



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

**AGREEMENT CONTRACT – Jr Kid Camp 2026**  
**(Kindergartners and 1<sup>st</sup> 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 Wednesday, June 10<sup>th</sup>, 2026

\_\_\_\_\_  
 (Parent's Initials)

-Camp tuition submitted **on or after** Wednesday, June 10<sup>th</sup>, 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 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 Wednesday, June 10<sup>th</sup>, 2026**

\_\_\_\_\_  
 (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: \_\_\_\_\_

# Jr.Kid 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)	<u>Office Use Only</u>	
						Camp	B/A Care
1	June 29 - July 3	M T W TH		9:15am-2:15pm			
2	July 6 - July 10	M T W TH F		9:15am-2:15pm			
3	July 13 - July 17	M T W TH F		9:15am-2:15pm			
4	July 20 - July 24	M T W TH F		9:15am-2:15pm			
5	July 27 - July 31	M T W TH F		9:15am-2:15pm			
6	Aug. 3 - Aug. 7	M T W TH F		9:15am-2:15pm			
7	Aug. 10 - Aug. 14	M T W TH F		9:15am-2:15pm			
8	Aug. 17 - Aug. 21	M T W TH F		9:15am-2:15pm			

**Camp Rates 9:15am-2:15pm**

- 2 Days - \$167.75/week
- 3 Days - \$235.75/week
- 4 Days - \$286.75/week
- 5 Days - \$312.00/week

**Before/After Care Rates**

\$8.50 per hour \*

\* Calculated by the half hour

**Camp Total**

**B/A Care Total**

**Registration Fee**

**Total Due**

+	\$ 100.00

ALL CAMP PAYMENTS ARE TO BE PAID IN FULL BY WEDNESDAY, JUNE 10, 2026 \*\*

\*\*ON or AFTER June 10, 2026, All Camp totals are to be PAID IN FULL at the time of Registering.

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

**Parents Initial/Date**

**EEKA Initials /Date**



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<b>** OFFICE USE **</b>
Number
Childwatch
Camp:

## Camp 2026 Application

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

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

Date of Birth: \_\_\_\_\_

Gender:    Male        Female

Parents:    Single    Divorced    Married    Separated

Other: \_\_\_\_\_

<u>School District</u>

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

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"><b>Guardian # 1</b></td> <td style="width: 30%; text-align: center; color: red;"><b>Office Use - Pin #</b></td> </tr> <tr> <td colspan="2">Name (First, Last Name)</td> </tr> <tr> <td colspan="2">Relationship to Child</td> </tr> <tr> <td colspan="2">Address</td> </tr> <tr> <td colspan="2">City</td> </tr> <tr> <td colspan="2">State/Zip Code</td> </tr> <tr> <td colspan="2">Cell Phone #</td> </tr> <tr> <td colspan="2">Work Phone #</td> </tr> <tr> <td colspan="2">Home Phone #</td> </tr> </table>	<b>Guardian # 1</b>	<b>Office Use - Pin #</b>	Name (First, Last Name)		Relationship to Child		Address		City		State/Zip Code		Cell Phone #		Work Phone #		Home Phone #		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"><b>Guardian # 2</b></td> <td style="width: 30%; text-align: center; color: red;"><b>Office Use - Pin #</b></td> </tr> <tr> <td colspan="2">Name (First, Last Name)</td> </tr> <tr> <td colspan="2">Relationship to Child</td> </tr> <tr> <td colspan="2">Address</td> </tr> <tr> <td colspan="2">City</td> </tr> <tr> <td colspan="2">State/Zip Code</td> </tr> <tr> <td colspan="2">Cell Phone #</td> </tr> <tr> <td colspan="2">Work Phone #</td> </tr> <tr> <td colspan="2">Home Phone #</td> </tr> </table>	<b>Guardian # 2</b>	<b>Office Use - Pin #</b>	Name (First, Last Name)		Relationship to Child		Address		City		State/Zip Code		Cell Phone #		Work Phone #		Home Phone #	
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**Updating all contact information is the sole responsibility of the parent/guardian.**

<b>**OFFICE USE**</b>	<b>**OFFICE USE**</b>
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.

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

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Parent/Guardian Signature: \_\_\_\_\_

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