



Extended Care Program



Extended Care Registration Form and Parental Agreement

Student's Name: _____ Grade: _____

Campus: _____

_____ My child will attend Before Care

_____ My child will attend Aftercare.

_____ My child will attend Before and Aftercare.

All attached paperwork must accompany this agreement and registration fee.

_____ I agree to pay weekly via Tuition Express through online registration.

_____ I agree to pay weekly via Tuition Express through automatic withdrawal.

At a rate of:

\$25 per week Before Care Only

\$60 per week Aftercare Only

\$70 per week Before and Aftercare

Parent Name: _____

Email Address: _____

Parent Signature: _____ Date: _____

***I have read and understand the Parent Agreement, tuition rates and fees, involved in the Before and Aftercare program at Plato Academy Charter School. I also understand that failure to abide by these terms may result in disenrollment. A minimum of a two week's notice and payment will be required by any parent/guardian initiating their student's disenrollment. Please note that tuition is due regardless of holidays, school closings, absences or illness. Tuition is due by Friday of the week prior to service. A fee of \$5 per day will be charged for all late payments. Nonpayment by Wednesday may result in immediate disenrollment. Tuition must be paid through the online payment system. Plato Academy closes promptly at 5:45pm; you will be charged \$1 per minute, per child for every minute late. You may not bring your child prior to 7:00am and you must sign them in and out each day.**

For Office Use Only:

Date: _____

Registration Fee verified in Tuition Express: _____

Initials: _____

Campus: _____

Program: _____

www.platoacademy.net

Plato Academy is an equal opportunity institution for education and employment

Please note that enrollment in our Preschool and/or VPK Program, having a sibling enrolled at Plato Academy, and/or completion of the Kindergarten application DOES NOT guarantee placement in Kindergarten.

DIRECTOR'S USE ONLY	
Grade	_____
Date Enrolled	_____

STUDENT ENROLLMENT FORM

Student's full legal name _____
First
Middle
Last

Student's Preferred name/nickname _____

Parent/Guardians Name(s) _____

Mother's Name _____

Phone Number Cell _____ Work _____

Home Address _____
Street Address
City
State
Zip Code

Father's Name _____

Phone Number Cell _____ Work _____

Home Address _____
Street Address
City
State
Zip Code

The student will be released only to the person(s) authorized, or in the manner authorized, in writing, by the custodial parent(s) or legal guardian(s). The following person(s) is authorized to remove the student from Plato Academy Extended Care Programs in case of illness, accident, or emergency IF for some reason the custodial parent(s) or legal guardian(s) cannot be reached:

Name _____

Phone Number Cell _____ Work _____

Home Address _____
Street Address
City
State
Zip Code

Name _____

Phone Number Cell _____ Work _____

Home Address _____
Street Address
City
State
Zip Code

Yes No Additional authorized pick up info. on reverse.



EMERGENCY MEDICAL RELEASE

This form must contain only one child's name, and be the original notarized form.

A new notarized form is required when there is a change in legal guardianship.

Please Print Information

Child's Full Name: _____ Birthdate: _____

Allergies: _____

Medicines Routinely Taken: _____

Name of Custodial Parent(s)/Legal Guardian(s): _____

Address: _____
Street Address (number, apartment #, street) City State Zip Code

Home Telephone _____ Cell Telephone _____ Work Telephone _____

Family Physician's Name/Health Care Resource: _____

Address: _____
Street Address (number, apartment #, street) City State Zip Code

Telephone (____) _____

Hospital Preference: _____
Name City

Medical Insurance Company: _____

Policy #: _____ Expiration Date: _____

Emergency Contact (if custodial parent/guardian cannot be reached): _____

Address: _____
Street Address (number, apartment #, street) City State Zip Code

Home Telephone _____ Cell Telephone _____ Work Telephone _____

Sign in the presence of the Notary.

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child _____, in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if situation warrants it.
(Child's Full Name)

Signature of Custodial Parent/Legal Guardian (Affiant)

STATE OF FLORIDA COUNTY OF _____

The foregoing instrument was acknowledged before me on _____, _____, 20____
(Month) (Day) (Year)

by _____, who is personally known to me or who has
(Name of Affiant)

produced _____ as identification.
(Type of Identification)

SEAL OF NOTARY

Signed: _____ (Signature of Notary)



Extended Care Program



Extended Care Program Participation Clearance and Waiver of Liability Form

Vigorous physical activity is essential for normal, healthy growth and development. Growing bones and muscles require not only good nutrition, but also the stimulation of vigorous physical activity to increase the strength and skills necessary for a physical active lifestyle. Physical Activity programs at both during-school curriculum and after-school extra-curricular sports program activities provide opportunities for students to experience the fitness feeling and help them make decisions regarding personal fitness and the value of physical activity in their daily life.

ELEMENT OF RISK NOTICE

It is understood and acknowledged that there is a risk of injury involved in any contact athletic activity (participation). Please note that due to the very nature of some activities, the risk of injury may increase. Injuries may range from minor sprains and strains to more serious injuries. The safety and well being of students is a prime concern and attempts are made to manage as effectively as possible, the foreseeable risks inherent in physical activity. The student (athlete) will be under supervision and direction of Plato Academy teachers. Following the rules of the game and the instructions of the staff can reduce the risk of injury to the student and to other students. However, it is understood that neither the teacher nor Plato Academy can eliminate the risk of injury in contact sports activities. Injuries may and do occur. Injuries do vary in degree from mild to severe. We (parent and/or legal guardian) freely, knowingly, and willingly accept and assume the risk of injury that might occur from participation in athletics.

It is important that your child participates safely and comfortably in the of Plato Academy during-school curriculum and after-school extra-curricular sports program activities.

In your child's best interest we recommend the following:

- a) An annual medical examination.
b) Appropriate attire for safe participation (T-shirt, shorts or track pants, and running shoes). Jewelry which cannot be removed and which presents a safety concern must be taped.
c) The wearing of any eyeglass band and/or shatterproof lens if your child wears glasses which cannot be removed during physical activities.
d) The wearing of sun protection for all outdoor activities.
e) Safety inspections of any home equipment brought to school for personal use (e.g., skis, skates, helmets).

If you require further information, please contact the Superior at: Phone: (727) 799-1200
Please complete the necessary information and have your child return it to his/her teacher.

Student Name: Teacher: Grade:

Mother's Name:

Best Contact Number:

Father's Name:

Best Contact Number:

EMERGENCY CONTACT NAME/NUMBER

(continued on back)

WAIVER OF LIABILITY

Plato Academy does not carry accident or medical insurance to cover students' accidental injuries or illness. It is the responsibility of the parent and/or legal guardian to ensure adequate accidental, health, hospital, and/or medical insurance coverage is maintained throughout each year for their child. Please note that in the event of any insurance coverage lapse the parent and/or legal guardian will accept full responsibility of all accidental, health, hospital, and/or medical expenses and liabilities in the event of any injury.

1. If your son/daughter/ward wears or carries a medic alert bracelet, neck chain or card:

Please specify what is written on it: _____

First aid procedures in case of incident: _____

2. If your son/daughter/ward is allergic to any foods / medication / bee stings / other, please specify:

First aid procedures in case of incident: _____

3. Specify any other medical conditions / physical limitations your son/daughter/ward has that may affect their full participation with physical education activities. Provide pertinent details or contact teacher: _____

Please note that the emphasis of Plato Academy *during-school* curriculum and *after-school* extra-curricular sports program activities is maximum participation, fair play, teamwork, and sportsmanship (sport person-ship). The program is used to enhance and extend the physical education program in and beyond the classroom setting.

Any Comments: _____

In signing this form, I give permission to my child to participate in the programs, and I acknowledge the element of risk notice information noted. In addition, I will be responsible in obtaining insurance coverage and payment of all fees and costs accrued in the event of injury. Furthermore, I hereby state that, to the best of my knowledge, my answers to the above questions are correct and agree with all that has been stated.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

PLATO ACADEMY EARLY LEARNING & EXTENDED CARE SUSPENSION/EXPULSION POLICY

Our number one priority is the safety of the children and staff in our programs. Unfortunately, there are sometimes reasons we have to ask that a child be removed from our program either on a short term or permanent basis. We want you to know we will do everything possible to work with the family of the child(ren) in order to prevent this policy from being enforced; however, we do reserve the right to dismiss a child(ren) from our programs. Below is an overview that may include, but is not limited to, the steps we would take should a concerning pattern of behavior emerge in the classroom or in Extended Care programs.

SHOULD BEHAVIOR CHALLENGES ARISE IN THE CLASSROOM/EXTENDED CARE:

Staff will try to redirect child from negative behavior.

Staff will reassess classroom environment, appropriateness of activities, supervision, etc.

Staff will always use positive methods and language while disciplining children.

Staff will praise appropriate behaviors.

Staff will consistently apply consequences for rules.

Child will be given verbal warnings. Child will be given time to regain control.

Child's disruptive behavior will be documented and maintained in confidentiality.

Parent/guardian will be notified verbally.

Parent/guardian will be given written copies of the disruptive behaviors that might lead to suspension/expulsion.

Should an incident occur that jeopardizes the safety of the children and/or staff in the classroom, the child will be removed from the class/group and the parent/guardian may be contacted to pick up the child immediately from school for the remainder of the day.

The director, classroom staff, and parent/guardian will have a conference(s) to discuss how to promote positive behaviors.

The parent will be given literature or other resources regarding methods of improving behavior.

Recommendation of evaluation by professional consultation.

SCHEDULE OF SUSPENSION/EXPULSION:

If after the remedial actions above have not worked, the child's parent/guardian will be advised verbally and in writing about the child's or parent's behavior warranting a suspension/expulsion. A family-teacher conference may be scheduled.

A suspension action is meant to be a period of time so that the parent/guardian may work on the child's behavior or to come to an agreement with the school.

The parent/guardian will be informed regarding the length of the suspension; the length of the suspension is at the discretion of the Director and/or Executive Director.

The parent/guardian will be informed about the expected behavioral changes required in order for the child or parent to return to the school.

Should the behaviors continue, the parent/guardian will be notified that the child's enrollment will be terminated from the program permanently.

PARENTAL ACTIONS FOR CHILD'S SUSPENSION/EXPULSION (INCLUDING BUT NOT LIMITED TO):

Failure to pay/habitual lateness in payment.

Failure to complete required forms including the child's immunization records.

Verbal abuse to staff.

Parent threatens physical or intimidating actions toward staff members.

CHILD'S ACTIONS FOR SUSPENSION/EXPULSION (INCLUDING BUT NOT LIMITED TO):

Failure of child to adjust after a reasonable amount of time.

Uncontrollable tantrums/angry outbursts.

Ongoing physical abuse to staff or other children.

Any actions that jeopardize the safety of the staff or other children.

Not fully potty-trained.

PLATO ACADEMY EARLY LEARNING SUSPENSION/EXPULSION POLICY PARENT ACKNOWLEDGMENT

I have read and understand Plato Academy's policy regarding suspension/expulsion from the Early Learning/Extended Care programs.

Child's Name

Parent/Guardian Name

Parent/Guardian Signature

Date

Tuition and Payment Acknowledgement Form

My signature below indicates that I understand:

- Tuition is due each Friday prior to the week that services are to be provided.
- Tuition may be paid ahead in weekly, bi-weekly, or monthly amounts.
- Non-payment of tuition will result in disenrollment from the programs in which my child(ren) are enrolled.
- Please note that tuition is due regardless of holidays, school closings, absences, or illness.
- Please refer to the calendar for dates that the campus is closed.
- A minimum of two week's notice and payment will be required by any parent/guardian initiating their student's disenrollment.
 - Should you choose to reenroll, availability in the program cannot be guaranteed and registration fees will need to again be paid.
- **Regardless of attendance, tuition is due in full for the weeks of:**
 - Thanksgiving Break (1 week)
 - Winter Break (2 weeks)
 - Spring Break (1 week)

Student Name

Print Name

Signature

Date