

**Brevard Public Schools**  
**Brevard & After School Child Care**

**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 Brevard Public Schools employee the child(ren) named above meet(s) the criteria as defined above.

**I understand that:**

- I am responsible for notifying the coordinator of any change to my BPS employment status 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 contracted summer work days or other administrator assigned 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 employee 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.

\_\_\_\_\_  
Employee Signature/Date

Employee Name: \_\_\_\_\_

Employee ID#: 100 \_\_\_\_\_

Summer Work Location: \_\_\_\_\_

Position Employed: \_\_\_\_\_

\_\_\_\_\_ 12-Month

\_\_\_\_\_ Other Administrator Approved Workday/Training

Dates: \_\_\_\_\_

\_\_\_\_\_  
Supervising Principal/Administrator Signature /Date

**Coordinator-Please follow these steps:**

- 1) Enroll the child(ren) in the *BPS Employee Summer-Full Time, or BPS Employee Summer- Daily Drop-In Summer* program.
- 2) Send a copy of this form to Alyson Fox at the Clearlake Office.