



## After School Program

107-06 71<sup>st</sup> Road, 2<sup>nd</sup> Floor, Forest Hills, NY 11375

Office: (718) 575 8877 Email: [info@isteinny.com](mailto:info@isteinny.com) Web: [www.isteinny.com](http://www.isteinny.com) Wechat: [isteineducation](#)

### REGISTRATION FORM

Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_

State Test Preparation (3<sup>rd</sup> – 5<sup>th</sup> Grade)

Little Winner Enrichment (K – 2<sup>nd</sup> Grade)

#### Child Information

\_\_\_\_\_  
Child's Name (First Name, Last Name)

\_\_\_\_\_  
Nick Name

\_\_\_\_\_  
Age

\_\_\_\_\_  
Gender (M/F)

\_\_\_\_\_  
Date of Birth (mm/dd/yyyy)

\_\_\_\_\_  
Primary Language at home

\_\_\_\_\_  
Child is allergic to

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Class #

\_\_\_\_\_  
Teacher's Name

\_\_\_\_\_  
School Dismissal Time

Parent / Legal Guardian Pick Up at ISTEIN?  Y  N

Child needs Drop Off to home?  Y  N at \_\_\_\_\_PM

#### Family Information

\_\_\_\_\_  
Primary Parent / Legal Guardian (first name, last name) Occupation

\_\_\_\_\_  
Other Parent / Guardian (first name, last name) Occupation

\_\_\_\_\_  
Address (street # and name)

\_\_\_\_\_  
Address (if different from primary)

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City, State, Zip (if different from primary)

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Home Phone (if different from primary)

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Email

Additional persons authorized to pick up child from ISTEIN (Name, phone & relationship):

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## Emergency Contact Information

\_\_\_\_\_  
First / Last Name

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Address (Street # and name)

\_\_\_\_\_  
City, State, Zip

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Home Phone

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Work Phone

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Cell Phone

## Health & Medical Information

\_\_\_\_\_  
List Any Health or Medical Conditions

\_\_\_\_\_  
List Current Medications\* and Side Effects

\*If your child is taking medication, you must complete Authorization to Administer Medication Form.

\_\_\_\_\_  
Physician's Name

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Physician's Phone Number

List any additional information that staff need to be aware of for the well-being of your child.

\_\_\_\_\_  
I verify that my child is of good mental and physical health, and may participate in the ISTEIN after school program. I also verify that my child's immunization shots are up to date. I give permission to authorize emergency care to my child in the event that neither I nor the physician can be contacted.

\_\_\_\_\_  
Signature of Legal Guardian / Parent

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
(Parent/Legal Guardian Name) do hereby grant permission for

\_\_\_\_\_  
(Student's Name) to attend ISTEIN after school program.

**Parent / Legal Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

For more information please visit:

[www.isteinny.com](http://www.isteinny.com)



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## ENROLLMENT AGREEMENT

### NON-NEGOTIABLE TERMS AND CONDITIONS OF ENROLLMENT

#### **UNDERSTANDING**

I hereby certify that I am the parent or legal guardian of the listed student below, a minor, to participate in ISTEIN afterschool program, ISTEIN GLOBAL GROUP INC. and all its programs and activities. I grant ISTEIN GLOBAL GROUP INC. the right to take and use photos and videos of the student listed below for promotional purposes. I hereby agree to reimburse ISTEIN GLOBAL GROUP INC. for any property damage caused by the student listed below. I understand that the listed student below will not be allowed to participate in afterschool and any other sponsored activities unless I provide a medical form completed by a licensed medical professional. I understand that my child's records (contacts, phone numbers, emails, and authorized pick-ups) are my responsibility to keep current and accurate. I will update my child's records through the Site Director whenever there is a change.

#### **TUITION PAYMENTS, DUE DATE, LATE PAYMENTS & HOURS OF OPERATION**

I understand that I am responsible for making payments on a monthly basis and that payments are due on the 7th of each month prior to the program month. A \$30 Late Fee will be enforced for payments not received by the due date. If monthly payment is not received for the prior month by 8th of current month, I understand that my child may be removed from the program. Children with outstanding balances will not be able to attend ISTEIN. After four late payments, I understand that I must sign up for the Automatic Monthly Credit Card Payment or leave the program. I understand that Hours of Operation are from school dismissal to 6:30 pm. A \$3 Late Fee for every 10 minutes (6:31pm-6:40=\$3; 6:41pm-6:50pm=\$6; 6:51pm-7:00pm=\$9) will be due that day. Extended time will be no later than 7:00 pm.

#### **HOW TO MAKE PAYMENTS**

Program payments should be made by cash, or check. Payments by check should be made to **ISTEIN GLOBAL GROUP INC.** I understand that full payments (one-time payment) are due on September 7th, 2016, two-time payment are half due on September 7th, 2016 and half due on February 7th, 2017, and 3-time payment are due on 9/7/2016, 12/7/2016, 3/7/2017 during the school year 2016-2017, this includes partial and full day weeks.

#### **HOLIDAYS, TEACHER WORKDAYS & EARLY SCHOOL CLOSING**

I understand that there are some public holidays that ISTEIN will **NOT** be open. ISTEIN will **NOT** be in session on the following days: October 10 (Monday, Columbus Day), November 11 (Friday, Veterans Day), November 24 & 25 (Thursday & Friday, Thanksgiving Recess), December 26 - January 2 (Winter Recess including New Year's Day), January 16 (Monday, Dr. Martin Luther King Jr. Day), January 28 (Saturday, Lunar New Year), and May 29 (Monday, Memorial Day). ISTEIN will be open for half-days. There is no additional charge for half-days. I understand that if school is closed early or closed for the day due to inclement weather, the ISTEIN program will NOT meet. ISTEIN cannot refund due to absences due to illness or inclement weather.

#### **SCHOOL FURLOUGH DAYS / BREAKS**

In the event of school furlough days and / or school breaks through certain School District where the schools are closed, ISTEIN will be open as regular school day from 2:30 pm to 6:30 pm. I understand a \$40 additional fee for full day service will be due that day.

#### **ABSENCES DURING PROGRAM**

I understand that in the event of any absences during program hours, I will be responsible for fees for time reserved, not for actual time spent at the program. This would include any vacation time.

#### **AUTHORIZE PICK UP**

I understand that my child will NOT be released to any unauthorized person. I must sign my child out daily.

#### **PERMISSIONS**

I hereby give my child permission to participate in all activities of the program including swimming and field trips. I give my child permission to leave the program site for trips in a school activity bus, or chartered transportation to off-site locations and enrichment programs. I understand that I will be notified before each activity. I give my child permission to walk to points of interest in close proximity to the program site under ISTEIN supervision. I give permission to have my child appear in any media coverage or brochure approved. I give my child permission to watch PG movies.

**MEDICAL AUTHORIZATION**

I authorize the ISTEIN Site Director or designee to administer medication when necessary. I understand that I will have to sign a medication authorization form before any medication can be administered. ISTEIN staff will not administer shots (other than an EPI pen) or suppositories.

**STAFFING**

I understand that ISTEIN is not staffed to serve children who need one on one direct care. All children who attend ISTEIN must be able to use the toilet without assistance.

**ISTEIN BEHAVIOR POLICY**

I understand that my child will have to abide by the ISTEIN policies and procedures to ensure that each participant is safe and plays fair. My child will be taken away from activities when he/she cannot behave in a safe and expected manner. I will be informed of unacceptable behavior and asked to sign a discipline form. I understand that fighting of any kind will not be tolerated and will result in an automatic suspension. If behavior continues to be a problem, the Site Director will have the discretion to suspend my child from the program. If behavior does not improve, as a last resort, my child will be removed from the program. ISTEIN does not use corporal punishment.

**EMERGENCY POLICY**

In the case of an emergency if any of the listed contacts and emergency contacts cannot be reached, the director or acting person in charge of ISTEIN afterschool as well as the medical staff at New York Hospital Queens has my permission to make decisions regarding the emergency care or treatment for the student listed above. I hereby waive and release ISTEIN GLOBAL GROUP INC., ISTEIN afterschool, and/or its designees from any and all liability and costs associated with any accidents and emergency care. I further understand that I or my medical insurance carrier will be responsible for any medical expenses arising from said emergency or treatment.

**TUITION, FEE, AND PAYMENT POLICY**

- I understand the rates apply to basic afterschool program only unless otherwise specified.
- I understand if the student listed below is dismissed from ISTEIN afterschool program that all tuition and fees assessed are non-refundable and non-transferable, and it is not used as credit for other applicant(s) or upcoming terms.
- I understand the discount is only valid to students with enrollment of entire school year from September 8th, 2016 thru June 28th, 2017, the discounts are subject to one-time payment and two-time payment rates, and the payment must be paid in full prior to the starting of the afterschool program.
- I understand 3-time payments must be paid in full prior to 9/7/2016, 12/7/2016, 3/7/2017 during the period of afterschool program from September 8th, 2016 through June 28th, 2017.
- I understand no refund will be given for any absence. All tuition and fees assessed are also non-transferable and it can NOT be used as credit for other applicant(s) or upcoming terms due to any absence.
- I understand that all tuition and fees assessed are non-refundable and non-transferable, and it can NOT be used as credit for other applicant(s) or upcoming terms due to any and all public holidays, public school breaks, and any natural disasters or/and force majeure.
- I understand no group discounts will be given to students from outside of a family.
- I understand the programs offered / tuition is subject to change.
- I understand the student must register for a minimum of 6 school calendar months.
- I understand the afterschool director reserves the right to dismiss a student who, after careful consideration and examination, is deemed a hazard to the safety or rights of others persons or who appears to have rejected the reasonable expectations of the school.
- I understand and agree to make cash payment in the sum of \$30 for administration fee if any check written to ISTEIN GLOBAL GROUP INC. bounces.

**By signing this form, I understand and agree to the policies set forth upon this document.**

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Student: **Print Name**

Parent / Legal Guardian: **Print Name**

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Parent / Legal Guardian: **Signature**

/ /  
Date



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### TRANSPORTATION PERMISSION

As consideration for being allowed to have the transportation provided by ISTEIN GLOBAL GROUP INC. the undersigned, on his or her behalf, and on the behalf of the Student(s) identified below, acknowledges, appreciates, understands, and agrees to the following:

1. I represent that I am the parent or legal guardian of the student(s) named below or obtained permission from the parent/legal guardian of the student(s) named below to execute this agreement on their behalf.

**Student Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_

2. I acknowledge and understand that there are risks associated with transportation in cars or vans or any type of vehicles including but not limited to: contusions, fractures, scrapes, cuts, bumps, paralysis, or decease.
3. I, for myself and the student(s) named, willingly assume the risks associated with transportation and accept that there are also risks may arise due to OTHER VECHICLES which I also willingly assume.
4. I agree that the student(s) named, and I shall comply with all stated and customary terms, posted safety signs, rules, and verbal instructions as conditions for transportation provided by ISTEIN GLOBAL GROUP INC.
5. I, for myself, the student(s) named, our heirs, assigns, representatives, and next of kin agree to hold harmless, and indemnify the independent owner of this ISTEIN facility, ISTEIN GLOBAL GROUP INC., their predecessors, parent, subsidiaries, and affiliates, officers, and employees from any and all injuries, liabilities or damages, from transportation.
6. I additionally agree to indemnify the independent owner of this ISTEIN GLOBAL GROUP INC. facility, their predecessors, parent, subsidiaries, and affiliates, officers, and employees for any defense cost or expense arising from any and all claims, injuries, liabilities or damages arising from transportation.
7. I am of physical ability to participate and am legally competent to understand and complete this agreement. I hereby execute this agreement without coercion.

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Student Parent / Legal Guardian: **Print Name**

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Student Parent / Legal Guardian: **Signature**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

Emergency Contact Phone(s): ( ) \_\_\_\_\_ - \_\_\_\_\_ or ( ) \_\_\_\_\_ - \_\_\_\_\_



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To Whom It May Concern:

I (parents/legal guardian's name) \_\_\_\_\_

(emergency phone no.) \_\_\_\_\_

give the permission to **ISTEIN** after school program to pick up my son/daughter

(name) \_\_\_\_\_ (DOB) \_\_\_\_/\_\_\_\_/\_\_\_\_

from P.S. \_\_\_\_\_ (Class) \_\_\_\_\_ at the school is dismissed.

Should you have any questions, please contact our office at (718)575-8877

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Parent / Legal Guardian's Signature

Date