



Extended Care Program



Extended Care Registration Form and Parental Agreement

Student's Name: _____ **Grade:** _____

Campus: _____

_____ **My child will attend Before Care**

_____ **My child will attend Aftercare.**

_____ **My child will attend Before and Aftercare.**

All attached paperwork must accompany this agreement and registration fee.

_____ **I agree to pay weekly via Tuition Express through online registration.**

_____ **I agree to pay weekly via Tuition Express through automatic withdrawal.**

At a rate of:

\$25 per week Before Care Only

\$60 per week Aftercare Only

\$70 per week Before and Aftercare

Parent Name: _____

Email Address: _____

Parent Signature: _____ **Date:** _____

***I have read and understand the Parent Agreement, tuition rates and fees, involved in the Before and Aftercare program at Plato Academy Charter School. I also understand that failure to abide by these terms may result in disenrollment. A minimum of a two week's notice and payment will be required by any parent/guardian initiating their student's disenrollment. Please note that tuition is due regardless of holidays, school closings, absences or illness. Tuition is due by Friday of the week prior to service. A fee of \$5 per day will be charged for all late payments. Nonpayment by Wednesday may result in immediate disenrollment. Tuition must be paid through the online payment system. Plato Academy closes promptly at 5:45pm; you will be charged \$1 per minute, per child for every minute late. You may not bring your child prior to 7:00am and you must sign them in and out each day.**

For Office Use Only:		
Date: _____		
Registration Fee verified in Tuition Express: _____		
Initials: _____	Campus: _____	Program: _____

www.platoacademy.net

Plato Academy is an equal opportunity institution for education and employment

Please note that enrollment in our Preschool and/or VPK Program, having a sibling enrolled at Plato Academy, and/or completion of the Kindergarten application DOES NOT guarantee placement in Kindergarten.



Extended Care Program Participation Clearance and Waiver of Liability Form

Vigorous physical activity is essential for normal, healthy growth and development. Growing bones and muscles require not only good nutrition, but also the stimulation of vigorous physical activity to increase the strength and skills necessary for a physical active lifestyle. Physical Activity programs at both during-school curriculum and after-school extra-curricular sports program activities provide opportunities for students to experience the fitness feeling and help them make decisions regarding personal fitness and the value of physical activity in their daily life.

ELEMENT OF RISK NOTICE

It is understood and acknowledged that there is a risk of injury involved in any contact athletic activity (participation). Please note that due to the very nature of some activities, the risk of injury may increase. Injuries may range from minor sprains and strains to more serious injuries. The safety and well being of students is a prime concern and attempts are made to manage as effectively as possible, the foreseeable risks inherent in physical activity. The student (athlete) will be under supervision and direction of Plato Academy teachers. Following the rules of the game and the instructions of the staff can reduce the risk of injury to the student and to other students. However, it is understood that neither the teacher nor Plato Academy can eliminate the risk of injury in contact sports activities. Injuries may and do occur. Injuries do vary in degree from mild to severe. We (parent and/or legal guardian) freely, knowingly, and willingly accept and assume the risk of injury that might occur from participation in athletics.

It is important that your child participates safely and comfortably in the of Plato Academy *during-school* curriculum and *after-school* extra-curricular sports program activities.

In your child's best interest we recommend the following:

- a) An annual medical examination.
- b) Appropriate attire for safe participation (T-shirt, shorts or track pants, and running shoes). Jewelry which cannot be removed and which presents a safety concern must be taped.
- c) The wearing of any eyeglass band and/or shatterproof lens if your child wears glasses which cannot be removed during physical activities.
- d) The wearing of sun protection for all outdoor activities.
- e) Safety inspections of any home equipment brought to school for personal use (e.g., skis, skates, helmets).

If you require further information, please contact the Superior at: Phone: (727) 799-1200
Please complete the necessary information and have your child return it to his/her teacher.

Student Name: _____ **Teacher:** _____ **Grade:** _____

Mother's Name: _____

Best Contact Number: _____

Father's Name: _____

Best Contact Number: _____

EMERGENCY CONTACT NAME/NUMBER _____

(continued on back)

WAIVER OF LIABILITY

Plato Academy does not carry accident or medical insurance to cover students' accidental injuries or illness. It is the responsibility of the parent and/or legal guardian to ensure adequate accidental, health, hospital, and/or medical insurance coverage is maintained throughout each year for their child. Please note that in the event of any insurance coverage lapse the parent and/or legal guardian will accept full responsibility of all accidental, health, hospital, and/or medical expenses and liabilities in the event of any injury.

1. If your son/daughter/ward wears or carries a medic alert bracelet, neck chain or card:

Please specify what is written on it: _____

First aid procedures in case of incident: _____

2. If your son/daughter/ward is allergic to any foods / medication / bee stings / other, please specify:

First aid procedures in case of incident: _____

3. Specify any other medical conditions / physical limitations your son/daughter/ward has that may affect their full participation with physical education activities. Provide pertinent details or contact teacher: _____

Please note that the emphasis of Plato Academy *during-school* curriculum and *after-school* extra-curricular sports program activities is maximum participation, fair play, teamwork, and sportsmanship (sport person-ship). The program is used to enhance and extend the physical education program in and beyond the classroom setting.

Any Comments: _____

In signing this form, I give permission to my child to participate in the programs, and I acknowledge the element of risk notice information noted. In addition, I will be responsible in obtaining insurance coverage and payment of all fees and costs accrued in the event of injury. Furthermore, I hereby state that, to the best of my knowledge, my answers to the above questions are correct and agree with all that has been stated.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

DIRECTOR'S USE ONLY	
Grade	_____
Date Enrolled	_____

STUDENT ENROLLMENT FORM

Student's full legal name _____
First Middle Last

Student's Preferred name/nickname _____

Parent/Guardians Name(s) _____

Mother's Name _____

Phone Number Cell _____ Work _____

Home Address _____
Street Address City State Zip Code

Father's Name _____

Phone Number Cell _____ Work _____

Home Address _____
Street Address City State Zip Code

The student will be released only to the person(s) authorized, or in the manner authorized, in writing, by the custodial parent(s) or legal guardian(s). The following person(s) is authorized to remove the student from Plato Academy Extended Care Programs in case of illness, accident, or emergency IF for some reason the custodial parent(s) or legal guardian(s) cannot be reached:

Name _____

Phone Number Cell _____ Work _____

Home Address _____
Street Address City State Zip Code

Name _____

Phone Number Cell _____ Work _____

Home Address _____
Street Address City State Zip Code

- Yes Additional authorized pick up info. on reverse.
 No



EMERGENCY MEDICAL RELEASE

This form must contain only one child's name, and be the original notarized form.

A new notarized form is required when there is a change in legal guardianship.

Please Print Information

Child's Full Name: _____ **Birthdate:** _____

Allergies: _____

Medicines Routinely Taken: _____

Name of Custodial Parent(s)/Legal Guardian(s): _____

Address: _____
Street Address (number, apartment #, street) City State Zip Code

Home Telephone _____ Cell Telephone _____ Work Telephone _____

Family Physician's Name/Health Care Resource: _____

Address: _____
Street Address (number, apartment #, street) City State Zip Code

Telephone (____) _____

Hospital Preference: _____
Name City

Medical Insurance Company: _____

Policy #: _____ Expiration Date: _____

Emergency Contact (if custodial parent/guardian cannot be reached): _____

Address: _____
Street Address (number, apartment #, street) City, State, Zip Code

Home Telephone _____ Cell Telephone _____ Work Telephone _____

Sign in the presence of the Notary.

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child

_____, in the event of an emergency at which time
(Child's Full Name)

I cannot be reached. I give consent to transport by ambulance if situation warrants it.

Signature of Custodial Parent/Legal Guardian (Affiant)

STATE OF FLORIDA COUNTY OF _____

The foregoing instrument was acknowledged before me on _____ 20_____
(Month) (Day) (Year)

by _____, who is personally known to me or who has
(Name of Affiant)

produced _____ as identification.
(Type of Identification)

SEAL OF NOTARY

Signed: _____ *(Signature of Notary)*



Extended Care Calendar 2017-18

Campus Locations for Extended Care All Day and Holiday Breaks TBD

August 2017

M	T	W	T	F
			10	\$
	14	15	16	17
	21	22	23	24
	28	29	30	31

September 2017

M	T	W	T	F
			1	\$
	5	6	7	\$
X	11	12	13	14
	18	19	20	21
	25	26	27	28

October 2017

M	T	W	T	F
2	3	4	5	\$
9	10	11	12	\$
	17	18	19	\$
	23	24	25	26
	30	31	21	22

November 2017

M	T	W	T	F
6	7	8	9	\$
	13	14	15	16
	20	21	22	23
	27	28	29	30

December 2017

M	T	W	T	F
	4	5	6	7
	11	12	13	14
	18	19	20	21
	28	29	30	31

February 2017

M	T	W	T	F
			1	\$
	5	6	7	8
	12	13	14	15
	19	20	21	22

March 2017

M	T	W	T	F
			1	\$
	5	6	7	8
	12	13	14	15
	19	20	21	22

April 2017

M	T	W	T	F
2	3	4	5	\$
9	10	11	12	\$
16	17	18	19	\$
23	24	25	26	\$
30				\$

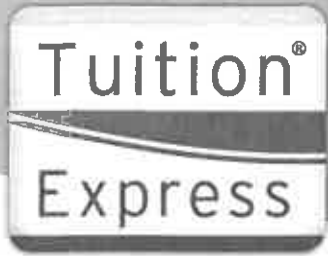
May 2017

M	T	W	T	F
	1	2	3	\$
	7	8	9	10
	14	15	16	17
	21	22	23	24

LEGEND

- School Closed
- Extended Care Closed
- School Closed
- Extended Care Open
- Tuition Due

M	T	W	T	F



Automated Payment Processing
Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express Online Payments. You can process on-time tuition and fee payments with your credit card at www.tuitionexpress.com

TUITIONEXPRESS.COM REGISTRATION

As a customer of _____ (business name), I (we) wish to register at www.tuitionexpress.com for the purpose of making Online Payments using a credit card.

PLEASE CONTACT CENTER REPRESENTATIVES FOR CREDIT CARD TYPES ACCEPTED BY CENTER.

Cardholder Name Phone #

Cardholder Address City State Zip

Cardholder Signature Date

Website Registration Code: _____ (Please select a 4 digit PIN that will be used when you register at TuitionExpress.com)
4 digits

For Official Use Only
Date Received
Employee Signature

A service of



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Automated Payment Processing
Safe - Convenient - Easy

We are excited to offer the safety, convenience and ease of Tuition Express - a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT and CREDIT CARD

I (we) hereby authorize (business name) to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. (initial) Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Form fields for Section A: Cardholder Name, Phone #, Cardholder Address, City, State, Zip, Account Number, Expiration Date, Cardholder Signature, Date

SECTION B (Bank Account)

Form fields for Section B: Your Name, Phone #, Address, City, State, Zip, Bank or Credit Union Name, Bank or Credit Union Address, City, State, Zip, Routing Transit Number, Account Number, Checking, Savings

Authorized Signature, Date

For Official Use Only

Date Received, Employee Signature

Check stub form with fields for payee (John Sample), amount, routing number (123456789), account number (1800338), and check number (0226)

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