



East End Kids Academy

177 Weeks Ave., Manorville, NY 11949

Telephone # 631-924-2100 Fax # 631-924-5627

E-Mail Address: cwillets@eastendkidsacademy.com

Agreement Contract

Nursery School / Pre School Fall 2024-25

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

Non-Refundable and Non Transferrable.

(Parent's Initial)

Due at the time of registering.

Deposit

Two-Week deposit due by Wednesday, May 1st 2024.

(Parent's Initial)

**Enrolling after May 1st, deposit is due upon enrolling.

Deposit will be applied to the last two weeks at the center.

Failure to give two-week notice will forfeit the deposit.

Payment Schedule

Payments are to be made Weekly, Bi-weekly, or Monthly.

(Parent's Initial)

**Weekly payments are due the first scheduled day of the week.

**Bi-Weekly payments are due the first scheduled day of the first of 2 weeks.

**Monthly Payment due the first Monday of the month.

If your child's account becomes two weeks past due, your child is not permitted to return until payment is received and an eight percent (8%) interest fee will be applied.

Returned unpaid checks will be charged \$20.00 bank fee.

All Credit/Debit card payments will be charged a three percent (3%) processing fee.

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

The weekly contracted amount is due for any kind of absence.

(Parent's Initial)

This includes all holidays, extreme weather closings, 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 day.

Late Pick-Up

Children picked up later than their scheduled time, will be charged \$8.50/hour.

(Parent's Initial)

Children picked up after 6:30pm, will be charged \$1.00 per every minute after 6:30pm.

I, the parent/guardian of _____ agrees to pay \$_____ /weekly

for the days and hours selected on the reverse side of this agreement.

Parent/Guardian Signature: _____

Date: _____

EEKA Signature: _____

Pre-School Fall 2024-2025 Schedule

Child's Name _____

Teacher **: _____

**

** When Requesting a Teacher please Initial & Date here: _____

Days <small>(Circle 2 or more)</small>	Before Care		Pre-School Hours *	After Care		Total Due Per Day Office Use Only
	Drop off Time <small>(6:30am)</small>	<small>(hrs)</small>		Pick Up Time <small>(6:30pm)</small>	<small>(hrs)</small>	
Monday			9:15am - 2:15pm			\$
Tuesday			9:15am - 2:15pm			\$
Wednesday			9:15am - 2:15pm			\$
Thursday			9:15am - 2:15pm			\$
Friday			9:15am - 2:15pm			\$

Total Hours	<input type="text"/>	x \$8.50	<input type="text"/>	x \$8.50
Total Due	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Registration Fee
\$100.00

* Rates

- 2 Days - \$124.00/Weekly
- 3 Days - \$156.50/Weekly
- 4 Days - \$175.25/Weekly
- 5 Days - \$212.25/Weekly

Before/After Care Rate

\$8.50/per hour
*Calculated by the half hour

Agrees To Pay : \$ _____ + \$ _____ + \$ _____ = \$ _____
 (Before Care Total) + (Pre 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 2024-2025 Application

Nursery School / Pre School

Child's Name:

Date of Birth:

Gender: Male Female

Parents: Single Divorced Married Separated

Other:

Primary E-Mail Address:

Guardian # 1	Office Use - Pin #	Guardian # 2	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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Fall 2024-2025 Authorization Form

September 2024 through June 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) _____ <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: _____