

Kidz Club

After school club for K to 4th grade
Monday through Friday
Excluding non school days and early dismissals
Bus transportation provided from Southampton
Elementary School only to S.Y.S.
3:30 pm - 6:00 pm

Snacks available for purchase!!!

Growing
Healthy Bodies
& Minds

- * HOMEWORK HELP
- * LAPTOP COMPUTERS AVAILABLE
- * SPORTS & GAMES
- * SUPERVISED, SAFE & FUN!!!

BEGINS SEPTEMBER 13

To ensure bus transportation to SYS
Register by Sept. 9

**COST: \$35 A WEEK
(5 DAYS)
PART-TIME RATES
AVAILABLE**

GREAT
DEAL!!!

That's \$7
A DAY!

*Access to classes at SYS in: Karate, Gymnastics, Tennis,
Irish dancing and seasonal sports
For more info contact Joy @ SYS 631-287-1511
or joyparizsys@yahoo.com

Provided by
Southampton Youth Bureau
and
SYS Southampton Youth Services
1370A Majors Path
Southampton, NY 11946



Club Kidz 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.
TO ENSURE BUS TRANSPORTATION TO SYS, REGISTER BY SEPTEMBER 9.
I give permission for _____ to participate in Kidz Club sponsored by
Southampton Youth Bureau and SYS, **beginning September 13, Monday to Friday (excluding non school days and early dismissals)**, 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.