



East End Kids Academy
177 Weeks Ave, Manorville, NY 11949
Telephone # 631-924-2100 / Fax # 631-924-5627

AGREEMENT CONTRACT

Jr. Kid / Big Kid / Sr. Kid / SUPER Sr. Kid Summer Camp 2024

I _____, have read and fully agree to all terms and conditions mentioned below.

*** Registration Fee**

- Non-refundable and/or Non-transferable
- Due at the time of registering

*** Payment Schedule**

-All camp tuitions are **DUE IN FULL** by Friday, May 31st, 2024

(Parent's Initials)

-All Camp tuitions submitted **on or after** Friday, May 31st, are to be **PAID IN FULL** at the time of registration.

(Parent's Initials)

-Additional weeks and/or days can be added **only if available**.

-Additional weeks and/or days must be **PAID** for in **FULL** at the time of requesting.

-A \$20.00 fee will be applied for all returned checks.

-All Credit/Debit card payments will be charged a 3% processing fee

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

-Parents/Guardians are obligated to pay for the weeks and days they choose at the time of registration. This includes paying for sick days and/or any day(s) of absence.

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

There will be no switching of days after Monday, May 20, 2024

(Parent's Initials)

- A phone call is appreciated if your child will not be attending on their scheduled days.

*** Late Pick - Ups**

-Late fees will automatically be applied when picking up a child past the contracted time.

-\$1.00 per every minute after 6:00 pm is payable upon pick up

(Parent's Initials)

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

Parent's Signature: _____ Date: _____

East End Kids Academy Signature: _____ Date: _____

Big Kid Camp Summer Camp 2024 Schedule

Camper's Name: _____

Grade Entering in Sept. 2024: _____

Week #	Dates	Days (Minimum 2 days a week)	Before Care (7:00 am)	Camp Hours	After Care (6:00pm)	Office Use Only	
						Camp	B/A Care
1	June 27-June 28	TH F		9:00am-3:00pm			
2	July 1 - July 5	M T W F		9:00am-3:00pm			
3	July 8-July 12	M T W TH F		9:00am-3:00pm			
4	July 15-July 19	M T W TH F		9:00am-3:00pm			
5	July 22-July 26	M T W TH F		9:00am-3:00pm			
6	July 29-Aug. 2	M T W TH F		9:00am-3:00pm			
7	Aug. 5-Aug. 9	M T W TH F		9:00am-3:00pm			
8	Aug. 12-Aug. 16	M T W TH F		9:00am-3:00pm			
9	Aug. 19-Aug. 23	M T W TH F		9:00am-3:00pm			
Camp Rates 9:00am-3:00pm			Before/After Care Rates		Camp Total		
2 Days - \$183.75/week			\$8.00 per hour *		B/A Care Total		
3 Days - \$257.25/week			* Calculated by the half hour		Registration Fee + \$ 100.00		
4 Days - \$312.50/week							
5 Days - \$340.00/week					Total Due		

ALL CAMP PAYMENTS ARE TO BE PAID IN FULL BY FRIDAY, May 31, 2024 **

**ON or AFTER May 31, 2024, All Camp totals are to be PAID IN FULL at the time of Registering.

No switching, changing, and/or deleting of days after Monday, May 20, 2024

Parents Initial/Date _____

EEKA Initials /Date _____



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 Telephone # 631-924-2100 Fax # 631-924-5627
 E-Mail Address: cwillets@eastendkidsacademy.com

** OFFICE USE **
Childwatch
New Sibling Update
Camp:

Camp 2024 Application

Child's Name: _____

Date of Birth: _____

Gender: Male Female

Parents: Single Divorced Married Separated

Other: _____

Grade Entering Sept. 2024

School District

Primary E-Mail Address: _____

Guardian # 1	Guardian # 2
Office Use - Pin #	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**
Registration Fee:	Registration Date:



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Camp 2024 Authorization Form

June 27, 2024 through August 23, 2024

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 application, permission to sign the children listed above in and/or out of East End Kids Academy.

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

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: _____