

Legacy Academy Charter School

Before & After Care Registration Form

2019-2020

Dear Parents,

The Program Director and Staff would like to welcome you and your child to the Before & After Care Program at Legacy Academy Charter School. We are pleased that you could join us. Our program is committed to the safe and exciting advancement through quality before and after school care. It is crucial that we have your support and involvement in the program to make it a success. Your involvement will show your students that they should be proud of their accomplishments and provide a boost in their self-esteem.

Hours of Operation

The Before Care program operates from 6:30-8:15 am and the After-Care program operates from 3:00-6:30 pm, during regular school days. No care will be offered during school in-service/teacher work days or holidays. ***Late fees will apply for tardy parents or guardians. A Late fee of \$10.00 will be assessed for every 5 minutes late. Local law enforcement MAY be contacted after a waiting period of 30 minutes.***

Before Care Program-Arrival Procedure All parents will need to park and escort their child(ren) into the cafeteria to sign them in with the Before Care personnel in the morning. Students need to arrive to the Before Care program prior to 8:00 am to avoid traffic conflicts with normal arrival. Students will not be permitted into the school before 6:30 am.

Departure Procedure:

Children will be escorted to their appropriate After Care grade program by a teacher or program counselor as soon as school is dismissed. They will then follow their appropriate After Care schedule. After Care pick up will be in the cafeteria.

Payment

Cost for Before and After Care

Registration Fee *\$35.00 registration fee per family*****

Before care \$25.00 per week

After care \$45.00 per week

Before and After \$70.00 per week

VPK Wrap \$55.00 per week

Two students \$75.00 per week

Drop in \$10.00 per day

All payments are due weekly on Friday. Drop in rates must be paid on the day they are left. Late fees will be applied to all unpaid balances. If a check is returned to LACS for Before Care or After Care, a \$35.00 return check fee will be assessed. Upon a second returned check, there will be an additional \$35.00 fee assessed in cash or money order and future payments will no longer be accepted in the form of a check.

Welcome to Legacy Academy Before and After Care program. Get ready for an amazing fun filled program. Please contact the office at 321-362-5441, if you have any questions or concerns!

Sincerely,

Program Director

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Child's Full Name: _____

Parent / Guardian's Name: _____

To be completed by Director

Amount: \$ _____ Cash/Check # _____ Money Order # _____

Date of Enrollment: _____

Participation: Before Care _____ After Care _____ Both _____

Date Entered into System: _____ By: _____

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Please print clearly! Thank you.

Student Information

Student Name: Last _____ First _____ MI _____

Student Address: _____ City _____ Zip Code _____

Grade Level _____ Age _____ DOB _____ Gender F _____ M _____

Family Information – Primary Parent / Guardian

Last Name: _____ First Name: _____

Home Address: _____ City _____ Zip Code _____

EMAIL (required) _____ Primary Contact #: _____

Place of Business with address: _____ Phone _____

City _____ State _____ Zip Code _____

Does this person have legal custody of student _____?

Does this person have legal authority to pick up student _____?

Secondary Parent/Guardian

Last Name: _____ First Name: _____

Home Address: _____ City _____ Zip Code _____

EMAIL (required) _____ Primary Contact #: _____

Place of Business with address: _____ Phone _____

City _____ State _____ Zip Code _____

Does this person have legal custody of student _____?

Does this person have legal authority to pick up student _____?

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AUTHORIZED PICK UPS

Permission is given for my child to be released from the program to the following individual including the above-stated parent / guardian to receive my child at the end of the day. If there is any change in your child's dismissal, please be sure to submit this change in writing, signed and dated to the front office.

Driver's license or valid photo ID required. Students will not be dismissed to anyone without proper ID.

Name: _____ Relationship: _____

Address _____ Phone: _____

Name: _____ Relationship: _____

Address _____ Phone: _____

Emergency Contact: Must provide two additional names other than parents. List in order they are to be contacted: Note: Parent / Guardian will be contacted first.

1. Name: _____ Relationship to Child: _____

Address: _____

City: _____ State: Florida Zip Code: _____

Contact # _____

2. Name: _____ Relationship to Child: _____

Address: _____

City: _____ State: Florida Zip Code: _____

Contact # _____

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Late Policy Agreement

For your convenience, our program is open from 6:30 am (Before Care) to 6:00 pm Monday – Friday. Please be on time to pick up your child. Should your child be picked up later than 6:00 pm, charges will be assessed per child.

A late fee of \$10.00 will be assessed for every 5 minutes late.

Local law enforcement **may** be contacted after waiting a period of 30 minutes.

Late fees are due upon picking up your child or by the next day of service. Your child will not be permitted to return to the program until fees are current.

First Offense: Verbal warning and assessment fees.

Second Offense: Written warning of pending termination from the program and assessment fees.

Third Offense: Child will be terminated from the program and assessment fees.

Lateness more than 30 minutes past closing (6:00 pm) **MAY** result in notification of law enforcement.

Thank you.

Parent / Guardian Signature: _____ Date: _____

Parent / Guardian Signature: _____ Date: _____

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Acknowledgement Page

I hereby acknowledge that I have completed this form to the best of my knowledge. I also give my child permission to participate fully in the Legacy Academy Charter School Before & After Care program. I/We agree to comply with all the rules, regulations and policies as set forth in this packet. In addition, I/We agree to the **financial obligation** and terms of payment for this program and understand that all unpaid balances will result in late fees, possible termination from the program. I/We also understand that any past due balances may be submitted to a collection agency and subsequent collection agency fees applied to the open balances.

Parent Signature _____ Date _____

Photographs – Pictures and photos are taken of activities from time to time for the purposes of art activities, Legacy Academy Charter School web page, local newspaper or other publications. Any children pictured in these publications will not be identified by name.

I am willing to allow my child to be photographed in the LACS Before & After Care program:

Yes _____ No _____

Parent's Signature: _____ Date: _____