



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

### Before/After School Care - Fall 2024-2025

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 Friday, August 30th, 2024.

(Parent's Initial)

\*\*Enrolling after August 30th, deposit is due upon enrolling.

Deposit will be applied to the last two weeks of attendance 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, Delays, Early Dismissal, Holidays, and/or Vacation Days

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

(Parent's Initial)

This includes all holidays, Recess, extreme weather closings, sick days and/or vacation days.

There will be no make-up days, refunds, and/or credits.

If the ESM School District calls a 2-hour delay, 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 2 additional hours.

Early Dismissal days you are responsible to pay for any extra hours accrued in addition to your contracted amount.

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 \$9.00/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:**

# Before/After School Care - Fall 2024-2025 Schedule

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

Start Date \_\_\_\_\_

<u>Days</u> (Circle 2 or more)	<u>Before</u> Drop off Time	<u>Care</u> (hrs)	<u>School Hours</u>	<u>After</u> Pick Up Time	<u>Care</u> (hrs)
Monday			*		
Tuesday			*		
Wednesday			*		
Thursday			*		
Friday			*		

Total Hours          x \$9.00

Total Due for Before Care \$         

Total Hours          x \$9.00

Total Due for After Care \$         

Registration Fee  
\$50.00

Before/After Care Rate  
\$9.00/per hour

\*Calculated by the half hour

Agrees To Pay : \$ \_\_\_\_\_ . + \$ \_\_\_\_\_ \$ \_\_\_\_\_ Amount Due Weekly  
Before Care Total plus After Care Total Total Weekly Tuition

## Attending School - Please Circle and include Grade

<u>Dayton Ave. Elem.</u>	<u>South St Elem.</u>	<u>Eastport Elem.</u>	<u>Tuttle Ave. Elem.</u>
Grade: _____	Grade: _____	Grade: _____	Grade: _____

Parent/Guardian  
Initials: \_\_\_\_\_

EEKA Initials: \_\_\_\_\_



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<b>** OFFICE USE **</b>	
Childwatch	
New Sibling Update	
School/Grade	

## Fall 2024-2025 Application

### Before/After School Care Program

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

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

Gender:    Male            Female  
 \_\_\_\_\_

Parents:    Single          Divorced          Married          Separated

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

<u>School</u>	<u>Grade</u>
Dayton Ave	_____
South St. Elem.	_____
Eatport Elem.	_____
Tuttle Ave.	_____

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

<b>Guardian # 1</b>	<b>Office Use - Pin #</b>
<b>Guardian # 2</b>	<b>Office Use - Pin #</b>
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.**

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

<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: \_\_\_\_\_