



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

AGREEMENT CONTRACT
Pre-School Summer Camp 2026

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 payments are to be made weekly, bi-weekly, or monthly.
- Weekly payments are due by the first day of attendance of the week.
- Monthly payments are due on the first day of attendance of the month.
- A \$10.00 late fee will be charged for payments not received by the first day of attendance of the week/month.
- Additional weeks and/or days can be added **only if available**. Additional weeks and/or days must be paid 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 **processing fee**

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

- Parents/Guardians are obligated to pay for the 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.
- A phone call is appreciated if your child will not be attending on their scheduled days.

There will be no switching of days after Wednesday, June 10th, 2026

 (Parent's Initials)

* **Late Pick-Ups**

- Late fees will automatically be applied when a child is picked up past the contracted time.
- \$1.00 per minute after 6:00pm 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: _____

Pre School Summer Camp 2026 Schedule

Camper's Name:

Grade Entering in Sept. 2026:

Week #	Dates	Days (Minimum 2 days a week)	Before Care (7:00 am)	Camp Hours	After Care (6:00 pm)	Office Use Only	
						Camp	B/A Care
1	June 29 - July 3	M T W TH		8:45am-12:45pm			
2	July 6 - July 10	M T W TH F		8:45am-12:45pm			
3	July 13 - July 17	M T W TH F		8:45am-12:45pm			
4	July 20 - July 24	M T W TH F		8:45am-12:45pm			
5	July 27 - July 31	M T W TH F		8:45am-12:45pm			
6	Aug. 3 - Aug. 7	M T W TH F		8:45am-12:45pm			
7	Aug. 10 - Aug. 14	M T W TH F		8:45am-12:45pm			
8	Aug. 17 - Aug. 21	M T W TH F		8:45am-12:45pm			

Camp Rates 8:45am-12:45pm

- 2 Days - \$112.25/week
- 3 Days - \$136.50/week
- 4 Days - \$159.75/week
- 5 Days - \$184.00/week

Before/After Care Rates

\$8.50 per hour *

* Calculated by the half hour

Camp Total

B/A Care Total

Registration Fee

Total Due

+ \$ 50.00

No switching, changing, and/or deleting of days after Wednesday, June 10, 2026

Parents Initial/Date

EEKA Initials /Date



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** OFFICE USE **
Number
Childwatch
Camp:

Camp 2026 Application

Child's Name: _____

Date of Birth: _____

Gender: Male Female

Parents: Single Divorced Married Separated

Other: _____

<u>Grade Entering Sept. 2026</u>
<u>School District</u>

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 2026 Authorization Form

June 29, 2026 through August 21, 2026

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: _____