



Inspiring. Empowering. Futures

# REGISTRATION

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Program: VPK3/VPK After School Seasonal Camps

CHILD ONE

Child's Name: \_\_\_\_\_

Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M  F  Current school: \_\_\_\_\_ Grade: \_\_\_\_\_

Is there a shared parenting/custody schedule for the student? Yes  No

If YES, please see the front office to ensure we have the most updated custody calendar. Thank you!

List any allergies/medical/mental/physical conditions: \_\_\_\_\_

Please list any behavioral concerns (triggers, habits, and/or sensitivities) so we may provide the best possible care: \_\_\_\_\_

CHILD TWO

Child's Name: \_\_\_\_\_

Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M  F  Current school: \_\_\_\_\_ Grade: \_\_\_\_\_

Is there a shared parenting/custody schedule for the student? Yes  No

If YES, please see the front office to ensure we have the most updated custody calendar. Thank you!

List any allergies/medical/mental/physical conditions: \_\_\_\_\_

Please list any behavioral concerns (triggers, habits, and/or sensitivities) so we may provide the best possible care: \_\_\_\_\_

CHILD THREE

Child's Name: \_\_\_\_\_

Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M  F  Current school: \_\_\_\_\_ Grade: \_\_\_\_\_

Is there a shared parenting/custody schedule for the student? Yes  No

If YES, please see the front office to ensure we have the most updated custody calendar. Thank you!

List any allergies/medical/mental/physical conditions: \_\_\_\_\_

Please list any behavioral concerns (triggers, habits, and/or sensitivities) so we may provide the best possible care: \_\_\_\_\_

**GUARDIAN**

**PRIMARY GUARDIAN**

Name: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_ Mobile #: \_\_\_\_\_ Alternate #:: \_\_\_\_\_  
Address:: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Email: \_\_\_\_\_

**SECONDARY GUARDIAN**

Name: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_ Mobile #: \_\_\_\_\_ Alternate #:: \_\_\_\_\_  
Address:: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Email: \_\_\_\_\_

**AGREEMENTS**

**AFTERSCHOOL FLAT FEE AGREEMENT**

It has been agreed to between ARTS and the parent/guardian that the term of this Agreement shall be from \_\_\_\_\_ to \_\_\_\_\_ and the flat monthly fee for this service shall be \_\_\_\_\_. This amount will be charged by the 5th of each month on the credit card on file. The Parents authorize this monthly charge through the end of the academic school year and it is understood that such amount is due whether or not the child remains receiving services by ARTS as the above flat fee charge has been determined based upon the parents agreement to use ARTS through the end date. Registration fees are due upon enrollment and are applied annually in August.

Printed Name \_\_\_\_\_ Parent/Legal Guardian Signature \_\_\_\_\_  
Date \_\_\_\_\_

**EARLY LEARNING COALITION AGREEMENT**

The parents agree that if they are receiving services from the Early Learning Coalition (ELC) that they are responsible for the parent's fee, that they are responsible to sign their child out each day and if the child loses the ELC qualification, each parent will be responsible for the full fee for that child and further authorizes ARTS to charge the credit card on file the monthly charge for said child by the 5th of each month.

Printed Name \_\_\_\_\_ Parent/Legal Guardian Signature \_\_\_\_\_  
Date \_\_\_\_\_

**PAYMENT INFO**

**PAYMENT OF TUITION**

You must provide us with a credit or debit card but may choose to pay with cash or check.

- Option 1: Cash/Check – Please provide payment to staff at dropoff.
- Credit/Debit Card - Tuition will be charged to the card you provide.

Name on card: \_\_\_\_\_ Card Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ 3 digit security code: \_\_\_\_\_ Billing zip: \_\_\_\_\_

## TERMS AND CONDITIONS

By submitting this registration and sending my payment information to Foundation 4 ARTS (hereinafter ARTS), I agree to the following terms and conditions (please use initials):

\_\_\_\_\_ **Discipline Statement:**

ARTS' goal is to establish self-discipline within each child – to give the child rules and the encouragement to follow them. When a child breaks a rule, any of the following discipline procedures may take place:

1. Confirm the child knows and understands the rule.
2. Change his/her activity and work area.
3. Provide time away from the child's work area.
4. Contact the parent to work on the behavior change together.

Reporting inappropriate behavior is critical for communication purposes. ARTS will notify parents if inappropriate behavior persists.

DCF requires for discipline policy statements to include the following:

The facility prohibits children from being subjected to discipline which is severe, humiliating, frightening, or associated with food, rest, or toileting. Spanking or any other form of physical punishment is prohibited for all child care personnel. Children may not be denied active play as a consequence of misbehavior.

\_\_\_\_\_ **Authorization:**

1. Photographs and video taken of my child (for educational and marketing purposes).
2. Professional group and individual photographs offered for purchase by parents.
3. Closed circuit camera video and audio recording (for safety purposes).

\_\_\_\_\_ **Termination of Services:**

I understand communication is critical to my child's success in the ARTS program. I agree to notify ARTS of any relevant changes including but not limited to household, health, family, and school.

ARTS has the right to exclude any student or parent, temporarily or permanently, who is deemed in the sole exclusive discretion of ARTS to be interfering with the health, safety, or education development of himself/herself or of any other student(s) in the program. In such instance, any fees paid will not be refunded and all fees due will remain payable. I assume full financial responsibility my child/children purposely damage ARTS' material and/or property.

ARTS may terminate services with or without cause by giving written notice. If I wish to terminate services I must notify ARTS in writing 30 days before the last day of services.

\_\_\_\_\_ **Food Policy:**

I understand it is important for my child to eat a good breakfast before arriving at ARTS. I agree to pack a ready-to-eat lunch and two snacks during day camps and at least one snack for the after school program. I agree to pay a \$25 food fee if my child arrives at ARTS without proper food.

\_\_\_\_\_ **Injury/Illness/Suicide Prevention:**

If my child should become ill or injured while at ARTS, I understand ARTS will (1) call 911 if the injury/illness appears to be serious; (2) contact me immediately; (3) Should ARTS be unable to reach me or my designated emergency contacts, I authorize ARTS to arrange for immediate emergency treatment. I agree to pick up my child (if they do become ill) within less than 60 minutes from the time I am notified.

If my child/children threaten to harm himself/herself, or others, I understand and agree ARTS will (1) immediately call the Sheriff's Office for a behavioral evaluation, (2) contact me, (3) contact the person(s) I have listed as emergency contacts.

\_\_\_\_\_ **Injury/Illness/Suicide Prevention (cont.):**

I agree to not hold ARTS, it's owners, managers, or instructors, responsible for any injuries or losses that may occur during the program I am allowing my child to participate in. I hereby release, waive, discharge and covenant not to sue the facility used by my child, ARTS, or its owners, managers, or instructors. I fully understand my child is participating at his/her own risk with my permission. My child is in perfect health to participate in this program. I will immediately advise if my child's health changes in any manner.

If my child should become sick while at ARTS, I agree to pick them up within the hour of being notified. Furthermore, I agree not to bring my child to ARTS if they are sick.

\_\_\_\_\_ **Attendance and Notification Requirements:**

ARTS follows the Leon County School Calendar. Absolutely no makeup classes or refunds are given if a child misses class. I understand ARTS staffs according to registrations, thus, once I sign up for services I will not be issued a refund if my child/children does/do not attend for any reason.

If my child/children will not attend ARTS (after school only) for any reason, I agree to inform ARTS no later than 9:00 AM via email or telephone to cancel transportation from school to ARTS. If I fail to inform ARTS, I agree to pay a "no-show" penalty fee of \$25.00 (applies to After School Services only). Failure to notify in advance results in ARTS incurring payment of late pick up penalties for other schools.

\_\_\_\_\_ **Inclement Weather:**

ARTS will notify me via email if the facility will be closed due to inclement weather including, but not limited to, tropical storms, hurricanes, and/or tornadoes.

\_\_\_\_\_ **Late Pick Up Policy:**

ARTS closes at 6:00 pm. If my child is not picked up by closing time, I understand there will be a late fee of \$20.00 the first 10 minutes and \$2.00 for every minute after that per child. I agree to pay late pick-up fees when I arrive. If I am later than 15 minutes, I understand and agree ARTS will use all contact information in attempting to arrange for the earliest possible pick up of my child/children. If my child/children have not been picked up a half-hour after ARTS closing time or notification of emergency evacuation, and all attempts to reach me or my designated contact persons have been unsuccessful, ARTS staff shall call the Police Department or the Sheriff's Office (depending on the jurisdiction where the child lives) and request that they assist in locating a responsible adult to pick up the child; if they are unable to locate a responsible adult, ARTS staff will immediately call the Department of Children and Families Protective Services and request they arrange to have someone from Protective Services pick up the child from ARTS as soon as possible.

\_\_\_\_\_ **Payment:**

I understand all fees are due by the first day of the week before the child care services are received. I agree to pay a late fee of \$10 per day for any late payments and a \$20.00 processing fee for returned checks or declined payment. If payment is not made within five days AFTER the due date, my child will not be able to participate in ARTS' activities until payment and late fees are paid. If my child/children does not attend ARTS for any reason, payment is still due. If payment is not received, ARTS has the authority to terminate enrollment at that time.

**AGREEMENT**

This contract shall be interpreted in accordance with the laws of the State of Florida. In the event of litigation arising out of enforcing the contract, ARTS, if judged the prevailing party, shall be entitled to recover reasonable attorney fees and costs.

My signature below affirms I have read, understood, and accepted the terms and conditions of this contract and terms specified in the handbook.

Child/Children: \_\_\_\_\_

Printed Name \_\_\_\_\_ Parent/Legal Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_