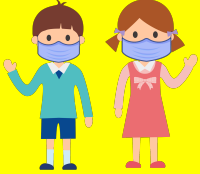


Club M.A.X.

at Shelter Rock Elementary School

FOR CHILDREN IN PRE-K - 6



SNAPOLOGY,
STEM & Coding
Activities!



WE CREATE A FUN, SAFE, CARING, ATTENTIVE
CAMP EXPERIENCE WHERE KIDS FEEL COMFORTABLE
TO LEARN AND GROW WHILE PRACTICING SOCIAL DISTANCING AND
ADHERING TO COVID SAFETY GUIDELINES!

Option 1- \$1,900
July 6-30, 2021
7:30am-6:00pm

SOCCER, HIP HOP,
YOGA, ACTING,
AND SWIMMING
IN JULY!



Option 2- \$1,600
July 6-30, 2021
9:00am-4:00pm

Themes!

Full STEAM Ahead
Minute to Win It
Prehistoric Adventure
Olympics
Edible Engineering
MAD Science
Wild at Art
Passport Week

Air Conditioned
Facility!

Adventure Week 1
Option 3- \$600
August 2-6, 2021
7:30am-6:00pm
Trip to Bounce

*Accommodations will not
be made for children who
are not attending the field
trips. Activities subject to
change.*

Adventure Week 2
Option 4- \$600
August 9-13, 2021
Trip to the Bronx Zoo

Staycation
Option 5
August 16-20, 2021
If there is interest
7:30am-6:00pm
\$125/day-3 day
minimum

REGISTER BY MAY 1ST AND GET
\$100 OFF! (OPTION 1 OR 2 ONLY)

Manhasset Afterschool Xperience, Inc.
Roni Jacobson, Executive Director
(516) 343-8840

manhassetmax@yahoo.com

www.manhassetafterschoolexperience.org



Club M.A.X. 2021

Manhasset Afterschool Xperience, Inc.
C/o Munsey Park Elementary School

1 Hunt Lane

Manhasset, New York 11030

Roni Jacobson (516) 343-8840

Email: manhassetmax@yahoo .com

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REGISTRATION FORM FOR CLUB M.A.X- July 6th – August 20th 2021

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

Child/Children's name: _____ Grade Sept 2021 _____

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? For example: 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.**

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 have permission 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*)

To ensure the program's safety and in accordance with NYS DOH guidelines, it is required that children wear masks while attending camp. By initialing below, you agree to provide a mask for your child daily. (_____) (*Initial here*)