

The Nest Music Conservatory

After School Program

3636 Holland Ave. Ground fl., Bronx, NY 10467

We accepted Kinder – 5th Grade (Co-ed)

Learning to play an instrument takes patience, persistence, and focus — the same qualities students need to excel in school and in their future careers. Our research-based curriculum is developed to maximize the cognitive benefits of music education, including improved reading skills and the ability to focus all social settings.

Homework Help, Reading, Meals and Snack are included.

Note: Please be aware that the Center Charges a Full-Daily charge for Half Days Pickup. Parents can bring child to the center at 3 p.m.

Late fee for pickup after 5:59pm

Transportation and Pick up:

Escort service from P.S.94, P.S.78, P.S. 41 and schools with in a 3-mile radius.

Yearly Fee (Payments are made from September until May)

Number of Days	Total Fee	Monthly	Weekly
5 – 4 Days	\$3,060.00	\$340	\$100
3 Days	\$2,800.00	\$312	\$90
2 Days	\$2,400.00	\$275	\$80

First month's payment plus \$55 Membership, \$100 Liability and Accident Insurance (per child) are ***Non-Refundable***

After School program starts September 9, 2019

For more information contact Ms. Kenya (718) 994-6378

Email: Knighly@nestmusicinc.org

The Nest Music Conservatory

Registration Form

CHILD'S
NAME _____

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

SCHOOL _____

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

ADDRESS _____ WORK# _____

CELLPHONE _____
EMAIL _____

PLEASE ENROLL MY CHILD FOR THE FOLLOWING DAYS:

____ MONDAY ____ TUESDAY ____ WEDNESDAY ____ THURSDAY ____ FRIDAY START
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 any changes to registered days will incur an administrative fee of \$55.

To register, enclose first payment plus \$55 Memberships, Liability and Accident Insurance \$100 (per child).

Special Needs Service: Inclusive Programing is available based on certain criteria at the center.

Call Ms. Lucy at 718-994-6378 to set up an interview.

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

For Center Personnel Only

Date	Receipt	Ins.	First month	Total \$
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