



East End Kids Academy  
177 Weeks Avenue, Manorville, New York 11949  
Phone # (631) 924 - 2100 / Fax # (631) 924 - 5627

## AGREEMENT CONTRACT

### **Before/After School Care Fall 2021-2022**

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

**\* Registration Fee**

- Non-Refundable and/or Non-Transferrable
- Due at the time of registering

**\* Deposit**

- Two-week deposit due the first day of attendance
- Deposit is used to pay for the last two weeks of attendance at the center.
- Failure to give two-week notice will forfeit your deposit

**\* Payment Schedule**

- Payments are to be made weekly or monthly.
- Weekly payments due the first scheduled day of the week.
- Monthly payments due the first scheduled day of the month
- A \$10.00 late fee for weekly payments not received by Wednesday and for monthly payments not received by the first day attendance of the month
- If your child's account becomes two weeks past due, your child is not permitted to return until payment is received at which an eight percent (8%) interest fee will be charged to your balance monthly.
- A \$20.00 fee will be applied for all returned checks

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

- Parents/Guardians are obligated to pay their weekly contracted amount, **for any kind of absence**. This includes all Holidays, Recess, Extreme weather, sick days and/or vacation days. **There will be no make-up days, refunds and/or credits.**
- If the school district calls a 2-hour delay and East End Kids Academy is open for normal hours and your child attends East End Kids you will be **responsible to pay your weekly tuition and the 2 additional hours.**
- A phone call is appreciated if your child will not be in attendance on their scheduled days.

**\* Late Pick - Ups**

- Late fees will automatically be applied when picking up a child past the contracted time.
- \$1 Fee for every minute after 6:30 pm is payable upon pick up

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

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

East End Kids Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Fall 2021-2022 Before/After School Care Schedule

Child's Name \_\_\_\_\_ Start Date: \_\_\_\_\_

Days (Circle 2 or More)	<u>Before Care</u> Drop Off Time	(hrs)	School Hrs	<u>After Care</u> Pick Up Time	(hrs)	Total Hours Per Day	
Monday			*				
Tuesday			*				
Wednesday			*				
Thursday			*				
Friday			*				
Total Hours		x \$8.00		Total Hours		x \$8.00	
Total Due for Before Care				Total Due for After Care			
						Total Wkly Hours	

Before/After Care Rate

**\$8.00 per hour\***

*\*Calculated by the Half Hour*

Registration Fee

**\$50.00**

Agrees To Pay : \$                      \$                      \$                      **Amount Due Weekly**

Before Care Total + After Care Total = Total Weekly Due

What School Does Your Child Attend? (Circle one)	Grade: _____	Parent/Guardian Initials _____
Dayton Ave.          South St. Elem.          Eastport Elem.          Tuttle Ave.		EEKA Initials _____



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Office Use

Childwatch ☐

New Sibling Update

School

## Before/After School Care Fall 2021-22 Application (Ages 5-12 Year Olds)

Child's Name \_\_\_\_\_

D.O.B:      /      /

School (Circle)

Dayton Avenue

Gender:    Male      Female

South Street Elem

Parents:    Single      Divorced

Eastport Elem.

Married      Separated

Tuttle Avenue

Other \_\_\_\_\_

Grade \_\_\_\_\_

Guardian #1

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State/Zip \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_

Home Phone # \_\_\_\_\_

Guardian #2

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State/Zip \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_

Home Phone # \_\_\_\_\_

Primary E-Mail : \_\_\_\_\_

**\*\* (Please PRINT) \*\***

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

Please understand the importance of updating your contact numbers in the case of an emergency.

**\*\* OFFICE USE \*\***

**\*\* OFFICE USE \*\***

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Registration Fee \_\_\_\_\_

2 Week Deposit \_\_\_\_\_

Registration Date: \_\_\_\_\_





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**Authorization Form**  
**Fall 2021-2022**  
September 2021 thru June 2022

I, \_\_\_\_\_, the parent and/or guardian of:

Child (a) \_\_\_\_\_ Child (b) \_\_\_\_\_

Child (c) \_\_\_\_\_ Child (d) \_\_\_\_\_

authorize the following people, other than the guardians listed on the reverse side of this application, 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  
\_\_\_\_\_

\* Address on ID: \_\_\_\_\_

2 Authorized Person (First Last Name) Relationship to Child Cell Phone Number  
\_\_\_\_\_

\* Address on ID: \_\_\_\_\_

3 Authorized Person (First Last Name) Relationship to Child Cell Phone Number  
\_\_\_\_\_

\* Address on ID: \_\_\_\_\_

4 Authorized Person (First Last Name) Relationship to Child Cell Phone Number  
\_\_\_\_\_

\* Address on ID: \_\_\_\_\_

5 Authorized Person (First Last Name) Relationship to Child Cell Phone Number  
\_\_\_\_\_

\* Address on ID: \_\_\_\_\_

6 Authorized Person (First Last Name) Relationship to Child Cell Phone Number  
\_\_\_\_\_

\* 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. No child will be released to anyone without proper notification and photo identification.

**\*\*Additional Notes as per Parent/Guardian:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date