

YOU CAN CENTER

2286 Cropsey Avenue, Brooklyn NY 11214
<https://www.ycctutoring.com/>

Email: ycc2286@gmail.com
CELL/TEXT: 917-588-8453

AFTER SCHOOL PROGRAM-HLA2 LOCATION

REGISTRATION FORM

REGISTRATION DATE: _____

FIRST NAME: _____ LAST NAME: _____ GENDER: _____

DATE OF BIRTH: _____ GRADE: _____ SCHOOL/CLASS #: _____

HOME ADDRESS: _____

HOME PHONE: _____ EMAIL: _____

PARENT/GUARDIAN NAME: _____ RELATIONSHIP: _____

CELL #: _____ WORK #: _____

PARENT/GUARDIAN NAME: _____ RELATIONSHIP: _____

CELL #: _____ WORK #: _____

EMERGENCY CONTACT: _____ RELATIONSHIP: _____

CELL PHONE: _____

SCHEDULES & PAYMENT OPTIONS

Please check the days and service that your child will be attending.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

Monthly tuition: \$390 5 days/week \$360 4 days/week \$330 3 days/week

Home Drop-off: \$60 (Nearby families only)

Mandarin Lessons (Fridays 2:00pm-3:30pm) \$60

\$30 Sibling Discount

Monthly Fee \$ _____

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CHILD CONDITIONS

Please list any allergies and/or medical conditions that we should know about:

Please list any dietary restrictions: _____

TERMS AND CONDITIONS OF ENROLLMENT

Please read the following:

1. 2024-2025 after school program (HLA2 Location) follows HLA2 school's calendar and schedule. The program is closed when HLA2 closed.
2. Devices (iPad, cellphones, laptops) are only for educational uses. Without permission, students will not allow to use devices in program sites or during program hours. If some students bring their devices, they are not allowed to take photos, videos, or upload any info on the social medium.
3. The program is not responsible for any damage or loss of personal property.
4. All payments are due on or before the first day of each month. If a refund of the tuition is requested, one third of the cancellation fee will be deducted from the refund.
5. You may register before the program starts, but you must pay deposit. The deposit is non-refundable.
6. If a participant is behaving inappropriately or endangering the health and safety of other participants or staffs, we will contact the parent/guardian immediately to come to the site. We may suspend or terminate the participant depending on the situation.
7. Medical forms must be completed and submitted prior to the child's admission to the program. Child's health insurance information must be provided to the program prior to the child's admission to the program.
8. Healthy snacks will be provided by YouCan Center during the program hours.
9. I hereby give permission for my child to be photographed or videotaped for promotional purposes.
10. I hereby give permission for my child to participate in all programs within the facility.
11. I hereby give permission to the program and staffs to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified immediately. I understand that payment for all medical services is solely the family's responsibility.
12. I understand that itineraries and/or programs are subjects to change prior to, and during, the school year.

I HAVE READ THE TERMS AND CONDITIONS OF ENROLLMENT AND AGRESS TO ABIDE BY THEM.

Parent/Guardian Print Name: _____

Parent/Guardian Signature: _____ Date: _____



FOR OFFICIAL USE ONLY

Date: _____ Amount Paid: \$ _____ Receipt #: _____ Child's Starting Date: _____