Phyl's Academy Preparatory School

3520 Tilden Avenue, Brooklyn, New York, 11203, (718) 469-9400, Fax (718) 284-1438

Extended Day Program Application

Child's Information:

Name (last): _____ (first) _____ (mi) ___ Birthdate ____ / ____ /____
(M) (D) (Y)

❑M ❑F Grade: ❑3K ❑4K ❑Kgn ❑Gr. 1 ❑Gr. 2 ❑Gr. 3 ❑Gr. 4 ❑Gr. 5

Address: _____ City _____ State _____ Zip_____

Parent/ Guardian Information:

Relationship to Student:

❑ Father ❑ Mother ❑ Other, _____

Name _____

SSN: _____

Home address *(if different from student)*

_____

Apt #_____ City _____State _____ Zip _____

Home phone (if different from student)_____

Business / Daytime phone _____

Ext _____Occupation_____

Email: _____

Relationship to Student:

❑ Father ❑ Mother ❑ Other, _____

Name _____

SSN: _____

Home address *(if different from student)*

_____

Apt #_____ City _____State _____ Zip _____

Home phone (if different from student)_____

Business / Daytime phone _____

Ext _____Occupation_____

Email: _____

Emergency Contact 1 *(Person other than parents/guardian)*

Full name _____

Relationship_____

Cell phone _____

Additional phone _____

Emergency Contact 2 *(Person other than parents/guardian)*

Full name _____

Relationship_____

Cell phone _____

Additional phone _____

Student Information

Name of person(s) other than parent authorized to pick up child_____

Name of physician _____ Phone _____

Health/ Physical condition(s) of which the staff should be aware _____

Learning / Emotional concern(s) of which the staff should be aware _____

Does your child have an IEP (Individual Education Plan)? ❑No ❑Yes If yes, please attach a copy.

Life-threatening allergies ❑No ❑Yes (describe) _____

Allergies to foods or juices ❑No ❑Yes (describe) _____

Any permanent disability or chronic or recurring illness? ❑No ❑Yes (describe) _____

_____

Is there any activity in which your child cannot participate? ❑No ❑Yes (describe) _____

_____

School Use Only

Enrolled Program(s): ❑ Early Bird ❑ After Care ❑ Early Bird & After Care Combo

Payment Plan Choice: ❑ Weekly ❑ Monthly

Payment: Tuition Payment(s): _____ Deposit: _____ Total Paid: _____

Payment Type: ❑ ACH debit ❑cash ❑credit card/atm ❑money order ❑ Zelle

Receipt # _____ $ _____ Date _____ Balance Due _____

Receipt # _____ $ _____ Date _____ Balance Due _____

Group Assigned _____

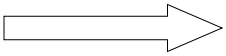
Extended Day Program Information

Phyl's Academy's Extended Day Program offers Before/After School Childcare for Early Childhood and Elementary school-aged students. The Early Bird program begins at 7:00 a.m. until school starts, and the After School Care program begins at school dismissal until 6:00 p.m. Extended Day is fee-based, and parents are responsible for the cost. Children in our program have the chance to grow physically, emotionally, and socially in a caring and supportive environment. Our programs include daily review, enrichment, and physical activities.

Program Options, Fees and Hours

Extended Day Options & Prices	**Daily**	**Weekly -** *One (1) week deposit along w 1st week's payment to start.*	**Monthly**
Early Bird (Mon. to Fri., 7:00 am to 8:30 am) *(End time depends on your child's class start time)*	$20.00	$70.00	$215.00
After Care (Mon. to Fri., 2:50 pm to 6:00 pm) *(Start time depends on your child's dismissal time)*	$35.00	$130.00	$465.00
Early Bird & AFC Combo (Mon. to Fri., 7:00 am to 6:00 pm)	N/A	$160.00	$575.00

Please note the Early Bird and After Care programs are based on enrollment. Without reasonable demand they may be subject to cancellation.



Extended Day Program Enrollment Contract

Child's Name_____, Date of Birth _____

Please select your desired payment plan & program:

All contracts are for a full academic year. You will not be able to switch back and forth between the monthly and weekly plans. Choose your plan carefully. *(Please check only what applies:)*

- ❑ **Weekly:** All weekly payments require a one-week deposit and the first week's payment for your child to start the program. All weekly fees are due on the first day of the week. The total fee is due once the student is in attendance one (1) day or more of the week. Daily rates do not apply. Students will not be allowed to attend if the previous week is owed. Your child's fee must be current so the student can participate in the program without interruption.

- ❑ **Early Bird Only**, $70.00 per week per child *(Student's daily pick up time is at end of their school day.)*
- ❑ **After Care Only**, $130.00 per week per child *(Student's daily pick up time is 6:00 pm sharp.)*
- ❑ **Early Bird & After Care Combo**, $160.00 per week per child *(Student's daily pick up time is 6:00 pm sharp.)*

- ❑ **Monthly:** Your first monthly payment is required for your child to start the program. All monthly fees are due by the first day of the month. The total payment is due once a student is in attendance, no matter how many days or weeks are in the month. Students will not be allowed to attend if the previous month is owed. Your child's fee must be current so the student can participate in the program without interruption.

- ❑ **Early Bird Only**, $215.00 per month per child *(Student's daily pick up time is at end of their school day.)*
- ❑ **After Care Only**, $465.00 per month per child *(Student's daily pick up time is 6:00 pm sharp.)*
- ❑ **Early Bird & After Care Combo**, $575.00 per month per child *(Student's daily pick up time is 6:00 pm sharp.)*

Enrollment Agreement

I/We, _____, am/ are enrolling my/our child, _____,
*(**Print** Parent (s) /Guardian(s) Name(s)* *(Print Child's Name)*

in Phyl's Academy Preparatory School for the Extended Day Program. I acknowledge that within this agreement Phyl's Academy Preparatory School is also referred to as "Phyl's Academy," "Phyl's" or "the School" and my child will also be referred to as "the Student," and I am/ We are referred to as "Parent (s) / "Guardian (s). By signing the contract, I/we acknowledge and agree to abide by this contract's terms.

Please read and initial each contract term

1. **Tuition:** The first tuition payment is due at the time of registration. Tuition must be paid in accordance to the terms of the plan I /We selected. _____

No tuition paid for Student will be transferred to another student's Tuition or balance for any reason. Under no circumstances will any portion of the Tuition be refunded, forgiven, or reduced except as specified in this contract. I/We understand that credits or refunds will not be issued if the program has a shut down due to a natural disaster, a newly occurring pandemic, or resurgence of COVID-19. I understand that credits will not be issued for absence due to illness. _____

I am aware that payments are accepted via ACH debit, debit card, cash, credit card, certified check, money order, or Zelle. I understand that debit and credit card payments incur a processing fee. Personal checks are not accepted. _____

2. **Tuition Delinquency:** I/We understand that if my payment is delinquent my/our child will not be permitted to attend the program. I/We understand that Phyl's Academy reserves the unquestionable right to suspend or expel my child if my account is delinquent._____

3. **Medical:** I/We understand that my child must have a valid medical on file, is in good health and able to participate in Phyl's Academy's Extended Day Program. I/We give permission for my child to participate in all activities offered by Phyl's Academy, except those prohibited by my child's physician. I/We confirm that I will make the school aware of any prohibited activities prior to the start of the program. _____

4. **Authorization For Medical Treatment:** I /We give permission to Phyl's Academy Preparatory School, its agents, representatives, and employees to take any necessary steps to obtain proper treatment for my child in the event of sudden illness or injury if they can not contact me/us. I/We understand that if Phyl's Academy has to obtain emergency medical treatment for my/our child, my family will be notified as soon as possible. _____

5. **Health Waiver:** Phyl's Academy implements preventative measures to reduce the spread of contagious illnesses. Despite this, I /We understand that there remains an inherent risk of exposure to or infection with contagious illnesses in social environments and at any publicly attended environment, including Phyl's Academy. I/We also understand that Phyl's Academy reserves the right to its sole and exclusive discretion to implement any policies or procedures deemed necessary to protect the health and safety of The school community, including restricting or limiting access to the facility, mask-wearing or physical distancing when conditions require, additional immunizations, screenings or quarantine. I/We voluntarily assume the risk that I, my/our children, or anyone for whom I/we may be responsible may become infected, exposed, or otherwise contract COVID-19, RSV, or contagious illnesses while attending, participating in, or otherwise engaging in activities at Phyl's Academy and waive its owners, staff, students from And against any claims or injuries arising out of, relating to or in any way connected to COVID-19 or any other contagious illnesses. _____

6. **Activity Permission/Assumption of Risks**: I/We understand that my/our child's participation in activities is voluntary and that no environment is risk-free. Parents voluntarily assume and accept risks from the Student's participation in activities. My/Our child may participate in new activities despite knowledge of inherent risks, and I/we will instruct my/our child about the importance of abiding by all school and safety rules. Parents release the School, its trustees, employees, and agents from all claims, liability, and damages that parents or students may have due to illness, injuries or damages from participating in school activities. This does not apply to liability for gross negligence, willful injury, or fraud and is not intended to release the School's insurers or non-agent third parties of any responsibility for asserted claims. Parents further agree that the School has the right to substitute transportation and adjust change activities and itineraries as it deems appropriate. _____

7. **Student Conduct:** I/We understand that the Student must be able to handle the length of the day and be able to interact with staff and students who may not be from their daytime classrooms. Phyl's Academy reserves the unquestionable right to suspend or expel any student for inappropriate behaviors, such as and not exclusive to, bullying, continuous disruptiveness, disrespectfulness, damaging the property of the school or others, violence, unsafe behaviors or causing physical or mental harm to others. _____

8. **Parents/Guardians, Adult Family Members & Associates Conduct:** A positive, collaborative and constructive relationship between the School, Teachers, Parents/Guardians, or other persons interacting with the school is essential to supporting the school community. Parents/Guardians understand that they should raise their concerns in a respectful manner, which includes directing their concerns to appropriate School employees. Abusive, disruptive, intimidating, overly aggressive behavior that interferes with the educational process or threatens the well-being and safety of another school community member is unacceptable. Parents/Guardians understand and agree that the school may require the Student, Parents, or other Affiliated Individuals to leave the school's property or event or may place restrictions on the person's involvement with the school or school-related activity. _____

Parents/Guardians also understand that abusive behavior, whether written, verbal or physical, towards all school personnel will result in the termination of service. _____

9. **Pick-up Time**: I/We agree to pick up my/our child on time. I/We know that pick up time for all students is depends on the program we selected. Students enrolled in Early Bird only dismiss when their daytime class is released. Students enrolled in After Care dismiss at 5:50 pm with a ten minute grace period. All students must be picked up no later than 6:00 pm sharp. _____

Any child not picked up from After Care by 6:00 pm will be subject to a Late Pick-up Penalty fee of $20.00 for the first fifteen minutes late, and then $1.00 for each minute late thereafter. I also understand that habitual lateness will result in the expulsion of my child from the Extended Day program. _____

I am/We are aware that if my/our child is left beyond closing time and I am/we are unreachable, all emergency contacts will be called. If Phyl's Academy is unable to contact anyone, I/we understand that, as required by New York State Law, my/our child will be taken to the nearest precinct – the 67th precinct on Snyder Avenue. _____

10. **Skates, Skateboards, Scooters:** I/We understand that skates, skate boards and scooters are not allowed in the building or the surrounding premises of Phyl's Academy. I/We am/are aware that Phyl's Academy will not accept responsibility for any injuries to anyone not abiding by this guidance, wearing skates, or using skate boards or scooters. _____

11. **Photography:** I/We understand that Phyl's Academy reserves the right to record students' voices and film or photograph students for school newsletters, websites, displays, social media, handbooks, advertisement, and professional development. If a child's image is selected for public advertisement, his/her parents will be asked for their consent before it is used. _____

Acknowledgement: Parents/Guardians affirm that all the information provided to the school in the Student's application and contract are truthful and accurate. Parents/Guardians acknowledge that they have read this entire contract and reviewed and understand all terms, conditions, and the selected payment plan.

I/We _____ knowingly and willingly enter into this contract with
Print Parent(s) / Guardian(s) Name(s)

Phyl's Academy Preparatory School for their Extended Day program and affirm that I/We understand and agree to abide by all the terms of this contract.

Signature _____ Date_____

Signature _____ Date _____