

Parent must provide a picture of child before registration is considered complete.



Puzzle Box ACADEMY

Academic Enrichment Registration

Attach picture of child here

PBA USE ONLY

Acct # _____

PLEASE COMPLETE ALL INFORMATION

The front and back of this form must be completed for each child in the family.

The last two pages (Parent/Legal Guardian Information and Contact and Departure Information) may be completed once if the information is the same for every child in the family.

Child's Last Name:		Child's MI:	Child's First Name:	
Child's Birth Date:			Child's Gender:	
			<input type="checkbox"/> Male	<input type="checkbox"/> Female
Child's Primary Language:				
Parents main goal with Academic Enrichment:				
What day and date will the child begin attending the program?				
<u>Emergency Departure Information</u>		<p>Children do not need to know the emergency code word. This word will only be used in emergencies that prohibit you from providing written changes to departure information. Emergencies that prohibit you from providing written changes may be accepted if BOTH the following criteria are met:</p>		
Emergency Code Word:		<ol style="list-style-type: none"> 1. We can contact you at a telephone number listed on this form. 2. You identify the emergency code word indicated. 		
Child's Daytime Teacher:			Child's Grade Level:	
Child's Street Address:			Apt No:	
City:			Zip Code:	

Child's Enrolled Program Information:**Weekly Program Fees****IMPORTANT INFORMATION ABOUT WEEKLY TUITION:**

- The full fee for the academic enrichment program will be billed by week once per month for every child enrolled.
- You will be billed for the full program per week regardless of how many days your child attends during any week.
- Tuition will not be adjusted or credited for absences/non-attendance.
- Weekly tuition is not prorated for circumstances beyond our control or when termination occurs on any day of the week.

Payment for tuition is due IN ADVANCE OF SERVICES. Weekly \$80.00 Transportation \$20.00

Late Pick Up: Assessed per 15 min beginning at 6:01 pm. Services may be discontinued after two late pick-up occurrences per semester or three late pick-up occurrences per school year. **\$15.00**

Late Payment Fee: A late payment fees is assessed monthly to all accounts that have any outstanding balance. Services may be discontinued after three late payment occurrences per semester or five late payment occurrences per school year. **\$25.00**

Returned Checks: Returned checks shall be charged a returned check fee and after two occurrences checks will not be accepted for the remainder of the school year. **\$30.00**

Child's Health Information:

Food Allergies:	Medical Allergies:	Other Allergies:
Special health/medical conditions/disabilities that the child care staff should be aware of: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Describe any medical condition:		Describe any disability:
Is there any other information about your child that the child care staff should be aware of?		

Emergency Medical Release, Student Behavior and Financial Responsibility:

1) I am a custodial parent of this child. If emergency medical care is deemed necessary and I cannot be contacted, I authorize the child care staff to act on my behalf in granting permission for my child to receive emergency treatment.

2) I have selected a program enrollment for my child and I have read and understand the program enrollment information that affects the fees charged to my account. I am financially responsible for the payments of all child care services. I understand that a **non-refundable** registration fee is required to be paid prior to my child's enrollment. I understand the Weekly Fees are billed on the Friday morning **before** the week of services. Payment for tuition is due IN ADVANCE OF SERVICES. Tuition paid by check or money order in full including all outstanding fees must be received before 6:00pm on the Thursday **before** the week of services. Tuition paid as a one-time payment online in full including all outstanding fees must be received prior to 11:59pm on Sunday evening **before** the week of services. Weekly auto-payments may be scheduled online. Auto-payments will be processed early Saturday morning **before** the week of services. A Late Payment Fee of \$25.00 is assessed to all accounts that are not paid accordingly or that have any outstanding balance due. Continued late payments (3/semester or 5/school year, whichever comes first) may result in discontinuation of services.

3) The Puzzle Box Academy Academic Enrichment discipline plan is consistent with the elementary school's discipline policy. Staff members use positive reinforcement to encourage appropriate behavior. Corporal punishment is not permitted. Parents will be notified of recurring behavior problems. I understand that, at the director's discretion, program services for a child may be terminated for repeated or severely disruptive behavior.

4) I have read and understand all policies and procedures stated on this enrollment form. In addition I understand that I am responsible for the payment of all child care services **and** any changes/updates to the information on this form.

Signature

Date

Please print child(ren) name(s): _____

Parent/Legal Guardian Information

Complete one form per family if the information is the same for each child.

Primary Account Holder: Parent/Legal Guardian

Last Name:	MI:	First Name:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Relationship to Child(ren)
Same address as child? Yes No If no, complete address information below		
Street Address:		Apt No:
City:		Zip Code:
Work Phone: (xxx) xxx-xxxx	Ext.	Home Phone: (xxx) xxx-xxxx
Cell Phone: (xxx) xxx-xxxx	Which number should be used first in an emergency? <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Cell	
Contact Email Address: (This email address will be used for electronic account management/parent portal information)		
Employer Name:		

Other Parent/Legal Guardian (This person is also authorized to pay on the account)

This parent/guardian is granted access to financial information. ___Yes ___No Please Initial Here _____

Last Name:	MI:	First Name:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Relationship to Child(ren):
Same address as child? Yes No If no, complete address information below		
Street Address:		Apt No:
City:		Zip Code:
Work Phone: (xxx) xxx-xxxx	Ext.	Home Phone: (xxx) xxx-xxxx
Cell Phone: (xxx) xxx-xxxx	Which number should be used first in an emergency? <input type="checkbox"/> Work Home <input type="checkbox"/> Cell	
Contact Email Address:		
Employer Name:		

Brevard After School Contact and Departure Information 2019-2020 Complete only ONE FORM PER FAMILY if the authorized list below applies to every child listed.	First and last name of child(ren) authorized to be released to the individuals below:
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People on this list may be notified in case of illness or accident and are authorized to pick up the child(ren) listed above. Any changes to the information on this list must be received in writing from either the primary or the secondary account holder.
Your child will not be released to anyone not on this list . Valid photo ID is required.

Primary/secondary account holder name(s) already included on the Enrollment Form (Page 2):	Relationship	Telephone Contacts (xxx) xxx-xxxx			Emergency Contact	Authorized for Pickup
		Home	Work	Cell		
					Emergency Contact	Authorized for Pickup
					Emergency Contact	Authorized for Pickup
Please list all other persons authorized for pick-up: (Person must be at least 18 years old)	Relationship	Telephone Contacts (xxx) xxx-xxxx			Emergency Contact	Authorized for Pick-up
		Home	Work	Cell		
					Emergency Contact	Authorized for Pick-up
					Emergency Contact	Authorized for Pick-up
					Emergency Contact	Authorized for Pick-up
					Emergency Contact	Authorized for Pick-up
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					Emergency Contact	Authorized for Pick-up

Departure/Pick-up Notes:

Contact, Authorization, and Departure Information:

- 1)** I am a custodial parent of the child(ren) listed above. All information I have provided on this form is correct. I understand that I am responsible for maintaining current contact, telephone, and PIN information including any changes for all persons authorized for pick-up. I understand children MUST be signed in upon arrival and signed out upon departure by a person authorized for pick-up. I will inform those persons authorized for pick-up to always be prepared to present a valid photo ID (A valid photo ID is a current state, government, or employer issued photo ID that includes the issuer's name and the authorized person's first and last name), to respect the sign-in/sign-out environment as a cell phone free zone, to provide a full legible signature OR know their authorized PIN for electronic sign-in/sign-out. Personal Identification Numbers (PIN) are individual and each number is to be used ONLY by the person to which it is assigned. Unauthorized use of a PIN will result in a warning. Continued misuse will result in discontinuation of the person being authorized to pick-up and ultimately may result in termination of services.

- 2)** I am responsible for payment of all charges as a result of late pick-ups. **Beginning at 6:01pm, a Late Pick-up Fee is assessed to each account. The late pick-up fee applies to each 15 minute (or portion of 15 minute) increment beyond closing time. Late pick-up fees are due immediately at the time of the occurrence and are subject to the assessment of late payment fees. Assessments are based on the program's clock/computer time setting. Continued late pick-ups (2/semester or 3/school year whichever comes first) may result in the discontinuation of services.**

- 3)** I understand that children do not need to know the emergency code word. (This word will only be used in emergencies that prohibit you from providing written changes to departure information. Emergencies that prohibit you from providing written changes may be accepted if BOTH the following criteria are met: 1) we can contact you at a telephone number listed on the registration, and 2) you identify the emergency code word indicated.)

- 4)** Each custodial parent can identify authorized persons for pick-up of their child. If a custodial parent is not the primary account holder and chooses to have additional persons authorized for pick-up, this parent may complete and submit an additional Registration Form Page 4 to the site coordinator for information to obtain PIN numbers for the authorized persons. The primary account holder who has access to the automated account management system (ProCare) will not make any changes to these additional names, contact information, or PIN information. Misuse of the parent portal access may ultimately result in the termination of services.

Signature

Date



Puzzle Box Academy Academic Enrichment 2019-2020 Fee Schedule		
School Year Registration (non-refundable)		25.00
Weekly Program Fees		
IMPORTANT INFORMATION ABOUT WEEKLY TUITION: <ul style="list-style-type: none"> • The full fee for the academic enrichment program will be billed by week once per month for every child enrolled. • You will be billed for the full program per week regardless of how many days your child attends during any week. • Tuition will not be adjusted or credited for absences/non-attendance. • Weekly tuition is not prorated for circumstances beyond our control or when termination occurs on any day of the week. 		
Payment for tuition is due IN ADVANCE OF SERVICES.		
Regular Weekly Tuition Rates \$80.00		
Penalty Fees		
Late Pick-up Fee	Assessed per 15 min beginning at 6:01 pm. Services may be discontinued after two late pick-up occurrences per semester or three late pick-up occurrences per school year.	\$15.00
Late Payment Fee	A late payment fees is assessed monthly to all accounts that have any outstanding balance. Services may be discontinued after three late payment occurrences per semester or five late payment occurrences per school year.	\$25.00
Returned Check Fee	Returned checks shall be charged a returned check fee and after two occurrences checks will not be accepted for the remainder of the school year.	\$30.00
Weekly Transportation Fee (from select schools) \$20.00		



2019-2020 ACADEMIC ENRICHMENT CONTRACT

Student Name _____

Whereas, the undersigned parent/guardian has made a personal decision to enroll my child in the Puzzle Box Academy Academic Enrichment program. As a parent/guardian of a student attending, my commitment is to abide by the following guidelines:

- To supply an after school snack each day for my child.
- To be responsible for timely payment of fees accrued to my account at Puzzle Box Academy.
- To provide transportation to and from Puzzle Box Academy if my child is not eligible for bus transportation.
- If I am late picking up my child, I understand that I will be charged a late fee at whatever rate is in existence at that time.
- If my child is continually tardy or absent, I understand that this may result in my child being dismissed from the program.
- To agree to keep my child out of school when he/she is sick with the flu, fever, lice, or contagious illnesses and provide appropriate physician documentation.

I (we) understand that not fulfilling my contractual obligations to Puzzle Box Academy will result in my child being withdrawn from the Academic Enrichment program.

As the parent/guardian, I agree to commit to support the staff by open communication, and implementation of appropriate, positive interventions outside of school to benefit my child's educational and social growth and development. I have read and understand the policies and procedures outlined in the Puzzle Box Academy Parent Handbook.

Print Name of Parent/Guardian

Signature

Date

Print Name of Parent/Guardian

Signature

Date



Academic Enrichment Student Conduct Guidelines

To protect all students, the following behaviors will not be tolerated at Puzzle Box Academy:

- Arson
- Bullying
- Destruction of Property
- Disorderly Conduct
- Drugs
- Fighting
- Harassment (physical or verbal)
- Any illegal activity
- Weapons brought to school

At the discretion of administration, the consequence for these behaviors WILL be expulsion from the after school academic enrichment program. If any student behavior poses a significant and consistent disruption to the learning environment, the administrative team will terminate the student's enrollment in the after school academic enrichment program. Student safety is always the first concern with regards to disciplinary issues.

Suspension from Transportation

If a student does not conduct him/herself properly on the van or bus, the driver is expected to bring such misconduct to the building principal's or designee's attention. Students who become a disciplinary problem will have their riding privileges suspended. In such cases, the student's parent will become responsible for seeing that his or her child gets to and from the after school academic enrichment program safely. The student and the student's parent will be provided with an informal conference with the building principal to discuss the conduct and the penalty involved.

Destroyed and/or Damaged School Property

If a student damages or destroys school property, parents or guardians may be required to pay for the damage.

Parent Acknowledgement

Date

Student Acknowledgement

Date



Student's Full Name (Please Print):	
School Name:	Date of Birth:

If signed form is not received by the school and/or options selected, it will be assumed that permissions have been granted.

Consent to View Movies with a G and/or PG Rating (Please check one)	
<input type="checkbox"/>	Unrestricted Usage: Teachers may use their discretion in movie selection for the educational environment. This may include movies with a G/PG rating. I understand that these selections may be viewed without notifying me further.
<input type="checkbox"/>	Deny permission to view movies with PG rating.
<input type="checkbox"/>	Deny permission to view movies with G rating.

Consent to Publish Video/Photograph Student (Please check one)	
<input type="checkbox"/>	Unrestricted Usage: I give permission for my child's image to be used in print, video, and other public media. I agree that these images may be used by Puzzle Box Academy. I understand that these images may be used without further notifying me and I also understand that my child's first and last name may appear.
<input type="checkbox"/>	Deny permission to use my child's image in any publication. I understand that my child's picture will not be used in print, video, and other public media.

Parent/Guardian Name: (Please Print) _____

Parent/Guardian Signature: _____ Date: _____

THIS AUTHORIZATION IS IN EFFECT UNTIL STUDENT WITHDRAWS FROM SCHOOL OR NOTIFICATION IS SENT IN WRITING BY PARENT.