



Summer School Program

July 3, 2017 – August 18, 2017

107-06 71st Road, 2nd Floor, Forest Hills, NY 11375

Office: (718) 575 8877 Email: info@ISTEINny.com Web: www.ISTEINny.com

REGISTRATION FORM

Date of Application: ____ / ____ / ____

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
Child needs Pick Up from home? <input type="checkbox"/> Y <input type="checkbox"/> N at _____ AM			Child needs Drop Off to home? <input type="checkbox"/> Y <input type="checkbox"/> 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):

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 Summer 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 **2017 ISTEIN Summer School Program**.

Parent / Legal Guardian's Signature: _____ **Date:** ____/____/____

For more information please visit:
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 summer school program, ISTEIN Global Group Inc. and all its programs and activities. I grant ISTEIN the right to take and use photos and videos of the student listed below for promotional purposes. I hereby agree to reimburse ISTEIN for any property damage caused by the student listed below. I understand that the listed student below will not be allowed to participate in summer school 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-up) are my responsibility to keep current and accurate. I will update my child's records through the site director of ISTEIN whenever there is a change.

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

I understand that I am responsible for making **one time payments in full** and that **payments are due on June 24, 2017**. If the full payment is not received after the due date, I understand that my child may be removed from the program. Children with outstanding balances will not be able to attend ISTEIN. I understand that **no refunds after July 3rd, 2017**. I understand that **Hours of Operation are 8:00 am to 6:00 pm. A \$4 Late Fee for every 10 minutes** (6:01pm - 6:10pm = \$4 / 6:11pm - 6:20pm = \$8 / 6:21pm - 6:30pm = \$12) will be due that day, if I am taking my child after 6:00 pm. **Extended time will be no later than 6:30 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 June 24th, 2017**

HOLIDAY(S) 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 day(s): **July 4th, 2017**. I understand that the ISTEIN program will not meet due to inclement weather.

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 and field trips. I give my child permission to leave the program site for trips in a school activity vehicle or chartered transportation, or family car 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 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 below. I hereby waive and release ISTEIN, 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 summer school program only unless otherwise specified.
- I understand if the student listed below is dismissed from ISTEIN summer school program 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 the discount is **only valid to 2nd or 3rd** student from same family with enrollment of **entire 6 to 7-week full day** summer school program from **July 3rd, 2017 thru August 18th, 2017**, and the payment must be paid in full prior to the starting of the summer program, and that **payments are due on June 24th, 2017**.
- I understand **NO** group discounts will be given to students from outside of a family.
- I understand **NO** refunds 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 the programs offered / tuition is subject to change every year.
- 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.

Student: **Print Name**

Parent / Legal Guardian: **Print Name**

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.
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 facility, ISTEIN Global Group Inc., 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.

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

_____/_____/_____
Student Parent / Legal Guardian: **Signature** _____ **Date**

Emergency Contact Phone(s): () _____ - _____ or () _____ - _____



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1. Tuition & Fee :

1) Tuition :

Program	Full Day	*Half Day
7 weeks	\$ 1799	\$ 1399
6 weeks	\$ 1599	\$ 1199
5 weeks	\$ 1399	\$ 999
4 weeks	\$ 1199	\$ 899
3 weeks	\$ 999	\$ 799
2 weeks	\$ 799	\$ 699
Extended 2 weeks (8/21-9/1)	\$ 500	\$ 350

2)

*Half Day: Morning Session 8 AM – 1 PM

Afternoon Session 1 PM – 6 PM

2) Discount :

Early Enrollment Discount:

☺ **\$ 100 OFF** before **May 1st, 2017**

☺ **\$ 50 OFF** before **June 1st, 2017**

Retaining Discount:

☺ Additional **\$ 100 OFF** for current ISTEIN after school student before **May 1th, 2017**

☺ Additional **\$ 50 OFF** for current ISTEIN after school student before **June 1st, 2017**

☺ Additional **10% discount** for **siblings** from same family

FEES:

- Enrollment: \$ 50 PAID
- Insurance: \$ 30 PAID
- Textbooks: * FN PAID
- Materials: * FN PAID

Extended Day: \$ 60 / day

Extended Time:

From 6:00 pm – 6:30 pm

1 - 10 minutes: \$4

11 - 20 minutes: \$8

21 - 30 minutes: \$12

But no later than 6:30 pm

Note: *FN=Future Noticed

- ☺ All the above discounts are **NOT** applicable to the enrollment including **Half Day Program, Extended 2 weeks Program, and 5 weeks or less.**

3) Other Fees :

- a. For every field trip, we only collect very reasonable fee to cover the cost, for example, ticket and transportation, and it is no charge if you choose no trip.
- b. Extend time : **6:00 pm to 6:30 pm (but no later than 6:30 pm)**, we **charge \$4 for every 10 minutes.** (6:01 pm - 6:10 pm = \$4 6:11 pm - 6:20 pm = \$8 6:21 pm - 6:30 pm = \$12).

2. Tuition, Fees, and Payment Policy :

- 1) One-time payment in full and it is due on **June 24th, 2017.**
Check or cash is acceptable. Please make check payable to **“ISTEIN Global Group Inc”.**
- 2) If the full tuition are not received after the above due date, your child may be removed from the program. Child with outstanding balance will **NOT** be allowed to attend the program
- 3) All tuition and fees are **NOT** refunded after **July 3rd, 2017.**
- 4) The rates apply to basic summer school program only unless otherwise specified.
- 5) If the student is dismissed from ISTEIN summer school program 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.
- 6) The discount is only valid to **2nd or 3rd** student from same family with enrollment of **entire 6 to 7 weeks** full day summer school program from **July 3rd thru August 18th, 2017**, and the payment must be paid in full prior to the starting of the summer program.
- 7) **NO** group discounts will be given to students from outside of a same family.
- 8) **NO** refunds 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.
- 9) The programs offered, tuition is subject to change every year.
- 10) Cash payment in the sum of **\$30** for administration fee if any check written to **ISTEIN Global Group Inc.** bounces.

FOR OFFICE USE ONLY

PAYMENT INFORMATION:

Total: _____

Check Cash

Bank: _____

Check No: _____

Receipt No: _____

Registered by: _____

Entered by: _____

REMARK:

1. Please make checks payable to **ISTEIN Global Group Inc.**

2. **Late Fee: A \$30** late fee will be enforced for payments not received on **due date 06/24/2017**

3. **For details of the enrollment policy**, please refer to enclosed “Enrollment Agreement”.

3. Holiday : the program is NOT in session on July 4th, 2017 Independence Day.

D. Others: please refer to ISTEIN summer school program “ENROLLMENT POLICY”