

New After School Option for PS 24 MMCC Discovery After School

3450 Dekalb Ave, Bronx NY 10467
Children entering Kindergarten - 5th grade (Co-ed)
September, 2018 through June 21, 2019



An enriched curriculum of classes and clubs, including bowling, computers, soccer, arts & crafts, nature, drama, music, dance, basketball, activity groups, and homework help. All of these classes and clubs are included in the tuition fee. Children receive a nutritious snack each day.

Note: Please be aware that the Center does NOT pick-up at 5:55 on half days. Parents can bring their child to the center by 3:30 p.m.

Van Service Provided at School Dismissal Parent Pick up at 3450 Dekalb Ave at 6PM

Yearly Fee (Payments are made from October until May)

Numbers of Days	Total Fee	Payments
5 days a week	\$2,800.00	8 payments of \$350.00
4 days a week	\$2,480.00	8 payments of \$310.00
3 days a week	\$2,400.00	8 payments of \$300.00

\$350 security deposit due at registration

Additional Fees \$160 Membership, \$85 Liability Insurance and \$20 Accident Insurance (per child), \$150 one time Transportation Fee- **Non-Refundable**.

Late Coverage (6:00-6:30p.m.): \$300 per year + tuition

For more information contact Saran Doumbouya (718) 882-4000

Email: sdoumbouya@mmcc.org



Building communities
one life
at a time

Mosholu Montefiore Community Center
3450 Dekalb Avenue | Bronx, New York 10467
718-882-4000 | info@mmcc.org



MMCC Discovery Club(2018-2019) Registration Form

Return registration and payment to MMCC: 3450 Dekalb Avenue, Bronx, NY 10467

CHILD'S NAME _____

D.O.B _____ AGE _____ GRADE _____ CLASS _____ SCHOOL _____

ADDRESS _____ APT. # _____ ZIP _____

HOME PHONE _____ EMERGENCY NAME/TELEPHONE _____

PARENT/GUARDIAN'S NAME 1 _____ D.O.B _____ WORK# _____

CELL PHONE _____ E-MAIL _____

PARENT/GUARDIAN'S NAME 2 _____ D.O.B _____ WORK# _____

CELL PHONE _____ E-MAIL _____

PLEASE ENROLL MY CHILD FOR THE FOLLOWING DAYS:

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY STARTING DATE _____

I agree to abide by all rules and regulations in the terms of agreement and allow my child to participate in all After School activities and trips. I allow photos and/or videos of my children to be taken at After School, including classes, field trips, and special events. I also give permission for these photos and videos to be used for publicity purposes only. In case of emergency, I also give permission for you to provide routine health care and seek medical treatment for my child.

* I understand that my security deposit will be utilized for the last month's payment.

To register, enclose \$350 security deposit plus \$160 Membership, \$85 Liability Insurance and \$20 Accident Insurance (per child).

Enclosed \$ _____ Parent Signature: _____

Special Needs Services: Alternate programming is available based on certain criteria at the MMCC main building only.

Call Kim Viade at 718-882-4000 to set up an interview.

Does your child have an IEP? Yes No (check one)

Date _____ Receipt _____ Liability Ins. _____ Acc. Ins _____ Security Dep. _____ Total \$ _____

