



Brooklyn  
Center for the Arts

# After School & Arts Enrichment Program

28 Madison Street  
Brooklyn, NY 11238

**\*\*PLEASE PRINT ALL INFORMATION\*\***

**Application Fee\*:** \$25 due upon receipt of application

**Deposit\*:** \$240 due upon receipt of application

**Weekly Tuition:** \$80 /per child

**Paid Monthly: \$320**

**Please indicate days of the week your child will attend**

Monday\_\_\_ Tuesday\_\_\_ Wednesday\_\_\_ Thursday\_\_\_ Friday\_\_\_ All Five Days\_\_\_

**Please indicate your child's 1<sup>st</sup> and 2<sup>nd</sup> choice for performing arts concentration:**

Instrumental Music Concentration \_\_\_ Dance Concentration \_\_\_

LAST NAME OF CHILD: \_\_\_\_\_ FIRST NAME OF CHILD: \_\_\_\_\_

Male: \_\_\_ Female: \_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ Grade in Fall 2019 \_\_\_\_\_

School Child Presently Attends \_\_\_\_\_

Home Address of Child: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home No.: \_\_\_\_\_ Cell No.: \_\_\_\_\_ Work No.: \_\_\_\_\_

Home Address (if different than child): \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address: \_\_\_\_\_

**PERSONS TO CONTACT IN CASE OF EMERGENCY**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home No.: \_\_\_\_\_ Cell No.: \_\_\_\_\_ Work No.: \_\_\_\_\_

Person, in addition to the above listed or guardian, to whom child may be released:

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home No.: \_\_\_\_\_ Cell No.: \_\_\_\_\_ Work No.: \_\_\_\_\_

**Emergency Contact** In the event of an emergency, I hereby give permission to representatives of Afterschool & Arts Enrichment Program to transport the minor to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

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

Family Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**How did you hear about our program?** \_\_\_\_\_

**PAYMENT DUE**

**OFFICE USE ONLY**

Total Deposit Paid (specify # of weeks of deposit _____)	\$
Application / Registration Fee (nonrefundable)	\$
Other (Specify _____)	\$
<b>GRAND TOTAL</b>	<b>\$</b>

<b>Date</b>						
<b>Amount Paid</b>						
<b>Balance Due</b>						

**Please Read**

- The application fee and deposit are non-refundable. However the deposit will be applied for the 1<sup>st</sup> week of April 2020, 1<sup>st</sup> week of May 2020 and finally 1<sup>st</sup> week of June 2020.
- You can cancel the school year registration at anytime, however you will forfeit your application fee and deposit.
- We require monthly payment of the tuition in advance of the month -- \$320 per month. **Your credit card or debit card on file will be charged on the published due date.** Late fees will be applied to all payments received after the scheduled due date. No exception.
- Transportation is available, however, prices for pick-up varies depending on the school location. Transportation prices are weekly and are also required in advance of the week. Late fees will be applied to all payments received after the scheduled due date. No exception.
- Students must have a medical form on file prior to coming to the program. Copies of forms submitted to the Arrows/Summer Splash, or any other camp using the NYC Department of Health medical form are acceptable, provided they were completed based on an exam less than one year prior to the your child's first day at the Afterschool program.
- Our half-day and full-day programs cover public school staff development days, and December, February and April holiday vacation weeks. Our schedule tends to follow the NYC Department of Education calendar, please see our calendar for our complete listing of holidays. These are additional services and therefore, additional fees will apply.
- Our latest pick-up time is 6:30p.m. A late fee of \$15 per 15 minutes interval will be applied after 6:00p.m.

By signing this agreement, I give BCA Afterschool & Arts Enrichment Program the perpetual, royalty-free right to use my child's photo(s) in publications, press releases, the program website, and the program social media pages.

I have read and understand this Registration Form and agree to abide by its terms.

PLEASE SIGN AND DATE

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

**For Internal Use Only**

Notes	Weekly/Monthly Tuition	Weekly/Monthly Transportation