

AFTER SCHOOL PROGRAM

PM CARE

SCHOOL YEAR : 2024-2025

GRADES K-4

WE FOLLOW THE CORNWALL CENTRAL SCHOOL DISTRICT CALENDAR

OUR EXTENDED CARE PROGRAM ALLOWS STUDENTS IN GRADES K-4 TO BE BUSSED HERE FROM ANY OF THE CORNWALL ELEMENTARY SCHOOLS. OUR STAFF WILL ASSIST WITH HOMEWORK AND DO DAILY ACTIVITIES WITH THE KIDS INCLUDING; ARTS & CRAFTS, GYM TIME AND OUTDOOR TIME* WEATHER PERMITTING.

TUITION IS DUE MONTHLY ON THE 25TH OF THE MONTH PRIOR.

5% SIBLING DISCOUNT APPLIED TO MONTHLY TUITION.

• NON REFUNDABLE \$100 REGISTRATION FEE DUE AT REGISTRATION.

***AM CARE IS CANCELLED IF CORNWALL SCHOOL ARE ON A DELAY**

***PM CARE IS CANCELLED IF SCHOOL IS DISMISSED EARLY**

OPTIONS	MEMBER/MONTH		NON/MEMBER/MONTH	
	CASH	CREDIT	CASH	CREDIT
MONDAY- FRIDAY 7:00-BUS PICK UP	\$210	\$216	\$250	\$258
MONDAY- FRIDAY SCHOOL DISMISSAL - 6PM	\$385	\$397	\$410	\$423
MONDAY, WEDNESDAY, FRIDAY 7:00-BUS PICK UP	\$175	\$180	\$210	\$217
MONDAY, WEDNESDAY, FRIDAY SCHOOLDISMISSAL- 6PM	\$300	\$309	\$325	\$335
TUESDAY, THURSDAY 7:00- BUS PICK UP	\$125	\$129	\$175	\$180
TUESDAY, THURSDAY SCHOOL DISMISSAL - 6PM	\$275	\$284	\$300	\$309
AM OR PM DAILY DROP IN	\$15	\$15	\$20	\$20

**CONTACT OUR CHILDREN'S PROGRAMMING
DIRECTOR, DANIELLE RUSSO,
DRUSSO@SPORTSPLEX-NW.COM
FOR A TOUR AND ENROLLMENT**



SPORTSPLEX

"TO INSPIRE AN ACTIVE LIFE"

2902 US RT 9W
NEW WINDSOR NY 12553
845-565-7600

SPORTSPLEX AFTER CARE PROGRAM

REGISTRATION

CHILD'S NAME: _____ DOB: _____

CHILD'S GRADE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

TUITION IS DUE BY THE 25TH OF EACH MONTH. A \$100.00 REGISTRATION FEE IS DUE UPON REGISTRATION, THE REMAINING MONTHLY TUITION WILL BE BILLED ON YOUR CLUB ACCOUNT OR CREDIT CARD (NON-MEMBERS MUST HAVE A CREDIT CARD ON FILE.)

I REALIZE THAT NO REFUND OF FEES WILL BE MADE FOR WITHDRAWAL OR ABSENCES. I UNDERSTAND THAT THE SCHOOL RESERVES THE RIGHT TO REQUEST WITHDRAWAL OF MY CHILD AT ANY TIME FOR REASONS CONSISTENT WITH THE PROGRAM.

IF YOU WISH TO WITHDRAW YOUR CHILD FROM PRESCHOOL OR CHANGE THE NUMBER OF DAYS, WE NEED 30 DAYS WRITTEN NOTICE. UNLESS WE RECEIVE WRITTEN NOTIFICATION YOU WILL BE FINANCIALLY RESPONSIBLE FOR YOUR CHILD'S TUITION.

I HAVE READ AND AM FAMILIAR WITH THE TERMS AND CONDITIONS IN THE WAIVER OF LIABILITY LISTED BELOW: IT IS EXPRESSLY AGREED THAT ALL EXERCISES AND TREATMENTS AND USE OF EQUIPMENT AND FACILITIES OF SPORTSPLEX ARE AND SHALL BE UNDERTAKEN AT MEMBER AND MEMBER'S MINOR CHILDREN'S SOLE RISK, AND THAT THE MEMBER ASSUMES THE RISK OF ANY INJURIES HE OR SHE OR THE MEMBER'S MINOR CHILDREN MAY SUFFER WHILE USING ANY OF THE EQUIPMENT OR THE FACILITIES AT SPORTSPLEX, AND THAT SPORTSPLEX SHALL NOT BE LIABLE FOR ANY CLAIMS, DEMANDS, INJURIES, DAMAGES ACTIONS OR CAUSES OF ACTION WHATSOEVER TO THE MEMBER, THE MEMBERS MINOR CHILDREN OR PROPERTY ARISING OUT OF OR CONNECTED WITH THE USE OF ANY SERVICES, EQUIPMENT AND /OR FACILITIES OF SPORTSPLEX, OR OF THE PROPERTY OR PREMISES WHERE SAME LOCATED, AND THE MEMBER DOES HEREBY EXPRESSLY FOREVER RELEASE AND DISCHARGE SPORTSPLEX FROM ALL SUCH CLAIMS, DEMANDS, INJURIES, DAMAGES OR CAUSES OF ACTION FROM ALL ACTS OF NEGLIGENCE, ACTIVE OR PASSIVE AND ALL OTHER FAULTS ON THE PART OF SPORTSPLEX, ITS SERVANTS, AGENTS OR EMPLOYEES.

I HAVE READ THE ABOVE AND AGREE TO REGISTER MY CHILD IN PRESCHOOL. I AGREE TO NOTIFY SPORTSPLEX IN WRITING IF I INTEND TO WITHDRAW MY CHILD FROM THE PROGRAM.

SIGNATURE _____ DATE _____

I WILL PAY TUITION BY: PLEASE CIRCLE CHOICE

CASH CREDIT

MEMBER CARD ON FILE:

CC NUMBER: _____

EXP DATE: _____

NAME ON CARD: _____

ZIP CODE: _____

*PLEASE NOTE ALL FAMILIES MUST HAVE A CARD ON FILE. IF TUITION IS NOT PAID BY CASH ON THE 25TH OF EACH MONTH THE CREDIT PRICE WILL BE CHARGED TO THE CARD ON FILE