

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

Attach picture of child here



**Registration Form  
School Year  
2019-2020**

**BAS USE ONLY**

**Acct # P1-A \_\_\_\_\_**

**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:			
<b>Ethnicity/Race Check all that apply:</b> <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"/> Some Other Race <input type="checkbox"/> Unknown			
What day and date will the child begin attending the program?			
<b><u>Emergency Departure Information</u></b>		<b>Children do not need to know the emergency code word.</b> 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 <b>BOTH</b> the following criteria are met:	
<b>Emergency Code Word:</b>		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 2019-2020 Grade Level:
Child's Street Address:			Apt No:
City:			Zip Code:

**Child's Enrolled Program Information:**

**IMPORTANT:** 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 \_\_\_\_\_

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 (\$32.00/Wk)
  **PM ONLY** Program (\$56.00/Wk)
  **AM/PM** Program (\$61.00/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 school 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 termination occurs on any day of the week.

- DAILY DROP-IN** (\$25.00/school days) 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 = \$25.00; five daily drop ins/week = \$125.00.

**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, Photo Release and Financial Responsibility:**

- 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.
- 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. All tuition is due by 11:59pm on Sunday night. 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 including all outstanding fees, will be processed early Sunday morning before the week of services. If you prefer to pay by check or money order, account balances in full and services for the following week must be received before 6:00pm on the Thursday before the week of services to allow the payment to be processed to your account on Friday. Payment for daily drop-in tuition must be received 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 (3/semester or 5/year) may result in discontinuation of services. Credit Card Payments (Online): A 3.25% service fee will be charged to all credit card payments more than \$30.76. A \$1.00 service fee will be charged to all credit card payments less than \$30.77.
- 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 will be used to document behaviors for parent communication. This form can be found on the Brevard After School website under Parent Forms.  
Parent Questions/Concerns: Parents are always welcome to contact the BAS Coordinator to further discuss behavior concerns for their child(ren). Telephone or face-to-face meetings may be scheduled to collaborate, develop strategies, and provide assistance to resolve behaviors/situations.
- 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 2019-2020 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.
- 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 have been granted.**
- 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

## Family Information Page

Page 3

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:

Complete Contact and Departure Information Form on next page

Brevard After School					First and last name of child(ren) authorized to be released to the individuals below:		
Contact and Departure Information							
2019-2020							
Complete only ONE FORM PER FAMILY if the authorized list below applies to every child listed.							
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. <b>Your child will not be released to anyone not on this list.</b> Valid photo ID is required.					<b>Acct. #</b>		
Primary/secondary account holder name(s) already included on the Enrollment Form (Page 3):	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 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 Pickup
	<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
	<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
	<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
	<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
<b>Departure/Pick-up Notes:</b>							
<p><b>Contact, Authorization, and Departure Information:</b></p> <p><b>1)</b> 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.</p> <p><b>2)</b> I am responsible for payment of all charges as a result of late pick-ups. <b>Beginning at 6:01pm, a Late Pick-up Fee (\$15.00) is assessed to each account. The \$15.00 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.</b></p> <p><b>3)</b> 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.)</p> <p><b>4)</b> 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 ultimately result in the termination of services.</p>							
Signature _____					Date _____		