



East End Kids Academy  
 177 Weeks Avenue, Manorville, New York 11949  
 Phone # (631) 924 - 2100 / Fax # (631) 924 - 5627  
 E-Mail: cwillets@eastendkidsacademy.com

AGREEMENT CONTRACT

Older Toddlers / Nursery School / Pre-School Fall 2023-2024

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**

\_\_\_\_\_ (Parent's Initial)  
 -Non-Refundable and Non-Transferrable  
 -Due at the time of registering

**\*Deposit**

\_\_\_\_\_ (Parent's Initial)  
 -Two-week deposit due by May 5<sup>th</sup> 2023\*  
 \*Enrolling after May 5, 2023, 2-week deposit is due upon enrolling.  
 -Deposit will be applied the last two weeks at the center.  
 -Failure to give two-week notice will forfeit your deposit.

**\*Payment Schedule**

\_\_\_\_\_ (Parent's Initial)  
 -Payments are to be made Weekly, Bi-Weekly or Monthly  
 -Weekly payments are due the first scheduled day of the week.  
 -Bi-Weekly payments due the first scheduled day of the first week  
 -Monthly payments due the first Monday of the month  
 -A \$10.00 Late fee for weekly payments not received by Wednesday and monthly payments not received by the first day attendance of the month.  
 -If you 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.  
 -A 3% service fee will be charged to all credit card payments, debit and/or credit.

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

\_\_\_\_\_ (Parent's Initial)  
 -Parents/Guardians are obligated to pay their weekly contracted amount, for any kind of absence. This includes all Holidays, extreme weather, 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 days.

**\*Late Pick – Ups**

\_\_\_\_\_ (Parent's Initial)  
 -Late fees will automatically be applied when picking up a child past the contracted time.  
 -\$1.00 Fee for every minute after 6:30 pm is payable upon pick up.

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

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

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

# Older Toddlers Fall 2023-2024 Schedule

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

**Teacher** \_\_\_\_\_

<u>Days</u>	<u>Before Care</u>		<u>Older Toddlers</u>	<u>After Care</u>		<u>Total Due</u>
	<u>Drop off Time</u>		<u>Hours *</u>	<u>Pick Up Time</u>		<u>Per Day</u>
(Circle 2 or more)	8:00 AM	(hrs)		4:00 PM	(hrs)	Office Use Only
Monday			9:00 - 12:00			\$
Tuesday			9:00 - 12:00			\$
Wednesday			9:00 - 12:00			\$
Thursday			9:00 - 12:00			\$
Friday			9:00 - 12:00			\$

<b>Total Hours</b>	x \$15.00	x \$15.00
<b>Total Due</b>	\$ _____ *	\$ _____

**Registration Fee**

\$100.00

**\* Rates**

- 2 Days - \$90.00 /Weekly
- 3 Days - \$135.00/Weekly
- 4 Days - \$180.00/Weekly
- 5 Days - \$225.00/Weekly

**Before/After Care Rate**

\$15.00/per hour  
\*Calculated by the half hour

**Agrees To Pay : \$ \_\_\_\_\_ + \$ \_\_\_\_\_ + \$ \_\_\_\_\_ = \$ \_\_\_\_\_**

(Before Care Total) + (Nursery 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 2023-24 Application

(Older Toddlers, Nursery, and Pre School Programs)

<u>Child's Name</u> _____	<u>Attending Kindergarten</u>
<u>Date Of Birth:</u> /        / _____	<input type="radio"/> September. 2024* Pre-School Program-4 yr. olds
<u>Gender:</u> Male        Female	<input type="radio"/> September. 2025* Nursery School Program 3 yr. olds
<u>Parents:</u> Single        Divorced	<input type="radio"/> September. 2026* Older Tddlers(Dec 20 Jan 21 Feb 21)
Married        Separated        Other _____	

<u>Guardian #1</u>	<b>** OFFICE USE **</b> <b>PIN #</b>
Name	
Relationship	
Address	
City	
State/Zip	
Cell Phone #	
Work Phone #	
Home Phone #	

<u>Guardian #2</u>	<b>** OFFICE USE **</b> <b>PIN #</b>
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.

<b>** OFFICE USE **</b>	<b>** OFFICE USE **</b>	<b>** OFFICE USE **</b>	<b>** OFFICE USE **</b>
Registration Fee _____			
2 Week Deposit _____		Registration Date: _____	



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## Fall 2023-24 Authorization Form

September 2023 thru June 2024

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

**Child (a)**

**Child (c)**

**Child (b)**

**Child (d)**

authorize the following people, other than the the guardians listed on the reverse side of this application, the 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 #	**Office Use**PIN #
<b>*Address on Photo ID:</b>				
2	Authorized Person (First Last Name)	Relationship to CHILD	Cell Phone #	**Office Use**PIN #
<b>*Address on Photo ID:</b>				
3	Authorized Person (First Last Name)	Relationship to CHILD	Cell Phone #	**Office Use**PIN #
<b>*Address on Photo ID:</b>				
4	Authorized Person (First Last Name)	Relationship to CHILD	Cell Phone #	**Office Use**PIN #
<b>*Address on Photo ID:</b>				
5	Authorized Person (First Last Name)	Relationship to CHILD	Cell Phone #	**Office Use**PIN #
<b>*Address on Photo ID:</b>				
6	Authorized Person (First Last Name)	Relationship to CHILD	Cell Phone #	**Office Use**PIN #
<b>*Address on Photo ID:</b>				

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:**