



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 – SUPER Sr Kid Camp 2025
 (6th Graders and 7th Graders)

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 **Tuesday, June 10th, 2025**

 (Parent's Initials)

-Camp tuition submitted **on or after** **Tuesday, June 10th**, is 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 Tuesday, June 10th, 2025

 (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 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:** _____

Sr.Kid / SUPER Sr.Kid Summer Camp 2025 Schedule

Camper's Name:

Grade Entering in Sept. 2025:

<u>Week #</u>	<u>Dates</u>	<u>Days</u> (Minimum 2 days a week)	<u>Before Care</u> (7:00 am)	<u>Camp Hours</u>	<u>After Care</u> (6:00 pm)	<u>Office Use Only</u>	
						Camp	B/A Care
1	June 30 - July 4	M T W TH		9:00am-4:00pm			
2	July 7 - July 11	M T W TH F		9:00am-4:00pm			
3	July 14 - July 18	M T W TH F		9:00am-4:00pm			
4	July 21 - July 25	M T W TH F		9:00am-4:00pm			
5	July 28 - Aug. 1	M T W TH F		9:00am-4:00pm			
6	Aug. 4 - Aug. 8	M T W TH F		9:00am-4:00pm			
7	Aug. 11 - Aug. 15	M T W TH F		9:00am-4:00pm			
8	Aug. 18 - Aug. 22	M T W TH F		9:00am-4:00pm			

Camp Rates 9:00am-4:00pm

Before/After Care Rates

Camp Total

2 Days - \$224.50/week

\$8.50 per hour *

B/A Care Total

3 Days - \$314.00/week

* **Calculated by the half hour**

Registration Fee

4 Days - \$382.25/week

5 Days - \$416.50/week

Total Due

+ \$ 100.00

ALL CAMP PAYMENTS ARE TO BE PAID IN FULL BY TUESDAY, June 10, 2025 **

**ON or AFTER June 10, 2025, All Camp totals are to be PAID IN FULL at the time of Registering.

No switching, changing, and/or deleting of days after Tuesday, June 10, 2025

Parents Initial/Date

EEKA Initials /Date



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

Camp 2025 Application

Child's Name: _____

<u>Grade Entering Sept. 2025</u>

Date of Birth: _____

Gender: Male Female

Parents: Single Divorced Married Separated

Other: _____

<u>School District</u>

Primary E-Mail Address: _____

<u>Guardian # 1</u>	Office Use - Pin #	<u>Guardian # 2</u>	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:		Registration Date:	



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Camp 2025 Authorization Form

June 30, 2025 through August 22, 2025

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