



SYS AND YOUTH BUREAU

AFTERSCHOOL

program

Grades K-6

LIMITED SPOTS.

www.sysinc.org 631-287-1511

AVAILABLE MONDAY THRU FRIDAY 3PM-6PM. THIS PROGRAM FOLLOWS THE SOUTHAMPTON PUBLIC SCHOOL CALENDAR AND IS ONLY AVAILABLE ON FULL SCHOOL DAYS. BUS TRANSPORTATION PROVIDED FROM SOUTHAMPTON ELEMENTARY AND INTERMEDIATE SCHOOLS ONLY TO SYS. REGISTRATION BASED ON FIRST COME, FIRST SERVE. FOR MORE INFORMATION PLEASE CONTACT MOLLY TUZIL AT MOLLYL@SYSINC.ORG

Membership fees per month : \$125 FOR 3 DAYS \$150 FOR 5 DAYS

Child must be registered for at least 3 days per week

Kidz Club Membership Form

Child's Name _____

Grade/Teacher _____ Date of Birth _____

Allergies or Medical Condition _____

Parent / Guardian Name _____

Address _____ Town _____ Zip _____

Home phone _____ Work/Cell Phone _____

Email _____

Emergency Contact Name _____

Address _____

Home phone _____ Work/Cell Phone _____

My child will:

Be dropped off at SYS by a Parent/Guardian or Emergency Contact

Take the school bus to SYS

Days of the week attending: Mon. Tues. Wed. Thurs. Fri.

IF YOUR CHILD WILL BE ATTENDING ANY PROGRAM DURING KIDZ CLUB, (GYMNASTICS, TENNIS, BLOCKSPOT, ECT) PLEASE CONTACT MOLLY TUZIL WITH PROGRAM NAME, DAYS ATTENDING, AND THE TIME OF THE PROGRAM SO THAT WE CAN ASSURE YOUR CHILD IS TAKEN TO AND PICKED UP FROM THE PROGRAM DURING KIDZ CLUB HOURS.

I give permission for _____ to participate in Kidz Club sponsored by Southampton Youth Bureau and SYS, beginning September 5, 2019 Monday to Friday (excluding non school days), and expressly release, discharge and hold harmless from any liability whatsoever SYS, Inc. and Southampton Town and all employees and volunteers in their capacities as representatives of the organizations. If my child rides the bus, I permit him/her to ride from his or her school to SYS at 1370A Majors Path. I understand Kidz Club promptly ends at 6pm and my child must be picked up by that time. I certify that my child is in good physical health and is able to participate fully in this activity. In the event of a medical emergency and I cannot be reached, I authorize the Kidz Club staff to seek emergency medical treatment. I also consent to photographs being taken of my child, understanding they may be used for promotional purposes.

Signature _____ Date _____

Mail to: SYS PO Box 1284, Southampton, NY 11969 or
Bring to: 1370A Majors Path to ensure your spot in the club.

Registration must be submitted directly to SYS; registering at the school for bus transportation does not register your child for the program! Registration ends August 15, 2019 or when spots are filled.