



After School Program

61-51 Fresh Meadow Lane (174 St. & 65 Ave.) Fresh Meadows, NY 11365

Tel. (646) 709-4068 Tel. (646) 309-6048 Tel. (917) 224-5081

<http://isteinny.com/sunshineschool.php> E-mail: SunshineAcademyNy@gmail.com

REGISTRATION FORM

Date of Application: ____/____/____

Child Information

Child's Name (First Name, Last Name) _____ Nick Name _____

Age _____ Gender (M or F) _____ Date of Birth _____ mm _____ dd _____ yy _____ Primary Language at home _____ Child is allergic to _____

Name of School _____ Grade _____ Class # _____ Teacher's Name _____ School Dismissal Time _____

Email Address _____

Parent / Legal Guardian Pick Up at Sunshine? 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 SUNSHINE (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 SUNSHINE Afterschool 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

I _____ (Parent/Legal Guardian Name) do hereby grant permission for
_____ (Student's Name) to attend 2017-2018 Sunshine Afterschool Program.

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

For more information please visit our website or contact:

<http://isteinny.com/sunshineschool.php>

Ms. Lisa (646) 709-4068 (English only)

Ms. Lily (646) 309-6048 (Mandarin & English)

Ms. Florence (917) 832-3786 (Mandarin & English)

Mr. Richard (917) 224-5081 (Mandarin & English)



After School Program

September 7th, 2017 – June 26th, 2018

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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 SUNSHINE afterschool program, SUNSHINE GROUP IN NY INC. and all its programs and activities. I grant SUNSHINE GROUP IN NY INC. the right to take and use photos and videos of the student listed below for promotional purposes. I hereby agree to reimburse SUNSHINE GROUP IN NY 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 6th 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 6th of current month, I understand that my child may be removed from the program. Children with outstanding balances will not be able to attend SUNSHINE. 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 \$2 Late Fee for every 10 minutes (6:31pm-6:40=\$2; 6:41pm-6:50pm=\$4; 6:51pm-7:00pm=\$6) 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 **SUNSHINE GROUP IN NY INC.** I understand that full payments (one-time payment) are due on September 6th, 2017, two-time payment are half due on September 6th, 2017 and half due on February 6th, 2018, and 3-time payment are due on 9/6/2017, 12/6/2017, 3/6/2018 during the school year 2017-2018, 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 9 (Monday, Columbus Day), November 23 & 24 (Thursday & Friday, Thanksgiving Recess), December 25 - January 1 (Winter Recess including New Year's Day), January 15 (Monday, Dr. Martin Luther King Jr. Day), February 16-23 (Lunar New Year and Midwinter Recess), and May 28 (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, SUNSHINE will be open as regular school day from 2:30 pm to 6:30 pm. I understand a \$30 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 SUNSHINE 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 SUNSHINE 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. SUNSHINE' staff will not administer shots (other than an EPI pen) or suppositories.

STAFFING

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

SUNSHINE BEHAVIOR POLICY

I understand that my child will have to abide by the SUNSHINE 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. SUNSHINE 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 Sunshine 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 SUNSHINE GROUP IN NY INC., SUNSHINE 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 SUNSHINE 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 7th, 2017 thru June 26th, 2018, 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 that full payments (one-time payment) are due on September 6th, 2017, two-time payment are half due on September 6th, 2017 and half due on February 6th, 2018.
- I understand 3-time payments must be paid in full prior to 9/6/2017, 12/6/2017, 3/6/2018 during the period of afterschool program from September 7th, 2017 through June 26th, 2018.
- 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 \$25 for administration fee if any check written to **SUNSHINE GROUP IN NY 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 SUNSHINE GROUP IN NY 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 SUNSHINE.
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 SUNSHINE facility, SUNSHINE GROUP IN NY 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 SUNSHINE facility, SUNSHINE GROUP IN NY 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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To Whom It May Concern:

I (parents/legal guardian's name) _____ (emergency phone
no.) _____ give the permission to Sunshine Academy to pick up my
son/daughter (name) _____ (DOB) ____/____/____
from P.S. _____ (Class) _____ at the school is dismissed.

Should you have any questions, please contact:

Ms. Lisa: (646) 709 - 4068

Ms. Lily: (646) 309 - 6048

Ms. Florence: (917) 832 - 3786

Mr. Richard: (917) 224 - 5081

Parent / Legal Guardian's Signature

Date



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AFTER SCHOOL PROGRAM / RATE / FEES

BASIC PROGRAM: (APPLICABLE TO GRADES PREK-6)

<input type="checkbox"/> One-Time Payment Rate: \$2,650 (save \$150 for entire program period)	
• Payment Due Date: 9/6/2017, Amount Due \$2,650	PAID <input type="checkbox"/>
<input type="checkbox"/> Two-Time Payment Rate: \$2,720 (save \$80 for entire program period)	
• 1 st Payment Due Date: 9/6/2017, Amount Due \$1,360	PAID <input type="checkbox"/>
• 2 nd Payment Due Date: 2/6/2018, Amount Due \$1,360	PAID <input type="checkbox"/>
<input type="checkbox"/> Three-Time Payment Standard Rate: (\$280/mo or \$2,800 for entire school year)	
• 1 st Payment Due Date: 9/6/2017, Amount Due \$1,000	PAID <input type="checkbox"/>
• 2 nd Payment Due Date: 12/6/2017, Amount Due \$1,000	PAID <input type="checkbox"/>
• 3 rd Payment Due Date: 3/6/2018, Amount Due \$800	PAID <input type="checkbox"/>

Little Winner (K-2nd Grade)

Weekdays Program	2 payments	Pay in Full
Dates: 10 / 2017 ~ 05 / 2018 Time : 3 days per week 1 hour per day *Second payment is due on December 15 th , 2017	\$1100 X 2 \$ 2200	\$ 2100
SUNSHINE AFTER SCHOOL STUDENTS: \$600 OFF PER YEAR		
Weekend Program	2 payments	Pay in Full
Date: 10 / 2017 ~ 05 / 2018 Time : 1 time per week 2 hours per time *Second payment is due on December 15 th , 2017	\$1100 X 2 \$ 2200 (no discount)	\$ 2100 (no discount)

State Test Preparation (3 rd – 5 th Grade)		
Weekdays Program	2 payments	Pay in Full
Date: 10 / 2017 ~ 04 / 2018 Time : 3 days per week 1 hour per day *Second payment is due on December 15 th , 2017	\$1100 X 2 \$ 2200	\$ 2100
SUNSHINE AFTER SCHOOL STUDENTS: \$600 OFF PER YEAR		
Weekend Program	2 payments	Pay in Full
Dates: 10 / 2017 ~ 4 / 2018 Time : 1 time per week 2 hours per time *Second payment is due on December 15 th , 2017	\$1100 X 2 \$ 2200 (no discount)	\$ 2100 (no discount)

EARLY ENROLLMENT DISCOUNT:

\$ 100 OFF BEFORE **9/6/2017**
\$ 50 OFF BEFORE **10/6/2017**

FEES:

- Drop-off: \$50/mo PAID**
 - Enrollment: \$ 40 PAID
 - Insurance: \$ 40 PAID
 - Textbooks: *FN PAID
 - Materials: *FN PAID
 - Extended Time:**
- From 6:30 pm – 7:00 pm**
- 1 - 10 minutes: \$2**
 - 11 - 20 minutes: \$4**
 - 21 - 30 minutes: \$6**

But No Later Than 7:00 pm

Note: *FN = Further Notice

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

SUNSHINE GROUP IN NY INC.

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

3. For details of the enrollment policy, please refer to enclosed "Enrollment Agreement".

 **ESL PROGRAM: FREE** (OPTIONAL, APPLICABLE TO GRADES PREK-6)

 **HALF DAY CHARGE: NONE**

 **SCHOOL FURLOUGH DAY / NON SCHOOL DAY CHARGES:**

- 2:00 PM – 6:00 PM: **FREE**
- 9:00 AM – 6:00 PM: **\$30 PER DAY (CURRENT SUNSHINE STUDENTS ONLY)**
- TRANSPORTATION: **\$5 PER TRIP**
- LUNCH IS NOT AVAILABLE
- NO EXTENDED HOURS ON NO SCHOOL DAYS

 **TUITION FOR SILBLINGS: 10% OFF ON BASIC AFTER SCHOOL PROGRAM ONLY**

 **EARLY ENROLLMENT DISCOUNT: \$50 OFF** BEFORE 9/6/2017 (APPLICABLE TO NEW REGISTRATION ONLY)

 **TRANSPORTATION CHARGE:**

- SCHOOL PICK-UP: **FREE**
- DROP-OFF TO HOME: **\$50 PER MONTH or \$5 PER TRIP**