

Sports, Fitness & Fun!!

USC After School
170 WEST 233RD ST. BRONX, NY 10463
TEL.718.549.7529 FAX 718.543.7528



TODAY'S DATE: ____/____/____

Parent Email #1 _____

Parent Email #2 _____

Participant's Name _____

D.O.B. ____/____/____ Age ____ Sex ____

ELECTRONIC WAIVER

If there are multiple kids fill out separate form & indicate 1st child 2nd child 3rd child

Mothers Name _____ Cell Phone # _____

Fathers Name _____ Cell Phone # _____

Childs Address _____

Emergency Contact _____ Phone # _____ Relationship to child _____

List any allergies your child has, if none please state none _____

Please select **Place a "√"**

Please Circle the Days Attending:

5 Days \$4,275	
4 Days \$4,005	
3 Days \$3,555	

MON TUE WED THU FRI

If you need to change days a Change Request Form must be filled out (7 day notice needed)

Tuition includes pick up.

Pick up service are only available from the following areas:

Washington Heights

Area: Surrounding - 181st Street North to Broadway 233rd Street.

Riverdale Area:

Surrounding - 263rd Street South to Broadway 233rd Street.

Please select Pick Up & Drop Off: **Place a "√"**

School Pick up & Parent Pick Up	
Parent Drop Off & Parent Pick Up	

Photo Release: I grant Uptown Sports Complex permission to take photos of my child promotional ads and website usage. YES NO

Parent Signature _____

School Name _____

Address _____ Telephone _____

Grade ____ Teacher _____ Dismissal Time _____ Pick Up Location _____

Enrollment Contract (Updated as of August 2017): Please initial next to each statement: By Filling Out this form I certify that I have received Uptown Sports Complex policies and agree to abide by the policies

Payment Options: Check which one and initial

_____ 5% Discount - 1 time full year payment _____

_____ 2% Discount - 3 equal payments due by 9/1 - 10/1 - 11/1 _____

_____ 10 % Sibling Discount off the entire tuition for 2nd and 3rd child of the same family _____

_____ 9 Monthly Payments Due by the 1st of each month _____ Require Monthly Auto Draft; must fill out agreement

If I select to pay monthly, I understand there is a deposit of one month equal to my monthly tuition due upon registration; If I decide to un-enroll my child before completing the end of school year I forfeit my deposit _____

If I select to pay monthly, I must set up auto draft to pay tuition on the 1st of each month. Upon completing the end of the school year, I can apply my deposit to the last month of the school year, not applicable to any prior month _____

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I understand that there is no reimbursement if I pull my child out of the program once I paid my tuition _____

I understand that USC plan and provide a spot for my child in ASP therefore any missed classes cannot be deducted from tuition _____

I understand that tuition must be paid in full based on my contract regardless of the number of days my child attends, any holiday closings, vacations family or school and any other school closings _____

If my child missed his/her scheduled day I cannot switch to make up missed day _____

if my child is out from school or will not need to be picked up, I understand that I will notify USC by phone 718.549.7529 or Email info@uptownsportscomplex.com _____

I understand there is a late fee is \$25.00 if payment is received after the 5th of the month _____

I understand that my child will not be able to attend due to non-payment _____

I understand pick up is until @ 6:15pm, there is a late pickup fee of \$10 (applied for every 15 minutes) and fee must be paid same day _____

I understand there is a \$42 registration fee (non-refundable), there is a 3% fee when paying with credit card/debit card. I understand there is a \$30 fee for returned checks and USC will only accept cash/debit payments if I have a returned check _____

I understand that there is an additional fee if I need an additional day for pick up and based on availability _____

I understand that USC reserves the right to determine whether or not my child will be a good fit at the USC. If USC determines that your child should not continue in the program for conduct and behavioral reasons USC will dismiss your child and return any monies due for the following weeks to come _____

I confirm my child has a facility participation waiver _____ go to <https://uptownsports.waiverapps.com/locations/uptownsportscomplexfacility> in order to fill one out _____

I give permission to my child to be picked up from school and/or dropped off at home by Uptown Sports Complex transportation vehicle and its authorized staff _____

I understand that the use of the facility involve activities that come with risks and uncertainties that they may not be used to at home or at school. I realize that no environment is risk-free and I agree to waive any claims for damage, injury, or illness against Uptown Sports Complex or its agents while utilizing any of its facilities _____

I understand that if my child is allergic to any foods, it is my responsibility to educate my child on not eating any other foods from any other students in the program other than what's given in their lunch box _____

I give permission to my child to eat/drink all snacks provided by the Uptown Sports Complex ASP _____

I give permission to my child to go on outdoor trip to nearby local parks and/or baseball field _____

I give permission to the following people to pick up my child from USC's ASP:

Name _____ Relationship to child _____ Tel# _____

Name _____ Relationship to child _____ Tel# _____

Name _____ Relationship to child _____ Tel# _____

DO NOT give Permission to _____ Relationship to child _____ to pick up my child _____ (initials)

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CHILDS NAME:

----- OFFICE USE ONLY -----

ASP Program # OF DAYS _____ Days Attending _____ Start Date ____/____/____

Monthly Tuition Amount \$ _____ Registration Fee \$ _____ Deposit \$ _____

[Discount Type _____ Discount Amount \$ _____ Credit \$ _____ NEW Total Due \$ _____]

3% Fee \$ _____ Amount Paid \$ _____ Date of Payment ____/____/____ Initial

[Credit Card on file for Monthly Payment Auto-draft Required]

VISA MC AMEX DISCVR zip code _____

Card# _____ Exp. Date ____/____ 3 Digit Sec Code _____

ASP Monthly Payment Schedule

Month Due	Monthly Tuition	Monthly Drop Off Fee/Other	Total Due	Date of Payment	Type of Payment	Total Paid	Balance	Employee Initial
Registration	Deposit		\$					
Sept	\$	\$	\$			\$		
Oct	\$	\$	\$			\$		
Nov	\$	\$	\$			\$		
Dec	\$	\$	\$			\$		
Jan	\$	\$	\$			\$		
Feb	\$	\$	\$			\$		
Mar	\$	\$	\$			\$		
April	\$	\$	\$			\$		
May	\$	\$	\$			\$		
June	\$	\$	\$			\$		