

# STAY AND PLAY

## SUMMER CLASS

Ages 1 | 2

### 10 WEEKS OF SUMMER

DAY	TIME	LEVEL	AGE
Wed.	3:15-4:00PM	Baby/Kiddie CATS	1.5 -2.9 yrs.

Wednesday: June 19th- August 21st

PAY for 8 Weeks Over the 10 Week course!

Cost: \$320



# New Format For SUMMER CAMP

- NO more weekly registration
- You now sign up by the day
- The more days signed up for the bigger the discount
- Determine the number of days you want (Minimum 10 days)  
See pricing brackets on inside
- Early Bird Discount until 3/31/19
- Specific days must be picked by 5/15/19

**Get in the Game!**



2019

6/17 to 8/23

**Sign up by March 31, 2019  
to get the Early Bird Discount**



TENNIS,  
MULTI-SPORTS  
& SO MUCH MORE!



235 East 49th Street  
Phone: 212-832-1833 x 0  
Fax: 212-832-1881  
[www.catsny.com](http://www.catsny.com)  
[catsturtlebay@gmail.com](mailto:catsturtlebay@gmail.com)

## Half Day

For Boys & Girls

**3 to 4.0 years old**

06/17/19 - 08/23/19

9 am to 1 pm

Rates are per day!

	<b>EARLY BIRD Price</b> Until 3/31/19	Regular Price After 3/31/19
10 Days	\$100/day	<b>\$104/day</b>
11-15 Days	\$96/day	<b>\$100/day</b>
16-20 Days	\$92/day	<b>\$96/day</b>
21-30 Days	\$88/day	<b>\$92/day</b>
31 Plus Days	\$86/day	<b>\$90/day</b>

When enrolling, I understand that the discount applies ONLY to the days within the bracket I signed up for initially (those days need not be consecutive), and those originally chosen days cannot be exchanged later. If I add an additional day(s) later, that day(s) would cost the daily amount of the of the bracket from which I initially chose my days. For Example, (after early bird special) if the '11-15' Half Day Bracket was chosen, and you wanted to add on a certain number of days that cost would be \$96.00 a day based on our '11-15' Half Day Bracket.



## CATS ACTIVITIES

Children will enjoy professionally supervised activities in our safe, air-conditioned sports center.

- TENNIS TWICE/WEEK
- MULTI SPORTS with GAME PLAY
- SKILL DEVELOPMENT
- MUSIC & MOVEMENT
- ARTS & CRAFTS
- DOJO TIME
- BACKYARD WATER ACTIVITIES
- STORY TIME & SNACKS
- NUT FREE LUNCH with COACHES

CATS of 49th Street, Inc.  
235 E. 49th St. New York, NY 10017  
212-832-1833 X 0

[catsturtlebay@gmail.com](mailto:catsturtlebay@gmail.com)

[www.catsny.com](http://www.catsny.com)

Please Read CATS'  
Registration Contract Thoroughly  
Before Signing!

## Full Day

For Boys & Girls

**4 to 7 years old**

06/17/19 - 08/23/19

9 am to 3 pm

Rates are per day!

	<b>EARLY BIRD Price</b> Until 3/31/19	Regular Price After 3/31/19
10 Days	\$138/day	<b>\$144/day</b>
11-15 Days	\$132/day	<b>\$138/day</b>
16-20 Days	\$126/day	<b>\$132/day</b>
21-30 Days	\$123/day	<b>\$126/day</b>
31 Plus Days	\$120/day	<b>\$123/day</b>

When enrolling, I understand that the discount applies ONLY to the days within the bracket I signed up for initially (those days need not be consecutive), and those originally chosen days cannot be exchanged later. If I add an additional day(s) later, that day(s) would cost the daily amount of the of the bracket from which I initially chose my days. For Example, (after early bird special) if the '11-15' Half Day Bracket was chosen, and you wanted to add on a certain number of days that cost would be \$96.00 a day based on our '11-15' Half Day Bracket.





**CATS of 49th Street, Inc.  
REGISTRATION FORM ~  
SUMMER 2019**

(No AMEX)-----only Master or Visa # \_\_\_\_\_

Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ 3 Digit CODE: \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_

Parent \_\_\_\_\_ Parent \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Email Address: \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Pediatrician's Phone \_\_\_\_\_

In case of emergency first contact #: \_\_\_\_\_

Please indicate if your child has any allergies, physical limitations, disabilities or illnesses: \_\_\_\_\_

School attending in the fall: \_\_\_\_\_

<b>OFFICE USE ONLY</b>	<b>OFFICE USE ONLY</b>
Cost: _____	Cost: _____
Pd: _____	Pd: _____
Visa, MC _____	Visa, MC _____
Check # _____	Check # _____
Date: _____	Date: _____

<b>OFFICE USE ONLY</b>	<b>OFFICE USE ONLY</b>
Cost: _____	Cost: _____
Pd: _____	Pd: _____
Visa, MC _____	Visa, MC _____
Check # _____	Check # _____
Date: _____	Date: _____

Half Day EARLY BIRD Price	Regular Price 1/2 Day
Until 3/31/19	After 3/31/19
10 Days \$100/day	<b>\$104/day</b>
11-15 Days \$96/day	<b>\$100/day</b>
16-20 Days \$92/day	<b>\$96/day</b>
21-30 Days \$88/day	<b>\$92/day</b>
31 Plus Days \$86/day	<b>\$90/day</b>

Full Day EARLY BIRD Price	Regular Price Full Day
Until 3/31/19	After 3/31/19
10 Days \$138/day	<b>\$144/day</b>
11-15 Days \$132/day	<b>\$138/day</b>
16-20 Days \$126/day	<b>\$132/day</b>
21-30 Days \$123/day	<b>\$126/day</b>
31 Plus Days \$120/day	<b>\$123/day</b>

Check your choice of Program  
 \_\_\_\_\_ Ages 3-3.11 Half Day Program 9:00-1:00      \_\_\_\_\_ Ages 4-7 Half Day Program 9:00-3:00

**PLEASE CHECK WEEKS AND CIRCLE DAYS. 10 DAY MINIMUM.**

_____ Week 1	June 17 <sup>th</sup> – June 21 <sup>st</sup>	M T W Th F
_____ Week 2	June 24 <sup>th</sup> – June 28 <sup>th</sup>	M T W Th F
_____ Week 3	July 1 <sup>st</sup> – July 5 <sup>th</sup>	M T W <i>Closed</i> F
_____ Week 4	July 8 <sup>th</sup> – July 12 <sup>th</sup>	M T W Th F
_____ Week 5	July 15 <sup>th</sup> – July 19 <sup>th</sup>	M T W Th F
_____ Week 6	July 22 <sup>nd</sup> – July 26 <sup>th</sup>	M T W Th F
_____ Week 7	July 29 <sup>th</sup> – August 2 <sup>nd</sup>	M T W Th F
_____ Week 8	August 5 <sup>th</sup> – August 9 <sup>th</sup>	M T W Th F
_____ Week 9	August 12 <sup>th</sup> – August 16 <sup>th</sup>	M T W Th F
_____ Week 10	August 19 <sup>th</sup> – August 23 <sup>rd</sup>	M T W Th F

**YOUR DAYS MUST BE PICKED BY MAY 15, 2019**

SEE REVERSE SIDE

**Please read carefully**

**CATS OF 49<sup>TH</sup> STREET REGISTRATION FORM ~ SUMMER 2019 con't.**

I am the parent/guardian of \_\_\_\_\_ and I certify that my child has no known conditions that prohibit or limit participation in any of CATS Programs. In case of accident/injury and the I cannot be reached, I grant CATS, Inc. permission to contact and, if necessary, obtain medical attention.

I assume ordinary risks associated with a multi sports program including but not limited to strains, sprains, broken bones, and death when using the facilities and agree not to hold the CATS of 49<sup>th</sup> Street, Inc., or any of its instructors liable for any injury sustained because of participation in a CATS' Program. I will see that my child is supervised prior to and after his/her CATS' Program. I understand that CATS reserves the right to expel any student whose behavior is considered disruptive and/or dangerous to either him/herself or others and that expelled students are not eligible for a refund.

When enrolling, I understand that the discount applies ONLY to the days within the bracket I signed up for initially (those days need not be consecutive), and those originally chosen days cannot be exchanged later. If I add an additional day(s) later, that day(s) would cost the daily amount of the of the bracket from which I initially chose my days. For Example, (after early bird special) if the '11-15' Half Day Bracket was chosen, and you wanted to add on a certain number of days that cost would be \$96.00 a day based on our '11-15' Half Day Bracket. I understand that Days must be Picked by May 15, 2019.

Returned checks incur a \$50.00 fee.

Tuition is Non-Refundable, and neither Credits nor Make-ups are given, even under the most extenuating circumstances.

I will send an up to date medical form *two weeks* before camp starts. Children **WILL NOT** start camp without their medical! (For Half Day & Full Day Only)  
(Ask your pediatrician to fax CATS a copy: 212-832-1881)

I understand that CATS, Inc. retains the right to any photographs taken at CATS to be used for publicity or advertising. The Children's Athletic Training School, Inc. reserves the right to cancel a class/week of camp due to insufficient enrollment. CATS is in a public facility and cannot be held responsible for personal items.

*By signing below, I certify that I understand and accept all enrollment conditions.*

Signature of parent/ legal guardian \_\_\_\_\_

Date \_\_\_\_\_

**SEND REGISTRATION CONTRACT WITH PAYMENT TO: CATS of 49<sup>th</sup> Street**

**235 E. 49<sup>th</sup> St. New York, NY 10017 or Email: [catsturtlebay@gmail.com](mailto:catsturtlebay@gmail.com)**

**Call 212-832-1833 x 0 Fax: 212-832-1881**



**CHILDREN'S ATHLETIC TRAINING SCHOOL**  
CATS of 49th STREET, Inc. SUMMER BABY/Kiddie REGISTRATION FORM  
**JUNE 17, 2019 to AUGUST 23, 2019**

FOR OFFICE USE

(No AMEX)----only Master or Visa # \_\_\_\_\_

Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ 3 Digit CODE: \_\_\_\_\_

Child's FIRST Name \_\_\_\_\_ Child's LAST Name \_\_\_\_\_

Street \_\_\_\_\_ Apt \_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Boy \_\_\_\_ Girl \_\_\_\_

Email \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

School in September \_\_\_\_\_

Parent's Name \_\_\_\_\_ Phone \_\_\_\_\_ Parent's Name \_\_\_\_\_ Phone \_\_\_\_\_

Pediatrician: \_\_\_\_\_ Phone \_\_\_\_\_

In case of emergency notify parents and/or \_\_\_\_\_ Phone \_\_\_\_\_

**Any allergies or problems about which CATS should be aware:** \_\_\_\_\_

Pay for 8 Weeks over 10 Weeks. SPORTS PROGRAM FOR 1.5 & 2.9 YEARS 6/19 – 8/21					
DAY	TIME	LEVEL	AGE	CHECK BOX	COST
Wednesday	3:15-4:30PM	Baby/Kiddie CATS	1.5 -2.9 yrs.		<b>\$320</b> (8 wks.)

**PLEASE READ CAREFULLY!**

I am the parent/guardian of \_\_\_\_\_ and I certify that my child has no known conditions that prohibit or limit participation in any of CATS Programs. In case of accident/injury and the I cannot be reached, I grant CATS, Inc. permission to contact and, if necessary, obtain medical attention.

I assume ordinary risks associated with a multi sports program including but not limited to strains, sprains, broken bones, and death when using the facilities and agree not to hold the CATS of 49<sup>th</sup> Street, Inc., or any of its instructors liable for any injury sustained because of participation in a CATS' Program. I will see that my child is supervised prior to and after his/her CATS' Program. I understand that CATS reserves the right to expel any student whose behavior is considered disruptive and/or dangerous to either him/herself or others and that expelled students are not eligible for a refund.

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*By signing below, I certify that I understand and accept all enrollment conditions.*

\_\_\_\_\_  
Signature of parent/legal guardian

\_\_\_\_\_  
Date

SEND REGISTRATION CONTRACT WITH PAYMENT TO: CATS, 235 E. 49<sup>th</sup> St. New York, NY 10017 or

Email: [catsturtlebay@gmail.com](mailto:catsturtlebay@gmail.com) Call 212-832-1833 x 0 Fax: 212-832-1881

# CHILD & ADOLESCENT HEALTH EXAMINATION FORM

Please Print Clearly  
Press Hard

STUDENT ID NUMBER  
ISS

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## TO BE COMPLETED BY PARENT OR GUARDIAN

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Sex  Female  Male Date of Birth (Month/Day/Year) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Child's Address \_\_\_\_\_ City/Borough \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Health insurance (including Medicaid)?  Yes  No Parent/Guardian Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Hispanic/Latino?  Yes  No Race (check ALL that apply)  American Indian  Asian  Black  White  Native Hawaiian/Pacific Islander  Other \_\_\_\_\_

City/Borough \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ School/Center/Camp Name \_\_\_\_\_ District \_\_\_\_\_ Number \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

## TO BE COMPLETED BY HEALTH CARE PROVIDER If "yes" to any item, please explain (attach addendum, if needed)

**Birth history (age 0-6 yrs)**

Uncomplicated  Premature: \_\_\_\_\_ weeks gestation

Complicated by \_\_\_\_\_

**Allergies**  None  Epi pen prescribed

Drugs (list) \_\_\_\_\_

Foods (list) \_\_\_\_\_

Other (list) \_\_\_\_\_

**Does the child/adolescent have a past or present medical history of the following?**

Asthma (check severity and attach MAF/Asthma Action Plan)  Intermittent  Mild Persistent  Moderate Persistent  Severe Persistent

*If persistent, check all current medications:*  Inhaled corticosteroid  Other controller  Quick relief med  Oral steroid  None

Attention Deficit/Hyperactivity Disorder  Orthopedic injury/disability

Chronic or recurrent otitis media  Seizure disorder

Congenital or acquired heart disorder  Speech, hearing, or visual impairment

Developmental/learning problem  Tuberculosis (latent infection or disease)

Diabetes (attach MAF)  Other (specify) \_\_\_\_\_

**Medications (attach MAF if in-school medication needed)**

None  Yes (list below)

**Dietary Restrictions**

None  Yes (list below)

**PHYSICAL EXAMINATION**

Height \_\_\_\_\_ cm (\_\_\_\_\_%ile)

Weight \_\_\_\_\_ kg (\_\_\_\_\_%ile)

BMI \_\_\_\_\_ kg/m<sup>2</sup> (\_\_\_\_\_%ile)

Head Circumference (age ≤ 2 yrs) \_\_\_\_\_ cm (\_\_\_\_\_%ile)

Blood Pressure (age ≥ 3 yrs) \_\_\_\_\_ / \_\_\_\_\_

**General Appearance:**

NI Abnl	NI Abnl	NI Abnl	NI Abnl
<input type="checkbox"/> HEENT	<input type="checkbox"/> Lymph nodes	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Skin
<input type="checkbox"/> Dental	<input type="checkbox"/> Lungs	<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Neurological
<input type="checkbox"/> Neck	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Extremities	<input type="checkbox"/> Back/spine
			<input type="checkbox"/> Psychosocial Development
			<input type="checkbox"/> Language
			<input type="checkbox"/> Behavioral

**Describe abnormalities:** \_\_\_\_\_

**DEVELOPMENTAL (age 0-6 yrs)**  Within normal limits

If delay suspected, specify below

Cognitive (e.g., play skills)

Communication/language

Social/Emotional

Adaptive/Self-Help

Motor

**SCREENING TESTS**

Blood Lead Level (BLL) (required at age 1 yr and 2 yrs and for those at risk)	Date Done	Results
_____ μg/dL	_____/_____/____	_____ μg/dL
Lead Risk Assessment (annually, age 6 mo-6 yrs)		<input type="checkbox"/> At risk (60 BLL) <input type="checkbox"/> Not at risk
Hearing		<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
<input type="checkbox"/> Pure tone audiometry <input type="checkbox"/> OAE		
Hemoglobin or Hematocrit (age 9-12 mo)		_____ g/dL _____ %
Head Start Only		
Tuberculosis	<i>Only required for students entering intermediate/senior/high school who have not previously attended any NYC public or private school</i>	<input type="checkbox"/> PPD/Mantoux placed <input type="checkbox"/> PPD/Mantoux read <input type="checkbox"/> Interferon Test <input type="checkbox"/> Chest X-ray (if PPD or Interferon positive)
		<input type="checkbox"/> Induration _____ mm <input type="checkbox"/> Neg <input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Pos <input type="checkbox"/> NI <input type="checkbox"/> Abnl <input type="checkbox"/> Not Indicated
Vision	<i>required for new school entrants and children age 4-7 yrs</i>	<input type="checkbox"/> _____ with glasses <input type="checkbox"/> Acuity Right _____ / _____ Left _____ / _____ <input type="checkbox"/> Strabismus <input type="checkbox"/> No <input type="checkbox"/> Yes

**IMMUNIZATIONS - DATES**

	CIR Number of Child	
Hep B	_____/_____/____	_____/_____/____
Poliovirus	_____/_____/____	_____/_____/____
DTP/DTap/DT	_____/_____/____	_____/_____/____
Hib	_____/_____/____	_____/_____/____
PCV	_____/_____/____	_____/_____/____
Polio	_____/_____/____	_____/_____/____

**RECOMMENDATIONS**  Full physical activity  Full diet

Restrictions (specify) \_\_\_\_\_

**Follow-up Needed**  No  Yes, for \_\_\_\_\_ Appt. date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Referrals(s):**  None  Early Intervention  Special Education  Dental  Vision

Other \_\_\_\_\_

**ASSESSMENT**  Well Child (V20.2)  Diagnosis(es)/Problems (list) \_\_\_\_\_ ICD-9 Code \_\_\_\_\_

Health Care Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

Health Care Provider Name and Degree (print) \_\_\_\_\_ Provider License No. and State \_\_\_\_\_

Facility Name \_\_\_\_\_ National Provider Identifier (NPI) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_-\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_-\_\_\_\_

**DOHMH PROVIDER ONLY**

TYPE OF EXAM:  MAE Current  MAE Prior Year(s)

Comments \_\_\_\_\_

Date Reviewed: \_\_\_\_/\_\_\_\_/\_\_\_\_

REVIEWER: \_\_\_\_\_ I.D. NUMBER \_\_\_\_\_



CATS of 49<sup>th</sup> Street  
235 East 49<sup>th</sup> Street New York, NY 10017  
212-832-1833 x 0 www.catsny.com

## Summer 2019 Program

Dear Parents,

For over thirty-five years, **The Children's Athletic Training School**, a 2-Time NY Magazine "Best Bet", has been the nation's leader in children's athletic physical development. CATS goals are success, fun, self confidence, physical competence and self esteem. Our Summer Program presents a unique, progressive cross training environment wherein each child's likelihood for success increases resulting in these positive outcomes:

- Improved self esteem, self reliance and self confidence.
- Improved athletic, artistic, and intellectual skills.
- Increased levels of responsibility and improved leadership skills.
- New friends and increased social skills.
- **And, most of all, a fantastic summer!**

CATS' committed staff strives to provide each child with an incomparable summer experience. Your child will receive a sports education focusing on motor skill development. Arts and crafts, games, water activities, creative movement, stories, snack-time and much more are all a part of a Day of Play. The day begins at 9:00 am and ends promptly at 1:00pm, or 3:00pm. When you arrive, please 'SIGN In' at the front desk. When you leave, please 'SIGN Out' at the front desk. If your child is going to be absent, please call and let me know.

### Important camp requirements:

- Medical form must be completed two weeks before the start date.
- Parents are asked to put sunscreen on their children before arriving at camp.
- Bathing suits (2-piece is best) should be worn under regular play clothes, remember to pack underwear.
- Send a beach towel that is **LABELLED!**
- Water shoes are required for outdoor activities. **LABELLED!**
- Sneakers are required for gym activities.
- Your child is required to bring lunch every day in an insulated lunch pack (separate from the backpack). Children are hungry from their morning activities – Pack foods your children will eat! They may not share food.
- However, please **DO NOT PACK NUTS OF ANY KIND!**

- *Make your child's allergies known (e.g.: food, insect bites, latex, etc.)*

### • **ALL ITEMS MUST BE LABELLED--Especially Towels**

When dropping your child off, it is in your child's best interest that it be brief. It is normal for a child and/or parent to have separation anxiety. However, as soon as the child becomes involved in the daily activities (which will happen) the problem abates. Of course, if necessary, parents will be contacted. Please feel free to call me any number of times!

**Note-well: Summer Programs do not allow make-up days, refunds or credits.** If you have any questions, please contact me at 212-832-1833 x 0

Once again, thank you for choosing our program. We look forward to making your child's summer a remarkable experience.

Sincerely,

*Geraldine Goetz*

Geraldine Goetz and the CATS' Staff



CATS of 49<sup>th</sup> Street  
235 East 49<sup>th</sup> Street New York, NY 10017  
212-832-1833 x 222 [www.catsny.com](http://www.catsny.com)

## **NYC HEALTH**

**New York City Department of Health and Mental Hygiene  
DIVISION OF ENVIRONMENTAL HEALTH  
BUREAU OF CHILD CARE (BCC)**

**Manhattan Office  
22 Cortlandt Street, 28<sup>th</sup> Floor  
New York, NY 10007  
Tel: (212) 313-5120  
Fax: (212) 676-2424**

**Below is a written statement provided by CATS of 49<sup>th</sup> Street, Inc. to parents or guardians declaring that the camp is licensed by the NYC DOHMH (NYCHC Section 48.29).**

### **Summer 2019 Program**

#### **PARENT INFORMATION STATEMENT**

**Name of Camp: CATS of 49<sup>th</sup> Street**

**Address: 235 East 49<sup>th</sup> Street NY, NY 10017**

**This Camp is licensed by the New York City Department of Health & Mental Hygiene and is inspected twice yearly. The inspection reports are filed at the Bureau of Food Safety and Community Sanitation located at 253 Broadway 12<sup>th</sup> Floor, CN59A - New York, NY 10007**

Once again, thank you for choosing our program. We look forward to making your child's summer a remarkable experience.

Sincerely,

*Geraldine Goetz*

Geraldine Goetz and the CATS' Staff