



**Aviator Sports After School Program
Registration Form 2018-2019**
 HANGAR 5, FLOYD BENNETT FIELD
 BROOKLYN, NY 11234
(P): (718)-758-7550/7518
(F): (718)-758-9801

Child's Information

_____ Birth Date ____/____/____ Age _____ Sex: M F
 First Last

School Attending: _____ Grade _____ Classroom # _____

Does your child have an I.E.P? Yes _____ No _____ (If yes, please provide the most recent copy)

Home Address _____ Apt# _____ City _____ State _____ Zip _____

Phone # _____ Phone # _____ Email _____

PROGRAM FEES
(Please circle all that apply)

# of Program Days	5 Days	4 Days	3 Days	2 Days	1 Day
PAYMENT OPTION	Full Week	M T W TH F (Circle 4 days)	M T W TH F (Circle 3 days)	M T W TH F (Circle 2 days)	M T W TH F (Circle 1 day)
Full School Year Registration Fee	\$515 per month	\$455 per month	\$410 per month	\$315 per month	\$215 per month

ADDITIONAL SERVICE: No discounts apply	
Late Stay: Monday – Friday (6PM -7PM)	\$120 Month

Break Camps are NOT included within the ASP Fees

****Please note that the above listed prices include a daily snack and not the full meal option provided for additional cost see meal chart below****

Single Holidays in which Schools are closed and Aviator is open are included in the ASP FEES if your child attends normally on Day of closure

DISCOUNTS

(All Discounts apply ONLY to those families registering for 5 Day, 4 Day, or 3 Day Full Year Registration)

Sibling Discounts:

- 5% Off** (Register one child and receive discount for each additional child's registration)

Referral Discount:

Refer a new family to Aviator After School Program & you will receive a **\$35 credit** towards an Aviator Sports After School Program Payment.

Early Pay Out Discount: Pay full fee at registration and receive 10% off total cost of registration

PLEASE NOTE: A \$35 ANNUAL AVIATOR MEMBERSHIP IS REQUIRED FOR EACH STUDENT TO REGISTER



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Childs Name: _____

Parent Information		Date of Birth	Cell Phone	Work Phone	E-mail
Mother's Name					
Father's Name					

Parent(s) Marital Status (Please Mark) Single Married Divorced Separated Widowed

EMERGENCY CONTACTS (Other than Parent's)

1. Full Name: _____	Relationship _____	Phone _____
2. Full Name: _____	Relationship _____	Phone _____
3. Full Name: _____	Relationship _____	Phone _____

AUTHORIZED PICK-UPS*

*Your child(ren) will NOT be allowed to leave with an individual whose name is not listed as a Parent/Guardian above, or as an authorized Pick-Up below. Emergency Contacts do not constitute an authorized pick-up and must be listed in the separate column below as well. Siblings Under the age of 16 will not be allowed to pick up any child in afterschool programs.

1. Full Name: _____	Relationship _____	Phone _____
2. Full Name: _____	Relationship _____	Phone _____
3. Full Name: _____	Relationship _____	Phone _____
4. Full Name: _____	Relationship _____	Phone _____

How did you hear about us? (Please Specify)

Friend, if so who: _____ Newspaper Flyers Radio Email from Aviator
 Other (please specify) _____

NEW Student(s): Yes No, this will be my child's ___ year at the Aviator After School

CREDIT CARD INFORMATION

I _____ would like to store my credit card information for automated payments, or for payments made at any time over the phone.

Card holders name _____ Card # _____ Exp. _____

Signature: _____ Date _____



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Consent/Release Form

Child(ren)'s Name _____

Parent/Guardian Name _____

Relationship to Child _____

TERMS OF ENROLLMENT

1. Upon registration there will be a \$100 dollar amount charged to the initial installment payment. This amount will be credited towards the last/final month's payment.
2. There are **NO** Make-Up days should your child be absent for any reason, or will there be any discounts granted as a result of absences.
3. Payment is due on the 1st of every month. You may authorize above for Aviator Sports to automatically charge your credit card on the first of each month.
4. Late payments may result in discontinuation of services (your child is at risk of not being picked up from his/her designated school on the next scheduled program day). **There is a late payment charge of \$25.**
5. Any declined forms of payment will result in a **\$25 Administrative Fee.**
6. Cancellation/termination of enrollment to the program will result in a **\$100 cancellation fee.**
7. After School Program fees are calculated based on the number of school days in the academic calendar year. Fees are already adjusted due to Holiday's and any other closings. No further adjustments will be made.
8. There is an option of a daily rate of \$50 for short term After School Program enrollment, with approval.
9. Any child picked up from programming after 6:05 will be subject to a **\$15** late charge. (One Time courtesy)
10. Aviator reserves the right to stop services due to low enrollment of participants in any school.
11. Aviator sports will not be responsible for damage or loss of personal property.
12. Aviator Sports reserves the right to suspend and or expel any child from the After School Program.

By signing this form I am acknowledging that I have read and agree to the Terms of Enrollment listed.

Parent/Guardian Signature: _____ Date: _____

Participant Release of Liability and Assumption Risk Agreement

I hereby acknowledge and recognize that all activities within the Aviator Sports After School Program involves inherent risks, dangers, and hazards which can cause serious personal injury or death. I understand that despite Aviator Sports & Events Center's best efforts, not all inherent risks can be eliminated from the Activity. As such, I hereby freely assume and voluntarily accept all known and unknown risks of serious injury or death while participating in the activities at Aviator Sports & Events Center. My child's participation in the activities is voluntary, and I recognize that they are participating despite knowledge of the inherent risks of the activities. I acknowledge that the staff of Aviator Sports & Events Center has been available to more fully explain to me the nature of, and inherent risks in the activities. I further acknowledge and recognize that the best way to reduce the risks of serious injury or death is to use common sense and obey all posted signage.

Parent/Guardian Signature: _____

Date: _____



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Parent/Guardian Name _____ **Relationship to Child** _____

General/Photo Consent

As parent/guardian of the above named child/children, I agree to allow my child to participate in all programs/trips and allow the use of any photographs or videos for media materials related to both the programs of the After School Program and any other applicable program managed/organized by Aviator Sports and its entities. I also hereby agree and understand that I am entitled to receive no compensation for any of the materials that may be used in these promotions.

Signature _____

Rock Climbing/Sky Jump Consent

As parent/guardian of the above named child/children, I give my child/children permission to participate in the Rock Climbing/Sky Jump Activities located in the Aviator Sports Facility.

Signature _____

Gymnastics/Ice Skating Consent

As parent/guardian of the above named child/children, I give my child/children permission to participate in both the Ice Skating and Gymnastics activities located in the Aviator Sports Facility.

Signature _____

Trip & Transportation Release

As parent/guardian of the above named child/children, I hereby release the Aviator Sports After School Program from all liability arising out of his/her transportation on the school bus to Aviator Sports After School Program and throughout all the extra curriculum activities including daily trips.

Signature _____

Medical Release Agreement

As parent/guardian of the above named child/children, I give my permission for my child/children to receive whatever emergency medical care that may be deemed needed by Aviator Sports After School Program personnel for the treatment of any injury that may be incurred while in the programs activities or swimming on premises or elsewhere.

I understand Aviator Sports After School Program will attempt to contact the listed guardians and if unreachable an emergency contact before or immediately after such emergency treatment is rendered.

Medical form is due before child's start date. NO child will be allowed to start before a complete medical form is on file.

Parent/Guardian Signature _____



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MEAL PLAN	PRICE
YEARLY (Pay in Full Option)	\$1200.00 (10 Months)
MONTHLY	\$150.00
DAILY	\$10.00