of client illness, scheduling conflicts, emergencies, or other events beyond our control. All 14th Street Y programs are subject to change or cancellation. We reserve the right to combine classes. If the 14th Street Y cancels a program, refunds will be issued.

MEDICAL DISCLAIMER

I represent that I am in good health and that I have no condition, illness, or communicable disease that may make use of the facilities of the 14th Street Y of The Educational Alliance dangerous to me, or to other users of this facility. I promise to indemnify and hold the 14th Street Y harmless from all liability, loss, damage, costs, and expenses (including attorneys' fees and disbursements) that may incur due to my presence in or upon the 14th Street Y. I have consulted with my physician and have received approval for my intended use of the 14th Street Y's facilities and equipment.

ASSUMPTION OF RISK

I am aware that the use of the 14th Street Y's facilities poses certain risks of injury and I expressly assume the risk and responsibility for any accidents or injuries or any kind which I may sustain by reason of my physical exercise and use of the 14th Street Y's facilities. I hereby release, discharge, and absolve the 14th Street Y, its agents, officers, and employees from any and all liability, loss, cost, an expenses (including attorneys' fees) incurred by me as a result of any such accident and / or injury even if it is caused by or results from the negligence of the 14th Street Y, its agents, officers, and employees.

IMAGE USE

I understand that by participating in programs, classes, and/or by using the facilities of the 14th Street Y, I give permission to the 14th Street Y to use my photograph or other likeness, or a photograph or other likeness of any of my children, in 14th Street Y's publicity and/or campaign materials. If I wish to opt out, I will contact the Program Director in writing.

I/We fully understand the conditions of participation as outlined above. I/We understand that participation in the 14th Street Y programs shall be subject to the by-laws, operations, and code of conduct of the 14th Street Y and agree to abide by them. I have read and understand the class registration and cancellation policies.

Signature _____ Date _____

Office Use Only - Registration taken by: _____ Date Entered: _____ Entered by: _____

