



Kidz Club

After school club for intermediate school

Monday through Friday
Excluding non school days

**Bus transportation provided
from Southampton
Intermediate School
only to S.Y.S.**

Come and enjoy...

- **Sports & Games**
- **Laptop computers available**
- **Daily homework sessions**
- **Snacks available for purchase**
- **Supervised Safe & fun!!!**

3:00 pm - 6:00 pm

1st Bus Fees:

Monthly Membership \$125

Weekly rate \$40

Day Pass \$12

Prepay for 10 days \$100

Halfday \$15

**Join us after homework club
on the 4:00 pm late bus!**

Late Bus Fees:

Monthly Membership \$75

Weekly Rate \$20

Daily Pass \$5

Early dismissal from school is additional charge

***Coordination with classes at SYS in:**

Karate, Gymnastics, Tennis, Dancing and Seasonal Sports.

For more info contact Molly @ SYS 631-287-1511
or mollyl@sysinc.org



Provided by Southampton Youth Bureau and SYS Southampton Youth Services,
1370A Majors Path Southampton, NY 11968



Kidz Club Membership Form

Child's Name _____

Grade _____ Date of Birth _____ School _____

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.

I give permission for _____ to participate in Kidz Club sponsored by Southampton Youth Bureau and SYS, beginning September 7, 2011 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.