

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.

2020-2021

Manhasset Afterschool Xperience, Inc.
c/o Munsey Park Elementary School
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REGISTRATION FORM FOR EARLY MORNING M.A.X. SCHOOL YEAR 2020-21
See tuition sheet for prices, check payable to M.A.X. upon registration.

Child/Children's Name: _____ Grade Sept 2020: _____
Parent/Guardian Names: _____
Address: _____ Date of Birth: _____
Mother's Contact Phone Number(s): _____ Email: _____
Father's Contact Phone Number(s): _____ Email: _____
Days (circle): **Monday** **Tuesday** **Wednesday** **Thursday** **Friday**
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 _____

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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)