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Child's N	Name			DOB				_ Ag	e	School Ye	ar 2024/2025
Select Program Toddlers		2-Yea	ear Old 3-Year Old					4-Year Old Program			
Parent N	Name			Ema	il						
Home A	ddress			Cell	Phor	ne _					
			Em	ergency No	otific	atio	n				
Name			Phone	ione			F	Relationship			
Plea	se indicate an	y food aller	gies, medica	l conditions,	or ar	ny ot	her i	nforr	natio	on we should b	e aware of.
	Ry		_	er, 30 Elm Pl nd, Rye, NY 1	-	-					
	Program	Morning	Afternoon	O.		Circle days in				Monthly	Monthly Fees
	Toddlers	9:00 am-				att	enda	ince.		Fees for	for Morning
	2s	11:45 am	12:15 pm	Adventure*						Morning or	and
	3s 4s		– 2:45 pm	9:00 am – 2:45 pm						Afternoon	Afternoon
5 days	43			2.43 pm	М	Т	\٨/	TH	F	\$ 975.00	\$ 1650.00
4 days					-			TH		\$ 850.00	\$ 1425.00
3 days					-			TH			\$ 1150.00
2 days						Ť	W			\$ 525.00	\$ 825.00
	and Afternoon	Adventure in	icludes Lunch	Bunch* Moi						nture for 2s, 3, 4	
ADD-O	NS FOR DAY	'S INDICA	TED ABOV	E							
	Lunch	Monthly	Early Drop	- Monthl	У						
	Bunch	Fees	Off	Fees							
5 days		\$400.00		\$400.00)						
4 days		\$320.00		\$320.00)						
3 days		\$240.00		\$240.00)						
2 days		\$160.00		\$160.00)						

Registration Fee Policies

Registration for the 2024 calendar year (January – December) is confirmed upon receipt of this signed registration form and a one-month non-refundable deposit which will be credited to your first month's fees. No pro-rate or refunds for missed days. Invoices will automatically be sent on the 15th of each month. Payment is due by the 30th of the month. A 30-day written cancellation notice is required.

PARENT SIGNATURE	DATE

Parent Consent Form

I consent to the enrollment of (child's name). I permit the following:

- 1. To seek emergency medical treatment for my child if I cannot be reached.
- 2. To allow my child to be photographed and to allow any pictures in which my child appears to be released for publication in newspapers, brochures, fundraising or public relations.
- 3. To release my child to any of the following people if I am unable to pick him/her up providing I notify the teacher-in-charge/Program Manager (please include names and phone numbers):

Name	Cell Phone

POLICY STATEMENT APPLICABLE TO ALL PROGRAM REGISTRATIONS

- 1. Rye Reads LLC Programs are tutoring programs open to all applicants.
- 2. Unless otherwise noted, sessions will meet by the 2024/25 Rye School District calendar.
- 3. If your child will be absent from Rye Reads LLC, you must contact your child's teacher or the Program Manager at (347) 738-1080 by 8:00 AM on the day of the absence.
- 4. Parents will be expected to arrange for their child to be picked up in the event the child shows signs of infectious disease or other illness while at Rye Reads LLC.
- 5. All children must be picked up by the parent who has registered the child or by an individual designated on the Parent Consent Form, or by another individual authorized by the parent, provided the parent has notified the Director, Office Manager, or Teacher-in-charge. We request this authorization in writing and ID is required at the time of pick-up.
- 6. Children must be picked up by time. Dismissal begins 10 minutes before the end of class.
- 7. Rye Reads LLC does not provide a snack daily, but children may bring their own. Please indicate on the registration form if there are any food allergies, so we can inform other parents of food restrictions.
- 8. Rye Reads LLC may not administer medication of any kind.
- 9. Rye Reads LLC recognizes the need to protect our children and requests consent to photograph the children during our special events. Rye Reads LLC will take all steps to ensure these images are used solely for the purposes they are intended.
- 10. We agree to observe all rules of the program and to participate in activities at our own risk and in no way hold Rye Reads LLC, its officers, directors, and employees liable for accidents or illness.