

RISE N' SHINE AT EARLY MORNING M.A.X.

MUNSEY PARK
7:00AM - 8:30AM

\$25/ DAY
INCLUDES A LIGHT
BREAKFAST



CONTACT

RONI JACOBSON

516-343-8840 OR

MANHASSETMAX@YAHOO.COM

Early Morning M.A.X.

2019-2020

Manhasset Afterschool Xperience, Inc.
c/o Munsey Park Elementary School
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REGISTRATION FORM FOR EARLY MORNING M.A.X. SCHOOL YEAR 2019-20

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

Child/Children's name: _____ Grade Sept 2019 _____
Parent/Guardian Names: _____
Address: _____ Date of Birth: _____
Mother's contact phone number(s): _____ Email address _____
Father's contact phone number(s): _____ **Days (circle) Mon, Tues, Wed, Thurs, Fri**
Does your child have any allergies to any foods or medicines? _____

***IF YOUR CHILD IS GOING TO BE ABSENT FROM Early Morning M.A.X., PLEASE CONTACT RONI JACOBSON, DIRECTOR AT 516-343-8840, THE EVENING BEFORE, OR PRIOR TO 6:15 AM.**

Please also complete below

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 (_____) (*provide initials here*)
- 2) ...M.A.X. staff to seek emergency medical treatment at North Shore University Hospital 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. (_____) (*provide initials 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. (_____) (*provide initials here*)
- 4) ...the following people to be able to pick up my child from M.A.X. if, for some unforeseen reason, I or my spouse cannot do so. (_____) (*provide initials here*)

NAME _____	RELATIONSHIP _____	PHONE _____
NAME _____	RELATIONSHIP _____	PHONE _____
NAME _____	RELATIONSHIP _____	PHONE _____
NAME _____	RELATIONSHIP _____	PHONE _____

- 5) ...I understand that I must inform M.A.X. of any special needs or problems my child may have. Registration and fee will be determined by the Director. (_____) (*provide initials here*)

Licensed by New York State Office of Children and Family Services