

July 1st, 2019 - August 16th, 2019

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 Primary Language at home Age Gender (M/F) Date of Birth (mm / dd / yyyy) Child is allergic to Name of School Grade for 2019-2020 school year **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):

		Relationship to Child		
		City, State, Zip		
) Phone		Cell Phone		
		ist Current Medications* and Side Effects		
zation to Administer Mo	ster M	dication Form.		
		() Physician's Phone Number		
for the well-being of yo	ig of y			
		e ISTEIN Summer School Program. I also verify that my child's my child in the event that neither I nor the physician can be contacted		
		Legal Guardian Name) do hereby grant permission for) to attend 2019 ISTEIN Summer School Program .		
		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 in Queens 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 22, 2019. 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 there are no refunds after July 1st, 2019. 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 <u>ISTEIN GLOBAL IN QUEENS INC</u>. I understand that full payments (one-time payment) are due on June 22nd, 2019

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**, **2019**. 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.

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

- 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 1st, 2019 thru August 16th, 2019, and the payment must be paid in full prior to the starting of the summer program, and that payments are due on June 22nd, 2019.
- 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 in Queens Inc. bounces.

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 in Queens 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 gua parent/legal guardian of the student(s) named					m the
	Student Name	Date o	f Birth	/	/	
2.	I acknowledge and understand that there are r including but not limited to: contusions, fracture	-			ns or any type of v	ehicles
3.	I, for myself and the student(s) named, willing are also risks may arise due to OTHER VECHICLI	· ·		nsportation	on and accept tha	t there
4.	I agree that the student(s) named, and I shall coverbal instructions as conditions for transporta		omary te	rms, poste	ed safety signs, rule	es, and
5.	I, for myself, the student(s) named, our heirs indemnify the independent owner of this IST subsidiaries, and affiliates, officers, and employ	TEIN facility, ISTEIN Global Ir	n Queens	Inc., the	eir predecessors, p	parent,
6.	I additionally agree to indemnify the indeper predecessors, parent, subsidiaries, and affiliate any and all claims, injuries, liabilities or damage	ndent owner of this ISTEIN fees, officers, and employees fo	acility, IS or any de	TEIN Glob	oal In Queens Inc	., their
7.	I am of physical ability to participate and am I execute this agreement without coercion.			complete	this agreement. I l	hereby
Studen	t Parent / Legal Guardian: Print Name					
			/	/		
Studen	t Parent / Legal Guardian: Signature			Date		
Emerg	ency 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 (8/19-8/30)	\$ 500	\$ 350

*Half Day: Morning Session 8 AM – 1 PM

Afternoon Session 1 PM – 6 PM

2) Discount:

Early Enrollment Discount:

- © \$ 100 OFF before April 30th, 2019
- S 50 OFF before May 30th, 2019 Retaining Discount:
- Additional 10% discount for siblings from same family
- 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:

- One-time payment in full and it is due on June 22nd, 2019.
 Check or cash is acceptable. Please make check payable to "ISTEIN Global In Queens 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 1st, 2019.
- 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 1st through August 16th, 2019, 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.
- 9) 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.
- 10) The programs offered, tuition is subject to change every year.
- Cash payment in the sum of \$30 for administration fee if any check written to <u>ISTEIN Global In Queens Inc.</u> bounces.
- **3. Holiday:** the program is NOT in session on July 4th, 2019 Independence Day.
- **D. Others:** please refer to ISTEIN 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 ISTEIN Global In Queens Inc.			
2. Late Fee: A \$30 late fee will be enforced for payments not received on due date 06/22/2019			
3. For details of the enrollment policy, please refer to enclosed "Enrollment Agreement".			