

POSITIVE DIRECTION OF QUEENS COUNTY, INC.  
FULL DAY PROGRAM REGISTRATION FORM PLEASE  
PRINT ALL INFORMATION CLEARLY

PLEASE CHECK NEXT TO WEEKS YOUR CHILD WILL ATTEND

\_\_\_\_ 6/26 – 6/30    \_\_\_\_ 7/3 – 7/7    \_\_\_\_ 7/10 – 7/14    \_\_\_\_ 7/17 – 7/21    \_\_\_\_ 7/24 – 7/28  
\_\_\_\_ 7/31 – 8/4    \_\_\_\_ 8/7 – 8/11    \_\_\_\_ 8/14 – 8/18    \_\_\_\_ 8/21 – 8/25

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ School \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone \_\_\_\_\_ Email \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cellphone \_\_\_\_\_

Father's Name \_\_\_\_\_ Cellphone \_\_\_\_\_

Emergency Contact Information

Person's Name \_\_\_\_\_ Telephone \_\_\_\_\_

Person's Name \_\_\_\_\_ Telephone \_\_\_\_\_

Person's Name \_\_\_\_\_ Telephone \_\_\_\_\_

## Financial Form

### **FOR STAFF USE ONLY**

Total Number of Weeks \_\_\_\_\_ Amount \_\_\_\_\_

Additional Weeks \_\_\_\_\_ Amount \_\_\_\_\_

Amount Paid \_\_\_\_\_ Date \_\_\_\_\_ Method \_\_\_\_\_ Balance \_\_\_\_\_

Amount Paid \_\_\_\_\_ Date \_\_\_\_\_ Method \_\_\_\_\_ Balance \_\_\_\_\_

Amount Paid \_\_\_\_\_ Date \_\_\_\_\_ Method \_\_\_\_\_ Balance \_\_\_\_\_

Amount Paid \_\_\_\_\_ Date \_\_\_\_\_ Method \_\_\_\_\_ Balance \_\_\_\_\_

Amount Paid \_\_\_\_\_ Date \_\_\_\_\_ Method \_\_\_\_\_ Balance \_\_\_\_\_

Amount Paid \_\_\_\_\_ Date \_\_\_\_\_ Method \_\_\_\_\_ Balance \_\_\_\_\_

### **Trips**

**Week #2 - Adventure Land - \$40.00** Amount Paid \_\_\_\_\_ Date \_\_\_\_\_

**Week #3 - Fun Station - \$35.00** Amount Paid \_\_\_\_\_ Date \_\_\_\_\_

**Week #4 - Queens Zoo - \$25.00** Amount Paid \_\_\_\_\_ Date \_\_\_\_\_

**Week #5 - Dave and Busters - \$40.00** Amount Paid \_\_\_\_\_ Date \_\_\_\_\_

**Week #6 - Long Island Children's Museum - \$30.00** Amount Paid \_\_\_\_\_ Date \_\_\_\_\_

**Week #7 - Queens County Farm - \$25.00** Amount Paid \_\_\_\_\_ Date \_\_\_\_\_

**Week #8 - Chuckie Cheese - \$25.00** Amount Paid \_\_\_\_\_ Date \_\_\_\_\_

## THINGS YOU SHOULD KNOW

1. The program opens at 7:00am. Children should enter the building through the door located off of Brookville Blvd, through the walkway and go up the stairs at the entrance closest to 137<sup>th</sup> Ave.
2. Children can rest, eat breakfast, and/or watch cartoons until the program begins at 9:00am.
3. The program activities end at 5:00pm, at which time the children can rest and watch cartoons/movie until they are picked up.
4. Children **MUST** be picked up no later than 6:00pm. Each child must be signed out by a parent or guardian 18 years of age or older. Children picked up after 6:00pm will be charged \$10.00 for every 15 minutes after 6:00pm starting at 6:01pm.
5. Children must be picked up from the same entrance they are dropped off at in the morning.
6. For security purposes, if you are dropping your child off after 9:00am or picking them up before 4:30pm, you must contact us at 718-528-3191, so we can have someone at the door to greet you.
7. Children will be playing all day, so please have them dressed comfortable.
8. The Park we utilize is on Brookville Blvd across the street from St. Clare School.
9. Please send your child with a Bathing suit, flip flops or water shoes, and a towel on Mondays. Each day Weather permitting the children will be allowed to run through the sprinklers in the in our school yard. We will send bathing suits and towel home each day we use for you to dry and send back the next day.
10. For the academic hour, please send your child with any school work they have to complete or they will be given quiet reading time.
11. Please **DO NOT** send your child with expensive toys, gameboys, video games etc. as we are NOT responsible for **LOST or BROKEN items.**
12. There will be special event days where children will be instructed that they can bring certain items at which time they will be in a supervised environment and property will be secure.

13. There is a ZERO tolerance for any type of physical play. Please speak to your child about keeping their hands and feet to themselves and that “playing around” that includes hitting, kicking, etc will not be tolerated. Any child who can not control themselves will be dismissed from the program with no refund.

14. Trip Permission slips and fees must be returned no later than Tuesday of each week because reservations need to be made. There will be no exceptions.

15. A Typical Day Schedule is:

7:00am – 9:00am – Watch Cartoons and Movies

9:00am – Morning Announcements

9:30am – Breakfast

(Cereal and Juice)

10:00am – Outdoor Activities (Park, Sprinklers, etc)

11:30am – Academic Hour

12:30pm – Lunch (Daily Menu Below)

1:30pm – Indoors Activities

(Choose from Sports, Arts or Dance)

2:30pm - Outdoor Activities (Park, Sprinklers, etc)

3:30pm – Snack (chips, cookies or ices)

4:00pm - Open Activities

(School yard/Indoor Games/Movie)

5:00pm – Activities End

5:00pm – 6:00pm - Watch Cartoons and Movies

Please be mindful that if your child is here from early morning 7am to 9am until evening 5:00pm to 6:00pm, you may want to send them with an additional small snack as the program only provides food during the times scheduled above.

#### **LUNCH MENU**

**Monday** – Tacos

**Tuesday** – Pizza

**Wednesday** – Pasta of the Week

**Thursday** – Chicken Nuggets and Potato Tots

**Friday** – Cold Cut Sandwich and Chips

Every day the children have the option of peanut butter and jelly.

15. Any questions please contact JoAnn at 718-528-3191 during program hours or 718-640-3128 at any other times.

# MUST BE NOTARIZED TO PARTICIPATE IN ALL PROGRAMS

## POSITIVE DIRECTION OF QUEENS COUNTY, INC MEDICAL PERMISSION

I, \_\_\_\_\_ MAKE OATH AND SAY that I am the lawful Guardian

of: \_\_\_\_\_ born on \_\_\_\_\_,

in \_\_\_\_\_.

My son/daughter, \_\_\_\_\_ has my permission to attend and/or participate in all practices, games and events with Positive Direction of Queens County, Inc.

In the event of illness or emergency requesting professional medical care (cast, stitches, x-rays, emergency surgery, etc.) I hereby authorize Positive Direction of Queens County Inc., its Directors, staff, and/or affiliates to act in my behalf giving my permission to obtain said professional medical care if deemed necessary, by a licensed physician, hospital, or other medical facility.

I fully understand the above agreement and will not hold Positive Direction of Queens County Inc., its Directors, staff and/or affiliates responsible for any actions taken by (upon professional medical advice) for emergency services performed.

### Please Check Any and All that Apply

\_\_\_ Asthma \_\_\_ Allergies \_\_\_\_\_

\_\_\_ Congenial Heart Disease \_\_\_ Seizures \_\_\_ Diabetes \_\_\_ Hearing Problem \_\_\_ Vision Problem

\_\_\_ Serious Illness \_\_\_\_\_

\_\_\_ Other Problem \_\_\_\_\_

This authorization is effective commencing on the \_\_\_\_\_ day of \_\_\_\_\_,

20\_\_\_\_ and expiring on the 31<sup>st</sup> day of August 2017.

Signed this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Parent Name (Please Print)

\_\_\_\_\_  
Parent Signature

### CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

This document was acknowledged before me on \_\_\_\_\_ by \_\_\_\_\_.

DATE

NAME OF PARENT

Notary Public for State of \_\_\_\_\_

\_\_\_\_\_  
(Signature of Notarial Officer)

My commission expires \_\_\_\_\_

# **MUST BE SIGNED TO PARTICIPATE IN ALL PROGRAMS POSITIVE DIRECTION OF QUEENS COUNTY, INC**

## **LIABILITY WAIVER/RELEASE**

As a condition precedent of this agreement between Positive Direction of Queens County Inc. and the person whose signature appears below (and person's parent or guardian if person is under the age of 18 years old), in consideration of the privileges herewith granted, agrees not to hold Positive Direction of Queens County Inc. liable for any damages or injury to persons or property among from observing, attending, or participating in physical activity not instructed by Positive Direction of Queens County, Inc. or from use of its property or facilities or from lose of property as a result of theft. As a condition precedent of this agreement between Positive Direction of Queens County Inc. and the person whose signature appears below, in consideration of the privileges herewith granted, person whose signature appears below (and person's parent or guardian if person is under the age of 18 years old) agrees not to hold Positive Direction of Queens County Inc liable for any damages or injury to persons or property while in transit in a vehicle being operated by Positive Direction of Queens County Inc, its staff, and/or affiliates to or from practices, games, tournaments, events and/or trips. The Person whose signature appears below (and person's parent or guardian if person is under the age of 18 years old) hereby assumes full responsibility and risk for any such injury or damages which occur to him or her and does hereby fully and forever release and discharge Positive Direction of Queens County, Inc., it Directors, Staff, and affiliates from any and all claims, damages, right of action or cause of action, anticipated or unanticipated resulting from or arising out of such use of intended use of said facilities and equipment thereof including but without limitation, any claims for personal injuries or property damage resulting from or arising out of his or her own negligence.

Person whose signature appears below (and person's parent or guardian if person is under the age of 18 years old) acknowledges that Positive Direction of Queens County Inc. makes no claims as to medical results which can or may be obtained by person through the use of Positive Direction of Queens County Inc. facilities and that person uses the facilities at the person's own risk.

Person whose signature appears below (and person's parent or guardian if person is under the age of 18 years old) further agrees to indemnify Positive Direction of Queens County Inc. to either the person from any and all liability on the part of Positive Direction of Queens County Inc. to either the person or any third party as the result of the use by the person of the facilities and instructions offered by Positive Direction of Queens County Inc. and that the person whose signature appears below (and person's parent or guardian if person is under the age of 18 years old) has carefully read the waiver and release above and fully understand that it is a release of liability.

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Person's Signature (Parent or Guardian Name if person is under the age of 18 years old)

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Date

I give permission for my child to be photographed and or videotaped for publications on the Positive Direction Website, Facebook Page, Twitter and Instagram, newspapers, DVD's, CD's and any other merchandise distributed and/or sold by Positive Direction for the sole purpose of promoting positive Direction and its Student Athletes.

Please Check ☐ Yes I agree

☐ No I do not agree