



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

Fall 2025-2026 Agreement Contract

Before/After School Care Program

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 upon registering

(Parent's Initial)

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 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:

Date:

Before/After School Care - Fall 2025-2026 Schedule

Child's Name _____

Start Date _____

Days
(Circle 2 or more)

Before
Drop off Time

Care
(hrs)

School Hours

After
Pick Up Time

Care
(hrs)

Monday
Tuesday
Wednesday
Thursday
Friday

		*		
		*		
		*		
		*		
		*		

Total Hours x \$9.00

Total Hours x \$9.00

Total Due for Before Care \$

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

Dayton Ave. Elem.

South St Elem.

Eastport Elem.

Tuttle Ave. Elem.

Grade: _____

Grade: _____

Grade: _____

Grade: _____

Parent/Guardian

Initials: _____

EEKA Initials: _____



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Fall 2025-2026 Application

Before/After School Care Program

**** OFFICE USE ****

Childwatch

New Sibling Update

School/Grade

Child's Name:

Date of Birth:

Gender: Male Female

Parents: Single Divorced Married Separated

Other:

School

Grade

Dayton Ave

South St. Elem.

Eatport Elem.

Tuttle Ave.

Primary E-Mail Address:

Guardian # 1

**Office Use -
Pin #**

Name (First, Last Name)

Relationship to Child

Address

City

State/Zip Code

Cell Phone #

Work Phone #

Home Phone #

Guardian # 2

**Office Use -
Pin #**

Name (First, Last Name)

Relationship to Child

Address

City

State/Zip Code

Cell Phone #

Work Phone #

Home Phone #

Updating all contact information is the sole responsibility of the parent/guardian.

****OFFICE USE****

****OFFICE USE****

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Registration Fee:

Registration Date:

2 week Deposit:



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Fall 2025-2026 Authorization Form

September 2025 through June 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.

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