



**P.S. 206Q Parents' Association**

**Be Curious. Be Confident. Be Inspired...**

82-66 Austin Street, Kew Gardens, NY 11415 Tel. (718) 480-3709 Email: ps206q@thinkingcapny.com

**Afterschool Program Registration**

Child's First Name	Child's Last Name	M/F	Date of Birth	Grade in September 2016	List of Allergies

**PLEASE CHECK ALL THAT APPLY:**

**Yearly Program Fee: After-School Homework Help & Activities (Child #1)**

- 5 days a week..... \$3,000 (\$300 per month)
- 4 days a week..... \$2,520 (\$252 per month)
- 3 days a week..... \$2,040 (\$204 per month)
- 2 days a week..... \$1,560 (\$156 per month)

**PLEASE CIRCLE DAYS YOUR CHILD WILL ATTEND**

Child #1:      M      T      W      TH      F

**Yearly Program Fee: After-School Homework Help & Activities (Child #2)**

- 5 days a week..... \$2,700 (\$270.00 per month)
- 4 days a week..... \$2,268 (\$226.80 per month)
- 3 days a week..... \$1,836 (\$183.60 per month)
- 2 days a week..... \$1,404 (\$140.40 per month)

**PLEASE CIRCLE DAYS YOUR CHILD WILL ATTEND**

Child #2:      M      T      W      TH      F



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- \* Registration is NOT complete without all forms with first monthly payment plus registration fee and credit card information or all post-dated checks received.
- \* Registration Fee due with the first payment: \$50 per-family
- \* Sibling Discount: 10% off (equal or lower value) for any sibling after the first.
- \* Please make checks payable to ThinkingCAP.
- \* Checks should be dated the 1<sup>st</sup> of each month.
- \* Memo each check with PS206Q and child(ren)'s name(s).
- \* RETURNED CHECKS: There is a \$25 service charge for all returned checks.
- \* A \$50 service fee will be charged for each refund or program change.
- \* Late pick up charge (\$1 per minute) will be strictly observed.
- \* We reserve the right of not providing services.



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Child #1: \_\_\_\_\_ Child #2: \_\_\_\_\_

Total Tuition: \$ \_\_\_\_\_

\_\_\_\_ I have enclosed a check # \_\_\_\_\_ \$ \_\_\_\_\_ for Initial Payment

I have enclosed 9 postdated checks

\_\_\_\_ I would like to pay my balance on credit card: \_\_\_ VISA \_\_\_ MASTERCARD

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Amount to Apply: \$ \_\_\_\_\_ before or on 9/1/2016 (Initial Payment)

\$ \_\_\_\_\_ on 10/1/2016; \$ \_\_\_\_\_ on 11/1/2016; \$ \_\_\_\_\_ on 12/1/2016

\$ \_\_\_\_\_ on 1/1/2017; \$ \_\_\_\_\_ on 2/1/2017; \$ \_\_\_\_\_ on 3/1/2017

\$ \_\_\_\_\_ on 4/1/2017; \$ \_\_\_\_\_ on 5/1/2017; \$ \_\_\_\_\_ on 6/1/2017

Billing Zip Code: \_\_\_\_\_ 3-Digit Security Code: \_\_\_\_\_

Name on Card (please print): \_\_\_\_\_

Billing Address: \_\_\_\_\_

Authorization Signature: \_\_\_\_\_

**\*Credit cards will be automatically charged for the balance due on or about the due date above.**

**IT IS EXPRESSLY UNDERSTOOD AND AGREED BY THE UNDERSIGNED THAT THE PRIVILEGE OF PAYING TUITION INSTALLMENTS IS EXTENDED ONLY AS A CONVENIENCE AND DOES NOT IN ANY WAY VARY THE OBLIGATION OF THE UNDERSIGNED TO PAY THE TUITION IN FULL. EACH INSTALLMENT IS AUTOMATICALLY DUE ON THE DATE STATED WITHOUT BILLS BEING SENT BY THINKINGCAP. THE AFTER-SCHOOL PROGRAM HEREBY MAKES IT KNOWN TO THE UNDERSIGNED THAT HIS/HER CHILD IS BEING ACCEPTED FOR THE ENTIRE REMAINING PORTION OF THE SCHOOL YEAR, AND THAT THE TUITION STATED IS PAYMENT FOR A PLACE IN THE AFTER-SCHOOL PROGRAM AND NOT FOR THE PERIOD OF ATTENDANCE.**

\_\_\_\_\_  
Parent/Guardian's Name (Print)

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date



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**Contact Information**

Mother's/Guardian's First and Last Name:	
Mother's/Guardian's Cell Phone:	
Mother's/Guardian's Work Phone:	
Mother's/Guardian's E-mail Address:	
Mother's/Guardian's Home/Mailing Address:	Street: <span style="float: right;">Apt:</span> City: Zip Code:
Father's/Guardian's First and Last Name:	
Father's/Guardian's Cell Phone:	
Father's/Guardian's Work Phone:	
Father's/Guardian's E-mail Address:	
Father's/Guardian's Home/Mailing Address:	Street: <span style="float: right;">Apt:</span> City: Zip Code:

\*Please print clearly and provide an email that is checked frequently



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### Pick-up Authorization/Emergency Contact

List the names of the persons (friends, relatives, etc.), who are authorized by you to pick-up your child in your absence.

All children 9 years old or younger must be picked up by an adult 18 years or older.

Children must be 10 years old or older to sign out on their own and must have written permission by a parent and Directors will use their discretion.

Please put down all names of people who can pick up your child/children. We will not release your child to anyone who is not on this list OR if we do not have written notification of the pickup person.

First and Last Name	Relationship to Child	Telephone

Child #1: \_\_\_\_\_ Child #2: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian's Name (Print)

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date