

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

Attach picture of child here



Registration Form School Year 2023-2024

BAS USE ONLY

Acct # P1-A _____

PLEASE COMPLETE ALL INFORMATION

Pages 1 and 3 must be completed for each child in the family.

Pages 2, 4, and 5 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:		
Ethnicity/Race Check all that apply: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> <u>NOT</u> Hispanic or Latino <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Other <input type="checkbox"/> Unknown		
What day and date will the child begin attending the program?		
<u>Emergency Departure Information</u>	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:	
Emergency Code Word:	1. We can contact you at a telephone number listed on this form. 2. You identify the emergency code word indicated.	
Child's School Day Teacher:		Child's 2023-2024 Grade Level:
Child's Street Address:		Apt No:
City:		Zip Code:

Family Information Page

Page 2

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

Parent/Legal Guardian Information

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

If a parent is a **BPS employee**, the employee **MUST** be listed as the Primary Account Holder

Is a parent a BPS Employee?

 Yes No

BPS Employee ID #:

Primary Account Holder: Parent/Legal Guardian

Last Name:

MI:

First Name:

Gender:

 Male 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?

 Work Home 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:

 Male 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?

 Work Home Cell

Contact Email Address:

Employer Name:

Continue to Page 3

Please print child's name:

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 Photo Release:

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. As required by F.S.1014.06(1), parents or legal guardian must authorize healthcare services to be provided for their child by a healthcare practitioner or their delegate, as defined in F.S.456.001 and 1006.062, should the need arise for such treatment , while their child is under the supervision of the school. A "yes" response will authorize such treatments including, but no limited to major or minor injury or illness reported or observed while the child is at school. This does not authorize the dispensing of medication or school screenings such as vision, hearing, scoliosis, or height and weight. These services require a separate consent which was included in the original registration paperwork. Failure to respond will result in an indication of "no" for healthcare treatment. A "no" response will result in calls to the parent or guardian for the child to be picked up for all medical concerns. This will be for all instances where students are feeling ill have a headache or injuries such as cuts, scrapes, bumps, or bruises. EMS will be called for any situation deemed serious. Do you authorize healthcare services?

	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Parent Signature
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2) The BAS 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 principal's discretion, program services for a child may be terminated for repeated or severely disruptive behavior. The BAS Participation Consequences of Inappropriate/Dangerous Behaviors form may be found on the Brevard After School website under Parent Forms.

We DO NOT ALLOW any types of toys, games, or electronic devices brought from home while attending the Brevard Before & Afterschool Program. Our program offers a fun day for all of our participants and we supply everything we need to make that fun happen. Please save personal items for home to prevent loss and or damage. The school holds no responsibility for the loss or damage of any items, including cell phones brought to school with the child.

3) You must complete and submit to the site coordinator a BPS OPT-OUT FORM for Student Photographs/Videos and Directory Information. The form is used to allow you the opportunity to restrict the release of "directory information", and to provide appropriate permissions. Please complete this form and return it to your child's school within **15 business days after registration. **If signed form is not received by the school and/or options selected, it will be assumed that permissions for release of information and/or permission to publish photos and videos has been granted.****

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

Signature	Date

Brevard Before & After School Contact and Departure Information School Year 2023-2024 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):	Gender	Relationship	Telephone Contacts (xxx) xxx-xxxx				Acct. #
			Home	Work	Cell		
	<input type="checkbox"/> Male <input type="checkbox"/> Female					<input type="checkbox"/> Emergency Contact	<input type="checkbox"/> Authorized for Pickup
	<input type="checkbox"/> Male <input type="checkbox"/> Female					<input type="checkbox"/> Emergency Contact	<input type="checkbox"/> Authorized for Pickup
Please list all other persons authorized for pick-up: (Person must be at least 18 years old)	Gender	Relationship	Telephone Contacts (xxx) xxx-xxxx				
			Home	Work	Cell		
	<input type="checkbox"/> Male <input type="checkbox"/> Female					<input type="checkbox"/> Emergency Contact	<input type="checkbox"/> Authorized for Pick-up
	<input type="checkbox"/> Male <input type="checkbox"/> Female					<input type="checkbox"/> Emergency Contact	<input type="checkbox"/> Authorized for Pick-up
	<input type="checkbox"/> Male <input type="checkbox"/> Female					<input type="checkbox"/> Emergency Contact	<input type="checkbox"/> Authorized for Pick-up
	<input type="checkbox"/> Male <input type="checkbox"/> Female					<input type="checkbox"/> Emergency Contact	<input type="checkbox"/> Authorized for Pick-up
	<input type="checkbox"/> Male <input type="checkbox"/> Female					<input type="checkbox"/> Emergency Contact	<input type="checkbox"/> Authorized for Pick-up
	<input type="checkbox"/> Male <input type="checkbox"/> Female					<input type="checkbox"/> Emergency Contact	<input type="checkbox"/> Authorized for Pick-up
	<input type="checkbox"/> Male <input type="checkbox"/> Female					<input type="checkbox"/> Emergency Contact	<input type="checkbox"/> Authorized for Pick-up
	<input type="checkbox"/> Male <input type="checkbox"/> Female					<input type="checkbox"/> Emergency Contact	<input type="checkbox"/> Authorized for Pick-up
	<input type="checkbox"/> Male <input type="checkbox"/> Female					<input type="checkbox"/> Emergency Contact	<input type="checkbox"/> 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 may result in discontinuation of the person being authorized to pick-up and may result in termination of services.

2) 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 form. 2) You can identify the emergency code word indicated.

3) 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 and a BAS Parent/Sponsor Request for Information to obtain PIN numbers for the authorized persons. The primary account holder who has access to the automated account management system (EZChildTrack) will not make any changes to these additional names, contact information, or PIN information. Misuse of the parent portal access may result in the termination of services.

Signature

Date

Please print child's name:

Child's Enrolled Program Information:

IMPORTANT: It is important to carefully select the type of program for your child's enrollment. The full weekly fee will be billed weekly, every week, to every child who is enrolled in a weekly program and will be billed to your account **every week whether your child is present or absent.** Parent: Please Initial Here _____

I understand that a non-refundable registration fee is required to be paid prior to my child's enrollment. Additional registration fees apply each time you change and re-select the type of program your child(ren) will attend. The **first change** during each school year or summer session is not assessed a charge. The **second change** is billed at the regular registration amount. **Three or more changes** are billed at a higher rate.

Parent: Please Initial Here _____

- AM ONLY** Program (\$38.00/Wk)
 PM ONLY Program (\$65.00/Wk)
 AM/PM Program (\$70.00/Wk)

IMPORTANT INFORMATION ABOUT WEEKLY TUITION:

The full weekly fee will be billed weekly, every week, to every child who is enrolled in a weekly program. Weekly tuition will not be prorated for entering the program mid-week or later. Each child is entitled to two flex weeks for no service/no cost within the school year. A parent request - Program Change/Flex/De-Enroll Form - must be completed and submitted prior to the week of non-attendance OR on the day the child returns after the week of non-attendance. Flex credits will be applied only after the attendance for the requested week has been submitted and reviewed. Credits will generally appear by the second business day of the week following the non-attended week. If you no longer require services, you must complete and submit this form in order to stop the billing of weekly tuition fees. Partial weeks that include three or more calendar days will NOT be adjusted or credited. Tuition will NOT be adjusted or credited for absences/non-attendance, except in the case of flex week eligibility as described above. Families who have children in attendance on alternating weeks are expected to pay weekly tuition every week regardless of custody issues. Weekly tuition is NOT prorated for circumstances beyond our control or when suspension and/or termination occurs on any day(s) of the week.

- DAILY DROP-IN-** (\$29.00/school day) Any Specific Days? _____

IMPORTANT INFORMATION ABOUT DROP IN TUITION: Daily Drop In fees are available for families who may need occasional use of services. Daily drop in fees will be charged EVERY TIME your child attends. One daily drop in/week = \$29.00; five daily drop ins/week = \$145.00. Payment for daily drop-in tuition must be received prior to or upon drop-off of children on the day of service to avoid assessment of a late payment fee.

1) 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 Sunday morning **before** the week of services. Payment for daily drop-in tuition must be received prior to or upon drop-off of children **on the day of service** to avoid assessment of a late payment fee. 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. Continued late payments may result in discontinuation of services. **Credit Card Payments (Online):** A 3.3% service fee will be charged to all credit card payments equal to or greater than \$30.77. A service fee of \$1.00 will be charged to all credit card payments less than \$30.77.

2) I am responsible for payment of all charges as a result of late pick-ups. Beginning at 6:01pm, a \$15.00 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) may result in the discontinuation of services.

3) Paper reduction information: It is the parent's responsibility to make timely payments based on the child's attended program and according to the BAS School Year 2023-2024 Payment Calendar. "Primary Account Holders" may access all current account information online through the Parent Account Management Portal. Parents will receive paper statements ONLY when services are scheduled for termination within three days due to delinquent account or penalty activities. Parents may request a statement, receipt, or annual record for tax information by completing a Parent/Sponsor Request for Information Form.

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