



SARASOTA SUNCOAST ACADEMY
BEFORE/AFTERCARE PROGRAM
Child Enrollment Form

Enrollment Date: _____ Start Date: _____

Child's Legal Name: _____ Male _____ Female _____

Child's Address: _____ Zipcode: _____

Child's Age _____ Date of Birth _____ Grade _____ Teacher _____

Ethnic Origin _____ African American _____ Caucasian _____ Asian _____ Hispanic
_____ Native American _____ Other

Mothers Name: _____ Email: _____

Mother's Address: _____ Zipcode _____

Mother's Phone: _____ (Home) _____ (Cell)

Mother's Employer: _____ Work Phone: _____

Father's Name: _____ Email: _____

Father's Address: _____ Zipcode _____

Father's Phone: _____ (Home) _____ (Cell)

Father's Address: _____ Zipcode _____

Father's Employer: _____ Work Phone: _____

The following adults are authroized to remove my child from Sarasota Suncoast Academy AfterSchool program, including when the child is ill. I will make certain they have their identification to do so. I acknowledge that if they do not have proper identification, my child will not be allowed to leave the premises with them.

Name	Relationship	Daytime Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Childs Doctor: _____ (Phone) _____

Child's Allergies, medical conditions, physical, or emotional limitations that we should know about: _____

Prescription medications (s) your child takes regularly: _____

CHILD CARE AGREEMENT

Child's Name: _____

Parent/Guardians Name: _____

PLEASE READ CAREFULLY AND INITIAL BY EACH STATEMENT:

INITIALS

Pick up procedures: I understand that photo ID is required for student pickup. Only those individuals on the pickup list will be able to sign out a student. Any additions or changes to the pickup list must be made in writing and given to the Director. Without proper photo ID, my child will not be permitted to leave the aftercare program. This rule will be strictly enforced.

Late Fees: I understand that my child needs to be picked up by 6:00 p.m. A \$1.00 per minute, per child, late fee will be applied after 6:00 p.m. After the third late pickup, my child's participation in the Sarasota Suncoast Aftercare program may be terminated. In the event of an Emergency, I will call the Director on the Aftercare phone number (941-225-3087) to notify of late pick up.

Returned Payments: I understand that if, for any reason, my check is returned for insufficient funds, I will be responsible for contacting the Director no later than five (5) days after the return notification. I am responsible for paying the returned amount PLUS a service fee of \$15.00. I understand that after two (2) unpaid returns, my child may be terminated from the Aftercare program. All returned items or past due balances must be paid in full.

Change of program plans: I understand that any changes to my program plan or account information must be given to the Director ten (10) days prior to the next scheduled payment date. The scheduled payment dates occur on the 1st of every month.

Fee Calculations: I understand that the amount due each month will be calculated based on the schedule that I have chosen for my child. I will be charged for days that I have indicated my child will use on the enrollment sheet. Each student is given three (3) sick days as a credit. Those days will need to be excused absences from school. No other credit days will be given. I understand that I will provide the Director with any schedule changes 10 days prior to the date of change. I understand that I am required to pay each invoice by the 15th of each month. Failure to do so will result in a \$10 late fee and suspension from program until balance is paid.

NOTICE OF PROGRAM SCHEDULING

Childs Name: _____

Parents Name: _____

PLEASE READ CAREFULLY AND SIGN BELOW:

Our Aftercare is a schedule based program. In order to plan for staffing and daily activities, we ask that all students are signed up for a schedule that fits your family's needs. You may choose any number and combination of days. Monthly billing will be based on the schedule chosen once enrolled. Any necessary schedule changes will need to be made 10 days prior to the 1st of each month.

No drop in or day of changes will be allowed.

PARENT SIGNATURE: _____

Sarasota Suncoast Academy Before-Care attendance form

Payment for the Before care program is due by the 15th of each month. Cost of the program is outlined below:

\$10.00 per week

Before care is offered on a full time enrollment basis.

- A non-refundable \$30.00 registration fee is due at the time of registration. (Each additional child is \$15.00) If your student is registered in Aftercare also, the registration fee covers both programs.
- You will be invoiced for full time Before care, regardless of how many days your student is in attendance. Each student will have three (3) tuition credits, for excused absences from school.
- Termination from the program requires a letter to the Director AND students teacher ten (10) days prior to withdrawal from the program.
- Children may stay in the Cafeteria and have breakfast at 8:00 a.m. for the standard school breakfast rate, or join the other students arriving in the Grand Hall.

Please only sign below if you're child WILL be attending Before Care

My child will be attending the Sarasota Suncoast Academy Before Care program starting:

Childs Name: _____

Parents Name: _____

Parents Signature: _____

Date: _____

Sarasota Suncoast Academy

After-Care attendance form

Payment for the Aftercare program is due by the 15th of each month. Invoices will be sent out on the 1st. Cost of the program is outlined below:

\$10.00 per day, per student

Drop in care is not available. All students must be enrolled and scheduled

- A non-refundable \$30.00 registration fee is due at the time of registration. (Each additional child is \$15.00).
- You will be invoiced for days scheduled. Each student will have three (3) tuition credits, for excused absences from school. Any day of changes to your child's aftercare schedule will not be credited.
- Termination from the program requires a letter to the Director AND student's teacher ten (10) days prior to withdrawal from the program.
- Parents are responsible to provide daily snack for their child. All snacks should be healthy. Candy and soda is not allowed to be eaten in aftercare.

My child will be attending the Sarasota Suncoast Academy After Care program on the following days: (Circle all that apply)

Monday through Friday

or

Monday Tuesday Wednesday Thursday Friday

Child's Name: _____

Parents Name: _____

Parents Signature: _____

Date: _____

Student Name: _____

Grade: _____

Mother: _____ Phone: _____

Father: _____ Phone: _____

Allergies: _____

Approved for pick up:

Name: _____

Phone: _____

Name: _____

Phone: _____

Name: _____

Phone: _____

Name: _____

Phone: _____