

Indoor Sports Group USC After School Program

636 South Broadway Yonkers, NY. 10705

TEL.914.965.2619

FAX 914.476.2050

EMAIL info@uscgymnasticsandbaseball.com

TODAY'S DATE: ____/____/____

Parent Email #1 _____

Parent Email #2 _____

Participant's Name _____

D.O.B. ____/____/____ Age ____ Sex _____ ELECTRONIC WAIVER

If there are multiple kids fill out separate form & indicate 1st child 2nd child 3rd child

Mother's Name _____ Cell Phone # _____

Father's Name _____ Cell Phone # _____

Child's Address _____

Emergency Contact _____ Phone # _____ Relationship to child _____

Does your child have any allergies? Circle YES NO

If YES Please indicate which allergies _____

Please select **Place a "√"**

5 Days \$4,750	<input type="checkbox"/>
4 Days \$4,450	<input type="checkbox"/>
3 Days \$3,950	<input type="checkbox"/>

Please Circle the Days Attending:

MON TUE WED THU FRI

If you need to change days a Change Request Form must be filled out (7 day notice needed)

Tuition includes pick up.

Pick up service areas:

Riverdale Area:

Surrounding -
Broadway 230th
Riverdale Ave- South
Broadway-

Yonkers Area

Please select Pick Up & Drop Off: **Place a "√"**

School Pick up & Parent Pick Up	<input type="checkbox"/>
Parent Drop Off & Parent Pick Up	<input type="checkbox"/>

Photo Release: I grant USC permission to take photos of my child during class activities for promotional ads and website usage. YES NO

Parent Signature _____

School Name _____

Address _____ Telephone _____

Grade ____ Teacher _____ Dismissal Time _____ Pick Up Location _____

Enrollment Contract (Updated as of August 2018): Please initial next to each statement: By Filling Out this form I certify that I have received USC Gymnastics & Baseball Training Facility policies and agree to all policies set forth

Payment Options: Check which one and initial

_____ 5% Discount - 1 time full year payment _____

_____ 2% Discount - 3 equal payments due by 9/1 - 10/1 - 11/1 _____

_____ 10 % Sibling Discount off the entire tuition for 2nd and 3rd child of the same family _____

_____ Monthly payment option. 1st month & last month Deposit is due upon registration and remaining balance will be divided into monthly payments due on the 1st of each month _____

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USC plans and provides a space for your child in our program and transportation van for the entire school year, therefore

I understand that there is no reimbursement if I pull my child out of the program once I paid my tuition or monthly deposits _____

I understand that USC plans and provides a spot for my child in the After School Program therefore any missed classes cannot be deducted from tuition _____

I understand that USC After School Program tuition is based on the NYC public school schedule which includes all holidays, school closures, half days and school breaks _____

I understand that if my child attends a private school with different holidays and school closures than the NYC Public School Schedule, that USC may be closed on days that my child has school and that it is my responsibility to find After School Care on those days, and I will still be charged the same program tuition amount _____

I understand that my tuition must be paid in full regardless of missed days due to religious holidays, family vacations, personal appointments or any unexpected school closures _____

If I select monthly auto draft payment option, I understand there is 2 months due in advance for each child upon registration (non-refundable/non-transferrable). There is a 3% fee when paying with credit card/debit card. I understand there is a \$35 fee for any returned checks and USC will only accept cash/debit payments if I have a returned check _____

If my child missed his/her scheduled day I cannot switch to make up missed day _____

If my child is absent from school or will not need to be picked up, I understand that I will notify USC Staff by phone 914-965-6591 or Email info@uscgymnasticsandbaseball.com _____

I understand there is an automatic **late fee of \$50.00** if payment is received after the 5th of the month. After the 11th I will contact management in order for my child to remain in the program _____

I understand that my child will no longer be able to attend the program due to non-payment _____

I understand pick up is until 6:30pm, and there is a late pickup fee of \$10 (applied for every 15 minutes) that must be paid same day _____

If I select monthly auto draft payment option, I understand there is a payment of 2 months due for each child upon registration (non-refundable/non-transferrable). There is a 3% fee when paying with credit card/debit card. I understand there is a \$35 fee for any returned checks and USC will only accept cash/debit payments if I have a returned check _____

I understand that if I need to add a non-scheduled day for pick up for my child that it is based on space availability in our van, and USC may not guaranteed pick up for that day. If van space is available, an additional daily fee will be added to my monthly payment. _____

I understand that USC reserves the right to determine whether or not my child will be a good fit in the USC After School Program. If USC determines that your child should not continue in the program for conduct and/or behavioral reasons, USC will un-enroll your child and return any monies due for the following weeks to come _____

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I confirm my child has a signed electronic facility participation waiver _____

(Please go to <https://www.uscgymnasticsandbaseball.com> Click on the RED Facility Waiver tab in order to fill one out)

I give permission for my child to be picked up from school and/or dropped off at home by appointed USC Gymnastics and Baseball Training Facility transportation staff _____

I understand that the use of the facility involve activities that come with risks and uncertainties that my child may not be used to at home or at school. I realize that no environment is risk-free and I agree to waive any claims for damage, injury, or illness against Indoor Sports Group /DBA: USC Gymnastics & Baseball Training Facility or its agents while utilizing any of its facilities _____

I understand that if my child is allergic to any foods, it is my responsibility to educate my child on not eating any other foods from any other students in the program other than what's given in their lunch box _____

I give permission to my child to eat/drink all KOSHER snacks & drinks provided by the USC Staff _____

I give permission to my child to go on outdoor trips to nearby local parks and/or baseball field _____

I give permission to the following people to pick up my child from USC's ASP:

Name _____ Relationship to child _____ Tel# _____

Name _____ Relationship to child _____ Tel# _____

Name _____ Relationship to child _____ Tel# _____

*DO NOT give Permission to _____ Relationship to child _____
to pick up my child _____ (initials)

