



~ NEIGHBORS SERVING NEIGHBORS ~

156-15 Sanford Ave, Flushing, NY 11355

www.murrayhillflushing.com

SUMMER YOUTH PROGRAM 2021

APPLICATION FOR ADMISSION

We only accept cash and checks. Checks should be made payable to **MHNA**.

8 am - 4 pm

\$299 JULY__ \$299 AUGUST__

4 pm - 6 pm

\$149 JULY__ \$149 AUGUST__

Registration Fee Applied (waived for all previously enrolled students)

Total Price \$ _____

1. Student's Information

_____ / _____ / _____

Last Name First Name M/F Birth Date **NEXT** Grade School

2. Parents/Guardian's Information

| | | |
|------------------------------------|--------------------|--------------------|
| Parent Contact Information: | | |
| Parent #1 | | |
| Cell Phone: | Work Phone: | Home Phone: |
| Parent #2: | | |
| Cell Phone: | Work Phone: | Home Phone: |

Address: _____

Street City State Zip Code

Preferred Contact Language (Circle Option): ENGLISH SPANISH CHINESE

4. Has the student ever repeated a grade? If yes, describe which grade and why. _____

5. Has your child ever been referred or treated for (check all that apply):

- Learning disabilities Language processing ADHD/ADD Emotional difficulties IEP
- Other Special Education

If yes, please explain. _____



FOR OFFICE USE ONLY:
T-SHIRT - EXTRA \$10 (circle): Y-small Y-medium Y-large
A-small A-medium A-large

RECEIPT # _____

REG form # _____

BLUE CARD COMPLETE: Y / N T-SHIRT RECEIVED: Y / N

- Initial / most recent testing dates: _____ Please submit a copy of most recent test results. (Optional)

6. Does your child have any physical disabilities we need to provide for? If yes, please explain.

In signing this, I agree that:
I have read all policy sections (attached) and shall comply with every precept thereof.

X _____
 PARENT/GUARDIAN'S SIGNATURE DATE

X _____
 Parent Coordinator's Signature Date

 PRINT NAME

 Print name

***A ONE-TIME, NON-REFUNDABLE REGISTRATION FEE OF \$50 MUST ACCOMPANY THE SUBMISSION OF THIS APPLICATION FORM (waived for all previously enrolled students)**



BLUE CARD

Please list all names of people authorized to pick your child up:

- | | |
|---------------|-----------------------------|
| 1. Name _____ | Relationship to Child _____ |
| 2. Name _____ | Relationship to Child _____ |
| 3. Name _____ | Relationship to Child _____ |
| 4. Name _____ | Relationship to Child _____ |
| 5. Name _____ | Relationship to Child _____ |

Please list anyone that is legally unauthorized to pick up the above named child:

Name _____

Name _____

Murray Hill Neighborhood Association Summer Program Emergency Contact Form

| | | |
|--------------------------|---------------------------|-------------------------------|
| Doctor's Name: | | Child's date of birth: |
| Phone: | Fax: | |
| Address: | | |
| Insurance Company | Insurance Policy # | Effective dates: |

ALLERGIES:

- My child has no known allergies.
- My child has **an allergy** to the following food(s): _____
Describe reaction if food is eaten and what is done to manage it:

- My child is allergic to the following **medication(s)**: _____
- My child is allergic to the following **substance(s)**: _____
- My child has the following **chronic health condition(s)**: _____

Medication:

- My child is on the following medication*: _____
- *ASP staff will NOT administer medication, except in an emergency situation, unless we have explicit permission from parents.

While your child is in our care, an accident, emergency, or illness may occur that requires immediate medical attention without sufficient time to contact parents/guardians. We need to keep an authorized consent in advance by parents or legal guardians for such treatment

| | |
|--|--|
| Emergency Contact Person #1: | Emergency Contact Person #2: |
| Phone # | Phone # |
| Relationship to Child: | Relationship to Child: |
| Is this person authorized to pick up your child? Yes /No | Is this person authorized to pick up your child? Yes /No |

Authorization to Consent to Treatment of a Minor

I hereby authorize Murray Hill Neighborhood Association After School Program to engage for my child _____, at my expense any **necessary emergency medical or dental care including but not limited to the first aid treatment**, until I can be informed and make further arrangements. It is understood that every effort will be made by Murray Hill Neighborhood Association After School Program to contact me. This authorization will expire on September 7, 2021.

PARENT/GUARDIAN'S NAME: _____

PARENT/GUARDIAN'S SIGNATURE: _____ **DATE:** _____



Murray Hill Neighborhood Association
After School Program
156-15 Sanford Ave Flushing, NY 11355 (646) 584 - 9118

PARENTAL CONSENT FORM

I hereby give to the Murray Hill Neighborhood Association permission to produce, reproduce, display, advertise, or otherwise use, any and all photographs, films or other media taken of my child, _____, in conjunction with an after school work or activity.

I understand that this is designed to showcase my child's participation in an after school program setting and is not for a profit venture. Therefore, no fees will be paid to my child or me by the Murray Hill Neighborhood Association, staff, individual or any related organization.

I understand that the information to be published or posted does NOT include my child's personal identifiable information such as my child's last name, address, phone number etc.

PARENT'S SIGNATURE

DATE

PARENT'S NAME (PRINT)

PLEASE READ; THEN, KEEP THE FOLLOWING PAGES FOR YOUR RECORDS

PROGRAM OVERVIEW

Murray Hill Neighborhood Association provides children with safe and enriching community summer programs that offer a time of storytelling from God’s Word, youth mentorship, constructive and creative activities, organized team sports, supervised study and classroom time, academic tutoring, recreation, kids computer programming, extra curricular activities and family support in a nurturing Christ-centered environment. In order to provide the highest quality service, we ensure quality staff and support systems with periodic program evaluation by the board of the Association.

PROGRAM HOUR (4 days per week)

The “Community Enrichment” Program begins at 8 am and ends at 4 pm. Breakfast is from 8 - 8:30am. Extended hours are available from 4 pm - 6 pm for an additional price.

****There are NO regular sessions held on field trip days***

Program Contact

Summer Program Director: Renee Choong (中文) - **631-974-1896**
Office: 646-584-9118

Daily Schedule

8 - 830 am: Breakfast and check-in.
8:45-10:45 am: Academic Instruction in Math and English Language Arts.
10:45 - 4 pm: “Community Enrichment” Program (Bible, Extracurricular Activities, Team Games, Sports, community-building activities. **FREE LUNCH SERVED @ 12 pm**)
4 pm: Dismissal 1
4 pm – 530 pm: Extended hour (academic enrichment, tutoring, brief recreation, snack)
530 pm - 6 pm: Dismissal 2

FIELD TRIP GENERAL POLICIES (7 trips): **Regular morning and afternoon programming shall NOT be provided on trip days.** The trips usually last from 7am to 6pm. (Some trips may last until 10pm.) Trip participation is based on a first come, first serve basis; space is limited so register as soon as possible. Free lunch will be provided on some trips, but not



on others. Please see the trip schedule to find out which trips you would need to provide lunch for your child. For trip participation, an MHNA SP T-SHIRT is required (\$10).

FINANCIAL POLICY 2021

Tuition: \$299 JULY (7/5 - 7/30); \$299 AUGUST (8/2 - 8/20).
\$149, 4 pm - 6 pm JULY; \$149, 4 pm - 6 pm AUGUST

Weekly installments shall not be accepted, nor shall any fraction of the tuition fee be negotiated. The tuition is a *flat rate* covering only the weekdays within a respective month. The days covered by the July enrollment fee payment shall not extend into August under any circumstances.

For a student to attend any day, week, or set of days or weeks within the month of July, a tuition fee of \$299 must be paid on the first day of attendance. The same policy applies to the month of August. There are no pro-rated price options.

Registration Fee: A one-time \$50 registration fee will apply to each new enrollee. The registration fee must accompany the registration form. The fee will be waived for all previously enrolled MHNA students.

Trips: Each trip has its own fee. All trip payments will be due at designated due dates. Failure to pay by the due date will result in your child not being guaranteed a spot on the trip.

Payments:

All payments are due up front before a student attends the program. Failure to pay will result in a student not being allowed admission into the program.

Transportation:

One - way transportation from the Summer Program Site to a student's home at 6PM is available at affordable rates. Please speak with the front desk for more information.

Refund Policy

Tuition is neither refundable nor transferable. This policy applies in all circumstances including inclement weather and natural or man-made upheavals.

GENERAL POLICIES

LATE PICK-UP FEES

Any child picked up after 4:05pm or 6:05pm will be subject to a \$6 per 15 min late fee (\$24 per hour). If you will be late to pick up your child, please notify the program beforehand.



BREAKFAST POLICY

Breakfast is served from 8-8:30am. Breakfast will NOT be provided after 8:30am sharp. Please make sure you drop off your child prior to 8:15 if you would like breakfast.

SIGN OUT & BLUE CARDS

To ensure the safety of every child entrusted to MHNA Afterschool Program, all persons intending to pick up a child must sign out at the front entrance. On the blue card forms please indicate the names of all persons who will be authorized to pick up your child. Any person not on your child's blue card will be considered unauthorized to pick up your child. MHNA reserves the right to prevent all unauthorized persons from picking up a child. **Anyone who comes to pick up a child must show proper identification.**

ABSENCES

Please notify the Parent Coordinators if your child will be absent from the program on any day.

CELL PHONES / ELECTRONICS

Smartphones, electronic devices, video games and any devices that have internet access will not be permitted for use by any students during Program hours. If such devices are found, they will be confiscated and returned promptly to parents. If your child needs a smartphone for emergencies, please notify us verbally, by text message or writing and see that it is kept in his/her backpack to be used only when absolutely necessary. If you must speak to your child during after school program hours, we kindly ask that you call the Parent Coordinators. **All cell phones of children must be checked in at the front entrance daily.**

DISCLAIMERS:

MHNA SUMMER PROGRAM IS NOT RESPONSIBLE FOR LOST PHONES OR FOR ANY OTHER LOST PERSONAL ITEMS (SUCH AS ELECTRONICS, TOYS, AND JACKETS).

DISMISSAL FROM PROGRAM BASED ON BEHAVIORAL INFRACTION

A student who commits a serious behavioral infraction of the student code of conduct is subject to immediate dismissal from MHNA Summer Program. However, most times, a student involved in a serious behavioral infraction will be referred to the MHNA board of trustees for evaluation or assigned disciplinary monitoring. When a student is dismissed from MHNA SP, parents are responsible to pay tuition for all days a student was in attendance. Any residual tuition, beyond the last day of attendance, will be refunded.

COVID-19 Safety Plan (2020):

(certain elements of last year's safety plan may or may not be implemented for this year, 2021.)

1. Children must attest to being healthy for at least 14 days prior to attending the program.
2. Children will be asked to wear masks for the duration of their daily stay at MHNA.
3. Children's hands will be frequently washed or sanitized throughout various segments of the program and between activities.
4. Children are required to have their temperature taken at the front desk each morning.
5. Regarding sick children, they will be sent to a private room and supervised by staff from a distance. The program director will contact the child's parents and send the child home. MHNA reserves the right to deny entry to any sick children until medical clearance has been obtained.
6. 6 feet distancing will be maintained between groups at all times. Groups will be kept stable.
7. Classroom sizes will be kept at the lowest possible volume in accordance with distancing measures.
8. To the extent possible and where necessary, seating areas throughout the program and during instructional segments will be configured to facilitate distancing.
9. Indoor activities are limited and outdoor activities are increased, wherever possible.
10. Site disinfecting and cleaning practices in all used spaces will be performed throughout the day; deep cleaning will be conducted at the end of each day.
11. Hand sanitizer stations are available in various locations throughout the program. Hand sanitizer bottles will be carried by staff as well.

12. Staff as well as any adult or visitor will wear personal protective equipment (ppe) whenever they interact with or are in the vicinity of children. Wherever children are not present, staff as well as any adult or visitor will wear ppe whenever 6 feet distancing cannot be achieved.
13. Staff must attest to being healthy for at least 14 days prior to attending the program.
14. Visitors will not be allowed on site