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**Please choose program:**

\_\_\_\_Before Care daily rate **$ 5.00**

\_\_\_\_After Care daily rate **$10.00**

**ANNUAL REGISTRATION FEE $20.00**

**MINIMUM DEPOSIT OF $100.00 IS REQUIRED UPON REGISTRATION**

**Child’s Name:**

Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­ First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­ MI: \_\_\_\_­­­­­­­\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt. #: \_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_

Campus: **BridgePrep Academy of Duval** Grade: \_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_

**Parent/Guardian (these will be given automatic permission to pick up children):**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Lives with: Father: \_\_\_\_\_ Mother: \_\_\_\_\_\_ Both: \_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACTS: Persons authorized to pick up my child other than parent or guardians:

**(Your child will not be released to ANY person without your written permission) Please bring a valid picture ID.**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Conditions, concerns, or Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I authorize the aftercare program to use photographs of my child for school or classroom display, learning activities, for special recognition of achievements, school internet and website posts and to send to parents

of the students in the program.

I understand that my child must adhere to the BridgePrep Student Code of Conduct in terms of behavior expectations.

Name of Parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

**\*NO CASH ACCEPTED\***

**PLEASE MAKE CHECKS/MONEY ORDER PAYABLE TO: BRIDGEPREP ACADEMY OF DUVAL**

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**Before/After Care Program Agreement Form 2022 - 2023**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Campus**:** BridgePrep Academy of Duval Grade: \_\_\_\_\_\_\_\_\_\_\_\_

Before Care: \_\_\_\_\_ After Care: \_\_\_\_\_ Both: \_\_\_\_\_\_

**Please initial all the statements listed below and sign to confirm acknowledgement of Extended Day Program policies.**

\_\_\_\_\_\_I understand that my child will be charged a **daily rate** for Before Care and/or After Care as stated on Program Guidelines.

\_\_\_\_\_\_I understand that tuition and registration fees are **non-refundable**.

\_\_\_\_\_\_I understand that the initial registration is $20.00 per child and is due every school year.

\_\_\_\_\_\_I understand that a late payment fee of $10.00 will be charged for payments made after due date.

\_\_\_\_\_\_I understand that a $30 fee will be assessed for any check that is returned by the bank.

\_\_\_\_\_\_I understand that after two returned checks, I will not be allowed to pay with checks, only credit card or money orders will be accepted.

\_\_\_\_\_\_I understand that if my child stays beyond 6:00 pm, there is a late pick-up fee of $10 for the first 30 minutes and then $1.00 for every minute after 6:30 pm. **At 6:30, JSO and Child Services will be called unless contact has been made with parent.**

\_\_\_\_\_\_I understand that Extended Day Program payments are made between 3:30 pm and 6:00 pm with the Director.

\_\_\_\_\_\_I understand that my child must follow the BridgePrep Student Handbook and Extended Day Rules and Guidelines or my child may be removed from the program.

\_\_\_\_\_\_I understand that my child must be checked in and out by an ADULT with a picture ID daily.

\_\_\_\_\_ I understand that my child may be required to wear their mask during Extended Day as deemed by BPA and CDC guidelines.

\_\_\_\_\_\_**I understand that if my child has a balance owed, my child cannot participate in extracurricular activities, clubs, sports, field trips or continue to use Extended Day services until that amount is paid.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Signature Date Director/Staff Signature Date