



Smiles Around Us Academy/Southfield Institute

351 Sand Lane, Staten Island, NY, 10305 · 718-390-0070 · Fax: 718-390-0201

SUMMER PROGRAM 2021

ALL ACTIVITIES ARE: FROM 8AM to 4PM

Early drop-off 7am-8am & Extended Hours from 4pm-5:30pm available

Financial Agreement: July 6 - August 20



I, _____,
Parent's Name

am hereby registering my child _____,
Child's Name

age _____, to attend *Smiles Around Us Summer Program* for _____ weeks.

Please list the date that you are interested in and put a check next to the option as listed below:

<u>Option</u>	<u>Dates</u>	<u>Regular Rate</u>	<u>Per Diem rate: \$120</u> <i>(Please specify dates)</i>
1 week		\$500	
2 weeks		\$1,000	
3 weeks		\$1,450	
4 weeks		\$1,920	
5 Weeks		\$2,425	
6 weeks		\$2,910	
7 weeks		\$3,300	
Total			

I HAVE READ AND AGREE TO COMPLY WITH THE CONDITIONS OF THIS AGREEMENT.

Signature

Date

To ensure a spot for your child you must remit 1 week's payment by June 24th, 2021

Please provide us with contact information:

Primary Contact Name: _____

Phone number: _____

E-mail: _____



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Consent Form

By signing up my child for the Summer Program, I give permission for my child to travel with *Smiles Around Us Academy's* Summer Program to the venues listed in the calendar. ****Note: calendar may be subject to change****

In addition, I authorize *Smiles Around Us Academy's* staff to obtain emergency medical treatment for my child, with an understanding that the family will be notified as soon as possible.

I give/ I do not give permission for my child's pictures to be posted on the *Smiles Around Us Academy's* websites and Facebook page.

Print Name: _____

Signature: _____

Date: _____