East End Kids Academy
177 Weeks Ave., Manorville, NY 11949
Telephone # 631-924-2100 Fax # 631-924-5627
E-Mail Address: cwillets@eastendkidsacademy.com

Agreement Contract

Nursery School / Pre School Fall 2026-2027

I, _____, the parent and/or guardian, understand that my signature below states that I have read and fully agree to all the following terms and conditions.

Registration Fee

Non-Refundable and Non Transferrable. (Parent's Initial)

Due at the time of registering.

Deposit

Two-Week deposit due by Friday, May 1st 2026. (Parent's Initial)

**Enrolling after May 1st, deposit is due upon enrolling.

Deposit will be applied to the last two weeks at the center.

Failure to give two-week notice will forfeit the deposit.

Payment Schedule

Payments are to be made Weekly, Bi-weekly, or Monthly. (Parent's Initial)

**Weekly payments are due the first scheduled day of the week.

**Bi-Weekly payments are due the first scheduled day of the first of 2 weeks.

**Monthly Payment due the first Monday of the month.

If your child's account becomes two weeks past due, your child is not permitted to return until payment is received and an eight percent (8%) interest fee will be applied.

Returned unpaid checks will be charged $20.00 bank fee.

Credit/Debit card payments will be charged an additional processing fee.

Sick, Inclement Weather, Holidays, and/or Vacation Days

The weekly contracted amount is due for any kind of absence. (Parent's Initial)

This includes all holidays, extreme weather closings, sick days and/or vacation days.

There will be no make-up days, refunds, and/or credits.

A phone call is appreciated if your child will not be in attendance on their scheduled day.

Late Pick-Up

Children picked up later then their scheduled time, will be charged $9.00/hour. (Parent's Initial)

Children picked up after 6:30pm, will be charged $1.00 per every minute after 6:30pm.

I, the parent/guardian of _____ agrees to pay $_____/weekly for the days and hours selected on the reverse side of this agreement.

Parent/Guardian Signature: **Date:**

EEKA Signature: **Date:**

Pre-School Fall 2026-2027 Schedule

Child's Name **Teacher **:** ******

**** When Requesting a Teacher please Initial & Date here:**

Days (Circle 2 or more)	Before Care Drop off Time (6:30am)	(hrs)	Pre-School Hours *	After Care Pick Up Time (6:30pm)	(hrs)	Total Due Per Day Office Use Only
Monday			9:15am - 2:15pm			$
Tuesday			9:15am - 2:15pm			$
Wednesday			9:15am - 2:15pm			$
Thursday			9:15am - 2:15pm			$
Friday			9:15am - 2:15pm			$

Total Hours	x $9.00			x $9.00
Total Due	$	$ *		$

Registration Fee

$100.00

*** Rates**

2 Days - $136.50/Weekly

3 Days - $172.50/Weekly

4 Days - $193.25/Weekly

5 Days - $234.00/Weekly

Before/After Care Rate

$9.00/per hour

*Calculated by the half hour

Agrees To Pay : $ +$ +$ = $

(Before Care Total) + (Pre School Total) + (After Care Total) = Weekly Total

Parent/Gurdian Signature **EEKA Signature/Date**

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** OFFICE USE **
Childwatch
New Sibling Update
Teacher -

Fall 2026-2027 Application

Nursery School / Pre School

Child's Name: _____

Date of Birth: _____

Gender: Male Female

Parents: Single Divorced Married Separated

Other: _____

Primary E-Mail Address: _____

Guardian # 1	**Office Use - Pin #**	**Guardian # 2**	**Office Use - Pin #**
Name (First, Last Name)		**Name (First, Last Name)**	
Relationship to Child		**Relationship to Child**	
Address		**Address**	
City		**City**	
State/Zip Code		**State/Zip Code**	
Cell Phone #		**Cell Phone #**	
Work Phone #		**Work Phone #**	
Home Phone #		**Home Phone #**	

Updating all contact information is the sole responsibility of the parent/guardian.

OFFICE USE	**OFFICE USE**	**OFFICE USE**	**OFFICE USE**
Registration Fee:			
2 Week Deposit:			

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Fall 2026-2027 Authorization Form

September 2026 through June 2027

I, _____, the parent and/or guardian of:

Child (A) _____ Child (C) _____

Child (B) _____ Child (D) _____

authorize the following people, other than the guardians listed on the reverse side of this appplication, permission to sign the children listed above in and/or out of East End Kids Academy.

1	Authorized Person (First Last Name)	Relationship to Child	Cell Phone Number	**Office Use**PIN #
	* Address on ID:			
2	Authorized Person (First Last Name)	Relationship to Child	Cell Phone Number	**Office Use**PIN #
	* Address on ID:			
3	Authorized Person (First Last Name)	Relationship to Child	Cell Phone Number	**Office Use**PIN #
	* Address on ID:			
4	Authorized Person (First Last Name)	Relationship to Child	Cell Phone Number	**Office Use**PIN #
	* Address on ID:			
5	Authorized Person (First Last Name)	Relationship to Child	Cell Phone Number	**Office Use**PIN #
	* Address on ID:			
6	Authorized Person (First Last Name)	Relationship to Child	Cell Phone Number	**Office Use**PIN #
	* Address on ID:			

I understand that my signature on this form allows East End Kids Academy to release my child to the person(s) authorized above. Changes to this authorization form are the sole responsibility of the parent/guardian that has signed this form.

No child will be released to anyone without proper notification AND photo Identification.

**Additional Notes as per Parent/Guardian:

_____

_____

_____

Parent/Guardian Signature: _____ Date: _____