

# Club M.A.X.

at Shelter Rock Elementary School

FOR CHILDREN IN PRE-K - 6



Daily STEM & Coding Activities!



**WE CREATE A FUN, SAFE, CARING, ATTENTIVE CAMP EXPERIENCE WHERE KIDS FEEL COMFORTABLE TO LEARN AND GROW!**

Option 1- \$1,450  
4 Weeks  
July 6-31, 2020  
7:30am-6:30pm

Swimming  
Tues & Thurs  
In July!

Option 2- \$1,150  
4 Weeks  
July 6-31, 2020  
9:00am-5:00pm

Air Conditioned Facility!

Adventure Week 1  
Option 3- \$500  
August 3-7, 2020  
7:30am-6:30pm  
Trips to Bounce & Adventureland

\*Accommodations will not be made for children who are not attending the field trips.

Adventure Week 2  
Option 4- \$500  
August 10-14, 2020  
Trip to the Bronx Zoo & Long Island Aquarium

Staycation  
Option 5  
August 17-21, 2020  
\*Pending on when school begins\*  
7:30am-6:30pm  
\$55/day-3 day minimum  
\*Challenge Island & Soccer Shots\*

Themes!

Full STEAM Ahead!  
Minute to Win It!  
Prehistoric Adventure  
Olympics  
Edible Engineering  
MAD Science!  
Wild at Art  
Through the Decades  
Passport Week

**-Register Now-**

Manhasset Afterschool Xperience, Inc.  
Roni Jacobson, Executive Director  
(516) 343-8840  
manhassetmax@yahoo.com  
www.manhassetafterschoolxperience.org



Actors Garage & Hip Hop Weekly in July!

# CLUB M.A.X. 2020

Manhasset Afterschool Xperience, Inc.

C/o Shelter Rock Elementary School

27A Shelter Rock Road

Manhasset, New York 11030

Roni Jacobson (516) 343-8840

Email: manhassetmax@yahoo .com

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## REGISTRATION FORM FOR CLUB M.A.X- July 6<sup>th</sup> – August 21<sup>st</sup> 2020

**See tuition sheet for prices, check payable to M.A.X. upon registration.**

Child/Children's name: \_\_\_\_\_ Grade Sept 2020 \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_ Last Teacher/School \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mother's contact phone number(s): \_\_\_\_\_ Email \_\_\_\_\_

Father's contact phone number(s): \_\_\_\_\_ Option(s) selected \_\_\_\_\_

Does your child have any allergies? For example: foods or medicines? \_\_\_\_\_

**\*IF YOUR CHILD IS GOING TO BE ABSENT FROM CLUB M.A.X., PLEASE CONTACT RONI JACOBSON, DIRECTOR AT 516-343-8840, THE EVENING BEFORE, OR PRIOR TO 7:30 AM.**

### I GIVE PERMISSION FOR...

1)...M.A.X. staff to render First Aid to my child as needed, or to contact my child's doctor if I am not available (\_\_\_\_\_) (*initial here*)

**2)...M.A.X. staff to seek emergency medical treatment at Northwell Health for my child, in the event that I cannot be contacted immediately. The M.A.X. Director or Site Supervisor will call 911 and escort my child by ambulance to said hospital. (\_\_\_\_\_) (*Initial here*)**

3)...M.A.X. to use the art work and photographs of my child for publicity purposes and for fundraising for the M.A.X. program. (\_\_\_\_\_) (*Initial here*)

4)...the following people have permission to pick up my child from M.A.X., if for some unforeseen reason I or my spouse cannot do so. (\_\_\_\_\_) (*Initial here*)

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

5)...I understand that I must inform M.A.X. of any special needs or problems my child may have.

(\_\_\_\_\_) (*Initial here*)