

Pre School Summer Camp 2024 Schedule

Camper's Name: _____

Grade Entering in Sept. 2024: _____

Week #	Dates	Days (Minimum 2 days a week)	Before Care (7:00 am)	Camp Hours	After Care (6:00 pm)	Office Use Only	
						Camp	B/A Care
1	June 27-June 28	TH F		8:45am-12:45pm			
2	July 1 - July 5	M T W F		8:45am-12:45pm			
3	July 8-July 12	M T W TH F		8:45am-12:45pm			
4	July 15-July 19	M T W TH F		8:45am-12:45pm			
5	July 22-July 26	M T W TH F		8:45am-12:45pm			
6	July 29-Aug. 2	M T W TH F		8:45am-12:45pm			
7	Aug. 5-Aug. 9	M T W TH F		8:45am-12:45pm			
8	Aug. 12-Aug. 16	M T W TH F		8:45am-12:45pm			
9	Aug. 19-Aug. 23	M T W TH F		8:45am-12:45pm			
Camp Rates 8:45am-12:45pm						Camp Total	
2 Days - \$102.00/week						B/A Care Total	
3 Days - \$124.00/week						Registration Fee	+ \$ 50.00
4 Days - \$145.00/week						Total Due	
5 Days - \$167.00/week							

Before/After Care Rates

\$8.00 per hour *

* Calculated by the half hour

No switching, changing, and/or deleting of days after Monday, May 20, 2024

Parents Initial/Date _____

EEKA Initials /Date _____



East End Kids Academy
177 Weeks Ave, Manorville, NY 11949
Telephone # 631-924-2100 / Fax # 631-924-5627

AGREEMENT CONTRACT
Pre-School Summer Camp 2024

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 payments are to be made weekly, bi-weekly, or monthly.
- Weekly payments are due by the first day of attendance of the week.
- Monthly payments are due the first day of attendance of the month.
- A \$10.00 late fee will be charged for payments not received by the first day of attendance of the week/month.
- Additional weeks and/or days can be added **only if available**. Additional weeks and/or days must be paid 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 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.
- A phone call is appreciated if your child will not be attending on their scheduled days.

There will be no switching of days after Monday, May 20, 2024

(Parent's Initials)

*** Late Pick-Ups**

- Late fees will automatically be applied when picking up a child past their contracted time.
- \$1.00 per every minute after 6:00pm 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: _____



East End Kids Academy
 177 Weeks Ave., Manorville, NY 11949
 Telephone # 631-924-2100 Fax # 631-924-5627
 E-Mail Address: cwillets@eastendkidsacademy.com

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

Camp 2024 Application

Child's Name: _____

<u>Grade Entering Sept. 2024</u>

Date of Birth: _____

Gender: Male Female

Parents: Single Divorced Married Separated

Other: _____

<u>School District</u>

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:	



East End Kids Academy
 177 Weeks Ave., Manorville, NY 11949
 Telephone # 631-924-2100 Fax # 631-924-5627
 E-Mail Address: cwillets@eastendkidsacademy.com

Camp 2024 Authorization Form

June 27, 2024 through August 23, 2024

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: _____