

BEFORE/AFTER SCHOOL CARE REGISTRATION FORM

2016/2017 School Year



(Please print clearly)

Services Requested (Please check):

Circle days needed.

Before Care Only: Full-time Part-time (Part-time = two or less days per week)

Mon Tues Wed Thurs Fri

After Care Only: Full-time Part-time (Part-time = two or less days per week)

Mon Tues Wed Thurs Fri

Before and After Care: Full-time (Part-time before and after care combination is not available)

Child's Name _____ Age _____ Date of Birth _____

Address _____ Phone _____

Gender: Male Female Grade/Teacher _____ Parent e-mail: _____

Father/Guardian Name _____ Employer _____ Work Phone _____

Father/Guardian's Address _____ Cell Phone _____

Mother/Guardian Name _____ Employer _____ Work Phone _____

Mother/Guardian Address _____ Cell Phone _____

In Case of Emergency Notify: Name: _____ Phone: _____

Alternate emergency contact: Name: _____ Phone _____

Password for changes over phone: _____ Siblings at PCCA: _____

Disabilities? Yes No Explain: _____

Allergies? Yes No Explain: _____

By signing below I acknowledge all of the information above as true and correct and authorize medical treatment of my child in case of emergency.

_____ Parent/Guardian Signature

For Office Use Only:

Registration Fee Paid: _____ Cash Check (Check # _____) Money Order

Date Enrolled: _____

Weekly Childcare Rate: _____

PICK UP AUTHORIZATION

I, _____, give the following individuals permission to pick up my child/ren from the after school day care program of the Pineapple Cove Classical Academy. I understand that I **MUST** give authorization either in person or by phone each and every time my child is picked up by an authorized adult.

_____ Parent/Guardian Signature Date _____

Pick Up Name	Relationship to Child	Notes

PCCA Before and After Care Policies

Financial Policies

- Payment is due Monday of each week for the upcoming week. Balances not paid by Friday will require that students not be permitted to return the following week. Late fees may apply.
- PCCA accepts cash, check, or money order only. There is a returned check fee of \$25.00.
- Students enrolled in full-time before or after care are required to pay on a weekly basis regardless of days attended until unenrolled from the program.
- Parents who pick up after the deadline (except in the case of rare emergency) will be charged \$1.00 per minute. Florida Statutes require children left 15 minutes after closing time **with no notification** necessitates staff contact appropriate authorities.

Discipline Policies

- Students are expected to model the PCCA virtues and school rules in the before and after care programs as well as during the school day.
- Students who repeatedly model disruptive behavior may be suspended from the program. Fighting, threats, or other zero tolerance behaviors (as defined by the Brevard Schools' Student Code of Conduct) may result in expulsion from the program.

Other Policies

- PCCA before and after care programs follow the Brevard Public Schools' calendar.
- Parents/guardians are required to notify the Before/After care Coordinator in writing of any changes to student information or pick up permissions.

I have read and understand the aforementioned policies.

Child's name: _____

Parent/Guardian signature: _____