SRO/Health Tech
Brevard Before & After School
Registration for Summer Eligibility of Child Care Discount

Child: A child is defined as the natural child, stepchild or legally adopted child of the covered employee or has been placed under the legal guardianship of the covered employee. (BPS Employee Benefits-Definition of Dependent)

Please complete and submit prior to your child's first day of attendance.

Discount will not apply retroactively.

_____

Child(ren) Name(s)

I certify that I am an active SRO/Health Tech assigned to a Brevard public school. The child(ren) named above meet(s) the criteria defined as follows:

I understand that:

- I am responsible for notifying the coordinator of any change to my BPS assignment and I am responsible for all payment of services provided at the regular rates after my employment end date with the school board.
- This discount applies only to summer work days.
- This form must be completed annually with your summer registration information, payment for all registration fees, and the first week's tuition.
- 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. A Late Payment Fee of $15.00 is assessed weekly to all accounts that are not paid accordingly or that have any outstanding balance due.
- Sibling discounts are not applicable once the SRO/Health Tech. discount is applied.
- All account holders must pay the non-refundable summer registration fees. Payment for non-refundable summer registration fees and any outstanding balance must be made before/at the time of registration. Discount will not be applied to non-refundable summer registration and activity/field trip fees.
- I have read all responsibility information on the enrollment form.

_____

Account Holder Signature/Date

Account Holder Name: _____

Account Holder's Employer: (check one) ___ Brevard County Sherriff's Department

___ Brevard County Health Department

Name of school assigned to during summer: _____

Time period of summer work schedule: Start date: _____ End date: _____

Name of summer camp child(ren) will be attending: _____

_____

Principal/Administrator Signature /Date

(Assigned School)

Coordinator-Please follow these steps:

1) Enroll the child(ren) in the *SRO/Health Tech Summer-Full Time, or SRO/Health Tech Summer- Daily Drop-In Summer* program.

2) Send a copy of this form to Alyson Fox at the Clearlake Office.

BAS: 1/18/2024