

**REGISTRATION  
STILL OPEN!**



# CLUB



at Munsey Park Elementary School  
**CLUB M.A.X July 2 - August 17, 2018**

FOR CHILDREN IN PRE-K / 6

*We Create A Fun, Safe, Warm, Caring, Attentive Camp Experience  
Where Kids Feel Comfortable To Learn and Grow!*



Swimming **OPTION 1**  
Tues / Thurs **JULY 2 - 27, 2018**  
7:30 AM - 6:30 PM / full day  
3 Trips \$1425

Swimming **OPTION 2**  
Tues / Thurs **JULY 2 - 27, 2018**  
9 AM - 5 PM / 3/4 day  
Surprise Wednesdays!  
3 Trips \$1100



**OPTION 3**  
**JULY 30 - AUGUST 3, 2018**  
July 30 - Riverhead Aquarium  
August 1 - Rye Playland  
August 3 - Bronx Zoo  
7:30 AM - 6:30 PM / full day  
**SUMMER SPECIAL \$600**

**OPTION 4**  
**AUGUST 6 - AUGUST 10, 2018**  
August 6 - Bayville Amusement Park  
August 8 - METS Game  
August 10 - Splish Splash  
7:30 AM - 6:30 PM / full day  
**SUMMER SPECIAL \$600**



**Closed on  
July 4th**

**OPTION 5**  
**AUGUST 13 - AUGUST 17, 2018**  
\$75 *per day* WITH SPECIALS  
7:30 AM - 6:30 PM / full day  
3 day minimum

**AIR  
CONDITIONED  
FACILITY!**

**REGISTER NOW**

**Manhasset Afterschool Xperience, Inc.**

Roni Jacobson, Executive Director **(516) 343-8840**

Cheryl **(516) 330-6504** manhassetmax@yahoo.com

[www.manhassetafterschoolxperience.org](http://www.manhassetafterschoolxperience.org)

*Licensed by the New York State Office of Children and Family Services*



# CLUB M.A.X. 2018

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C/o Munsey Park Elementary School  
1 Hunt Lane  
Manhasset, New York 11030  
Roni (516) 343-8840 / Cheryl 516-330-6504  
Email: manhassetmax@yahoo.com  
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## REGISTRATION FORM FOR CLUB M.A.X. - Summer 2018

*Thank you for joining us at M.A.X. this summer!*

***See tuition sheet for prices, check payable to M.A.X. upon registration.***

Child/Children's name: \_\_\_\_\_ Grade Sept 2018 \_\_\_\_\_  
Parent/Guardian Names: \_\_\_\_\_ Last Teacher/School \_\_\_\_\_  
Address: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Mother's contact phone number(s): \_\_\_\_\_ Email \_\_\_\_\_  
Father's contact phone number(s): \_\_\_\_\_ Option(s) selected \_\_\_\_\_  
Does your child have any allergies to any foods or medicines? \_\_\_\_\_

**\*IF YOUR CHILD IS GOING TO BE ABSENT FROM CLUB M.A.X., PLEASE CONTACT RONI JACOBSON, DIRECTOR AT 516-343-8840, THE EVENING BEFORE, OR PRIOR TO 7:30 AM.**

**Please also complete below**

*I GIVE PERMISSION FOR...*

- 1) ...M.A.X. staff to render First Aid to my child as needed, or to contact my child's doctor if I am not available ( \_\_\_\_\_ ) (initial here)
- 2) ...M.A.X. staff to seek emergency medical treatment at Northwell Health for my child, in the event that I cannot be contacted immediately. The M.A.X. Director or Site Supervisor will call 911 and escort my child by ambulance to said hospital. ( \_\_\_\_\_ )(Initial here)
- 3) ...M.A.X. to use the art work and photographs of my child for publicity purposes and for fundraising for the M.A.X. program. ( \_\_\_\_\_ )(Initial here)
- 4) ...the following people to be able to pick up my child from M.A.X. if, for some unforeseen reason, I or my spouse cannot do so. ( \_\_\_\_\_ )(Initial here)  
NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_  
NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_  
NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_  
NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_
- 5) ...I understand that I must inform M.A.X. of any special needs or problems my child may have. ( \_\_\_\_\_ )(Initial here)

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