

# AVENTURA CITY OF EXCELLENCE SCHOOL

## BEFORE / AFTER-SCHOOL CARE PROGRAM REGISTRATION FORM

Date of Enrollment: \_\_\_\_\_ Before-Care: \_\_\_\_\_ After-Care: \_\_\_\_\_ Both: \_\_\_\_\_

Child's Name: \_\_\_\_\_  
(First Name) (Last Name)

Sex: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade attending in Aug '05: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

Mother's/Guardian Name: \_\_\_\_\_  
(First Name) (Last Name)

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's/Guardian Name: \_\_\_\_\_  
(First Name) (Last Name)

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt No. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

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### EMERGENCY CONTACTS:

### PERMISSION TO PICK-UP CHILD

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

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List any allergies, physical or mental handicaps or special needs or fears which should be made known:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_ have read and understand the payment schedule and procedures for the  
*Name of Parent enrolling child*  
Aventura City of Excellence School - After Care / Before Care Program.

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*Signature of Parent enrolling child*

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*Date*

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**AVENTURA CITY OF EXCELLENCE SCHOOL**  
**Before / After School Care Program - 2007 - 2008**  
**(305) 466-1499**

The following programs are offered at ACES:

Before School Care –	7:30am - 8:30am
After School Care – K-5 <sup>th</sup> Grade:	3:00pm – 6:00pm (Snack Included)
6-7-8 <sup>th</sup> Grade:	3:30pm – 6:00pm (Snack Included)

### **BEFORE SCHOOL CARE**

Please be aware that students who will be attending the Before School Care program are to be dropped off at the front door of the school and proceed to the front lobby by 7:30am. No students will be permitted to enter the building prior to 7:30am.

### **AFTER SCHOOL CARE**

1. Beginning at 3:30pm students may be picked up from the After School Program.
2. Students must be signed out on the dismissal sheet at the front desk by the parent or/and another authorized person. All parents or authorized persons picking up a student should carry a photo ID at all times.
3. Students will not be dismissed to your vehicle.
4. All students must be picked up by 6:00pm – no later

There is a late fee for children that are not picked up on time. **The late pick-up fee is \$10 for every 15 minutes past closing time of 6:00pm.** Payment is due on date of incident. Please be advised that our After Care program is a service provided for our parents who need their children to remain in school until 6:00pm. Therefore, if you anticipate any conflict with our schedule, you should consider other means of care for your child.

### **PAYMENT PROCEDURE**

Before/After Care is paid on a monthly basis. Payments are due on the last Tuesday of the week before the new month begins. If payments are not paid by the week before the new month begins, a late fee of \$5.00 per day will apply. Absenteeism does not change fees.

#### **CHECK:**

- Please write your child's name on the bottom of the check.
- Make check payable to **CITY OF AVENTURA.**
- You may write one check if you have more than one child in the program.

#### **NSF CHECKS:**

- If a check is returned for Non-Sufficient Funds, we should receive payment within 2 days. Payment must be made in cash or by money order for the amount on the NSF check plus an additional \$30.00 (bank charge).
- If we receive more than one NSF check, you will be required to pay all future payment in cash or by money order.

#### **WITHDRAWALS:**

If your child has been enrolled in the program and you wish to withdraw him/her, please notify the office. Notice must be given a week prior to withdrawal in order to receive a prorated refund.

# PAYMENT SCHEDULE

## BEFORE SCHOOL CARE

<b>BEFORE SCHOOL CARE: 7:30am - 8:30am</b>			
<b>PAYMENT DUE DATE</b>	<b>SERVICE PERIOD</b>	<b>DAYS OF SERVICE</b>	<b>5 DAY PROGRAM ONLY</b>
Monday, Aug 20	Aug	10	\$60.00 Incl Registration Fee
Tuesday, Aug 28	Sep	18	\$63.00
Tuesday, Sep 25	Oct	21	\$73.50
Tuesday, Oct 30	Nov	19	\$66.50
Tuesday, Nov 27	Dec	15	\$52..50
Tuesday, Dec 18	Jan	17	\$59.50
Tuesday, Jan 29	Feb	19	\$66.50
Tuesday, Feb 26	Mar	18	\$63.00
Tuesday, Mar 25	Apr	18	\$63.00
Tuesday, Apr 29	May	21	\$73.50
Tuesday, May 27	Jun	4	\$14.00
<b>Total for 2007 - 2008</b>		<b>180</b>	<b>\$655.00</b>

*\*\$25.00 registration fee must be included with your first payment*

## AFTER SCHOOL CARE

<b>AFTER SCHOOL CARE 3/3:30 – 6:00pm</b>				
<b>PAYMENT DUE DATE</b>	<b>SERVICE PERIOD</b>	<b>DAYS OF SERVICE</b>	<b>5 DAY PROGRAM</b>	<b>3 DAY PROGRAM</b>
Monday, Aug 20	Aug	10	\$125.00 INCL Registration. Fee	\$85.00 INCL Registration. Fee
Tuesday, Aug 28	Sep	18	\$180.00	\$120.00
Tuesday, Sep 25	Oct	21	\$210.00	\$150.00
Tuesday, Oct 30	Nov	19	\$190.00	\$120.00
Tuesday, Nov 27	Dec	15	\$150.00	\$90.00
Tuesday, Dec 18	Jan	17	\$170.00	\$120.00
Tuesday, Jan 29	Feb	19	\$190.00	\$120.00
Tuesday, Feb 26	Mar	18	\$180.00	\$120.00
Tuesday, Mar 25	Apr	18	\$180.00	\$120.00
Tuesday, Apr 29	May	21	\$210.00	\$120.00
Tuesday, May 27	Jun	4	\$40.00	\$30
<b>TOTAL FOR 2007 – 2008</b>		<b>180</b>	<b>\$1825.00</b>	<b>\$1195.00</b>

*\*\$25.00 registration fee must be included with your first payment*

**TO AVOID LATE PENALTIES - PLEASE MAKE PAYMENTS BY THE DUE DATE**