



Classes for Excellence in Arts & Culture
REGISTRATION FORM
2009-2010

Cycles: 1 st 12/6/09-01/03/10 2 nd 01/10/10-02/07/10 3 rd 02/14/10- 03/14/10 4 th 03/21/10-04/18/10 5 th 04/25/10-05/23/10 6 th 05/30/10-6/27/10

Child's Name _____ Birth Date ____/____/____ Sex: F M
(Last) (First)
 Address _____ Zip _____ Phone _____
 Age _____ Grade _____ School Name _____

How did you find out about our Program? _____

Parent's Information:

Mother's Name _____ Work Phone _____
 Cell Phone _____ Alt Phone _____ E-mail _____

Father's Name _____ Work Phone _____
 Cell Phone _____ Alt Phone _____ E-mail _____

PEOPLE TO CONTACT IN CASE OF EMERGENCY (OTHER THAN PARENTS)

Name _____ Phone _____ Relationship _____
 Name _____ Phone _____ Relationship _____
 Name _____ Phone _____ Relationship _____

PEOPLE ALLOWED TO PICK UP CHILD (OTHER THAN PARENTS)

Please list **ALL** persons allowed to pick up your child from program. Siblings under age of **16** will not be allowed to pick up the child. If the name of a person picking up a child does not match any of the listed names, the child will not be released to that person.

Name _____ Phone _____ Relationship _____
 Name _____ Phone _____ Relationship _____
 Name _____ Phone _____ Relationship _____

Program fees are as follows: Please select a program fee:

	Russian Class	Art Class	Dance Class
Cycle Fees (5 Sundays)	\$ 85	\$ 75	\$ 100
Try a Sunday*	\$ 25	\$25	\$25
Try all three classes for \$60			

*If you register for the rest of the cycle this amount will be credited to your full fee.

Discounts:

- Member Discount: \$5 discount for all Shorefront Y members.
- Family Discount: Register first child at full price get \$10 off second child registration.

TERMS OF ENROLLMENT

1. All fees must be paid in full before child starts the program.
2. Fees are none transferable (Child must attend full cycle). **If your child is absent, you can't make up a class.**
3. NO REFUNDS will be made after the child has been enrolled.
4. If emergency contacts can not be reached I give my permission to Shorefront Y staff to make decisions regarding my child's health.
5. Special supplies are not included in the price of the program (i.e. dance shoes, professional art supplies etc.)
6. The "Y" will not be responsible for damage or loss of personal property.
7. I give my child permission to go on all trips and to participate in all activities.
8. The Shorefront YM-YWHA reserves the right to use all pictures taken for publicity purposes. This is mentioned in the attached release form, which you must sign and return to us together with this application.

Signature of Parent or Guardian _____ **Date** _____

PLEASE MAKE ALL CHECKS PAYABLE TO SHOREFRONT YM-YWHA



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Photo Release Form

Childs Name _____

Date _____

Parent/Guardian Name _____

Relationship to Child _____

I hereby grant permission, without reservation, to the Shorefront YM-YWHA and the United Jewish Appeal-Federation of Jewish Philanthropies of New York, Inc, ("UJA-Federation"), and those authorized by the Shorefront YM-YWHA and. UJA-Federation, to take photographs and to make recording of me and to use them in original or modified form in all media now or hereafter known, with or without my name or information about me, for the promotion, public education, and/or fundraising activities of both organizations. I understand and agree that I am entitled to receive no compensation for the above.

I release The Shorefront YM-YWHA and UJA-Federation its officer, director, agents, employees, independent contractor, licensees and assignees from all claims that I now have or in the future may have relation to the above.

I agree that The Shorefront YM-YWHA and UJA-Federation will be the sole owners of all tangible rights in the above mentioned photographs and recording, will full power of disposition.

I am the parent or guardian of the minor named above, and I hereby consent to the foregoing on behalf of the minor and myself

Signature _____

For Office use only:

Total Fees:

Table with 6 rows for recording fees, including columns for Receipt #, Date, Paid \$, Balance \$, and Period Paid: from to.

Other Discounts: Reason for a Discount _____ Amount: \$ _____