

# PASSOVER RECESS 2024

188 MAPLE AVENUE ROCKVILLE CENTRE, NY 11570  
516-763-1299 CATSRVC@GMAIL.COM



Credit Card number: \_\_\_\_\_ NO AMEX  
Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_  
VISA, MASTERCARD or DISCOVER ONLY!

## CHECK DATES & TIMES:

MON. 4/22 \_\_\_\_\_ TUES. 4/23 \_\_\_\_\_ WED. 4/24 \_\_\_\_\_ THURS. 4/25 \_\_\_\_\_ FRI. 4/26 \_\_\_\_\_

SAT. 4/27 \_\_\_\_\_ SUN. 4/28 \_\_\_\_\_ MON. 4/29 \_\_\_\_\_ TUES. 4/30 \_\_\_\_\_

**3 HR OPTIONS:** check 9:00/9:15-12:00/12:15 \_\_\_\_\_ or enter in time slot here \_\_\_\_\_

**4 HR OPTIONS:** check 9:00/9:15-1:00/1:15 \_\_\_\_\_ or enter in time slot here \_\_\_\_\_

**FULL DAY OPTIONS:** 9:00/9:15-3:00/3:15 \_\_\_\_\_ or 9:00/9:15-4:00/4:15 \_\_\_\_\_

Please print clearly:

Child's Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address (Print Clearly): \_\_\_\_\_

Parent's Names: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Please indicate if child has/had any physical problems, allergies, limitations, disabilities, illnesses, etc.:

**Your child MUST stay home if they have any of the symptoms from this list: Fever of 100.4 degrees Fahrenheit or higher, new cough or a cough gets worse, difficulty or trouble breathing, new loss of taste or smell, sore throat, nausea, vomiting, diarrhea, chills, muscle pain, excessive fatigue, new or severe headache, new nasal congestion or runny nose.**

School now attending: \_\_\_\_\_ Dismissal Time: \_\_\_\_\_

I am the parent/guardian of \_\_\_\_\_ and I certify that my child has no known conditions that prohibit or limit participation in CATS.

I assume ordinary risks when using the facilities and agree not to hold Children's Athletic Training School, Inc. or any of its instructors liable for any injury sustained as a result of participation in CATS classes.

I will see that my child will be supervised prior to and after his/her CATS classes. CATS reserve the right to expel any student whose behavior is considered disruptive and/or dangerous to him/her or others. Expelled students are not eligible for a refund.

I understand that payment is due upon registration and that the Children's Athletic Training School, Inc. reserves the right to cancel a class due to insufficient enrollment.

I understand that CATS, Inc. retains the right to any photographs taken at CATS to be used for publicity or advertising.

**I understand that there will be no make up days given.**

I understand that there will be **NO REFUNDS GIVEN** under even the most extenuating circumstance.

**CATS WILL PROVIDE A NUT FREE SNACK; LET US KNOW ABOUT ANY ALLERGIES! YOU MAY SEND A NUT FREE LUNCH OR \$3 NAME LABELED FOR PIZZA IF YOUR CHILD IS HERE BETWEEN 12:00 & 12:30.**

**This form must be signed in order that enrolled child may attend the program.**

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_