



61-51 Fresh Meadow Lane (174 St. & 65 Ave.) Fresh Meadows, NY 11365  
**MOBILE: (646) 709 - 4068 MOBILE: (646) 309 – 6048 MOBILE: (917) 832 – 3786**  
<http://isteinny.com/sunshineschool.php> E-mail: [SunshineAcademyNy@gmail.com](mailto:SunshineAcademyNy@gmail.com)

## 2018 SUMMER SCHOOL PROGRAM

July 2 - August 24 Monday – Friday 8:00 am – 6:30 pm

### REGISTRATION FORM

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name : \_\_\_\_\_

Sex:  Male  Female Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Grade: \_\_\_\_\_ Parent(s) Name \_\_\_\_\_ Occupation \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Work Tel: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Language speak at home: \_\_\_\_\_ My child is allergic to \_\_\_\_\_

My child needs “pick-up”  at \_\_\_\_\_ AM, and “drop-off ”  at \_\_\_\_\_ PM

My child is going to participate in this program from (date) \_\_\_\_\_ to \_\_\_\_\_ total \_\_\_\_\_ weeks

School Name: \_\_\_\_\_ School Dismiss Time: \_\_\_\_\_

School Address: \_\_\_\_\_

School Tel: \_\_\_\_\_ Contact Person: \_\_\_\_\_

**In case of emergency, who shall we contact with:**

Name: \_\_\_\_\_ Tel: \_\_\_\_\_

\_\_\_\_\_ (Parent’s Name) do hereby grant permission for  
 \_\_\_\_\_ (Student’s Name) to attend Sunshine Summer School Program.

Parent / Guardian’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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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 summer school program, Sunshine Group in NY Inc. and all its programs and activities. I grant SUNSHINE the right to take and use photos and videos of the student listed below for promotional purposes. I hereby agree to reimburse SUNSHINE 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 SUNSHINE whenever there is a change.

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

I understand that I am responsible for making a **one-time payment in full** and that **payment is due by June 22, 2018**. If the full payment is not received by the due date, I understand that my child may be removed from the program. Children with outstanding balances will not be able to attend SUNSHINE. I understand that **no refunds are given after July 2, 2018**. I understand that the **Hours of Operation are 8:00 am to 6:30 pm. A \$2 Late Fee for every 10 minutes** (6:31 pm - 6:40 = \$2 / 6:41 pm - 6:50 pm = \$4 / 6:51 pm – 7:00 pm = \$6) will be due that day, if I am taking my child after 6:30 pm. (**extended time will be no later than 7:00 pm**) **All tuition and fees** assessed are **non-refundable** and **non-transferable**, and CANNOT be used as credit for other applicant(s) or upcoming terms due to early withdrawal.

#### HOW TO MAKE PAYMENTS

Program payments should be made by cash or check. Payments by check should be made to **SUNSHINE GROUP in NYC INC.** I understand that full payment (one-time payment) is **due by June 22, 2018**

#### HOLIDAY(S) SCHOOL CLOSING

I understand that there are some public holidays that SUNSHINE will not be open. SUNSHINE will NOT be in session on the following day(s): **July 4<sup>th</sup>, 2018**. I understand that SUNSHINE 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 bus, 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 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 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 SUNSHINE, 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 Sunshine summer school program that all tuition and fees assessed are non-refundable and non-transferable, and CANNOT 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/force of nature.
- I understand the discount is only valid to the second or third student within the same family with enrollment for the entire 6 to 7-week summer school program from **July 2, 2018** through **August 24, 2018**, and the payment must be paid in full prior to the starting of the summer program.
- 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 CANNOT 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 a cash payment in the sum of \$30 for an administration fee if any check written to **SUNSHINE GROUP in NYC INC.** is returned for non-payment.

**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 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.

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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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### 1. Tuition & Fee:

#### 1) Tuition:

Program	Tuition
<b>8 weeks</b>	<b>\$ 1199</b>
<b>7 weeks</b>	<b>\$ 1099</b>
<b>6 weeks</b>	<b>\$ 999</b>
<b>5 weeks</b>	<b>\$ 899</b>
<b>4 weeks</b>	<b>\$ 799</b>
<b>3 weeks</b>	<b>\$ 699</b>

**FEES:**

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- Enrollment: \$50 PAID
- Insurance: Free PAID
- Textbooks: Free PAID
- Materials: Free 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**

#### 2) Discount:

**Early Enrollment Discount:**

- ☺ **\$ 100 OFF** before **April 15, 2018**
- ☺ **Additional 10% discount** for **siblings** from the same family
- ☺ All the above discounts are **NOT** applicable to the enrollment of 5 weeks or less

#### 3) Transportation Service Charge:

- ☺ **Round Trip** (pick-up + drop-off): **\$30** per child weekly; half price for additional family members
- ☺ **Single Trip** (pick-up or drop-off): **\$15** per child weekly; half price for additional family members

#### 4) Other Fees:

- ☺ Enrollment Fee: \$50
- ☺ **NO** other fees will be charged including insurance, textbooks, materials, etc.
- ☺ For every field trip, we only collect a reasonable fee to cover the cost. For example, ticket and transportation, there is no charge if your child does not attend the trip.
- ☺ Extended time: 6:30 pm to 7:00 pm (**but no later than 7:00 pm**) we charge \$2 for every 10 minutes. (6:31 pm - 6:40 pm = \$2    6:41 pm - 6:50 pm = \$4    6:51 pm - 7:00 pm = \$6).

## 2. Tuition, Fees, and Payment Policy:

1) One-time payment (in full) is due on **June 22, 2018**.

Check or cash is acceptable. Please make check payable to

### **Sunshine Group in NY, Inc.**

2) If the full tuition is not received by the above due date, your child may be removed from the program. Children with an outstanding balance will NOT be allowed to attend the program

3) All tuition and fees will NOT be refunded after **July 2, 2018**

4) The rates apply to the basic summer school program only, unless otherwise specified.

5) If the student is dismissed from Sunshine summer school Program all tuition and fees assessed are non-refundable and non-transferable. It CANNOT 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/force of nature.

6) The discount is only valid on the second or third child within the same family and must be enrolled for the entire 6 to 7 weeks of the summer school program from **July 2, 2018** thru **August 24, 2018**. Payment must be paid in full by **June 22, 2018**.

7) NO group discounts will be given to students from outside of a family.

8) NO refunds will be given for any absence. All tuition and fees assessed are also non-transferable and CANNOT 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.

If your check is returned to us for non-payment, a \$30 administration fee will be charged and MUST be paid in cash.

**3. Holiday:** The program is NOT in session on **July 4<sup>th</sup>, 2018**, Independent Day.

**4. Others:** please refer to Sunshine summer school program "ENROLLMENT POLICY"

### 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".