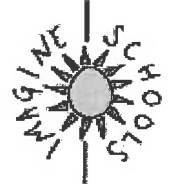


Imagine School at Broward



**Before & After Care
Middle School Study Hall
Afternoon Holding Room**

**Enrollment Packet
2018-2019**

Contact Information

Cindy Brown 954 225 0020 ext 108

Cell 954 242 0699

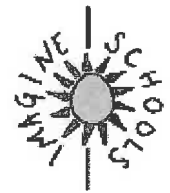
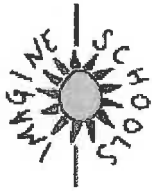
Cindy.brown@imageschools.org

Financial/Billing Questions Contact:

954 225 0020 ext 107

954 225 1336 fax

Roni.prager@imageschools.org



Imagine School at Broward

Dear Parents,

The program director and staff would like to welcome you and your child to the Before & After Care Program at Imagine School at Broward. We are pleased you are joining us. Our program is committed to a safe and exciting advancement through quality before and after school care. It is crucial that we have your support and involvement in the program to make it a success. Your involvement will show your students that they should be proud of their accomplishments and provide a boost in their self-esteem.

Hours of Operation

The Before Care program operates from 7:00 a.m. to 8:10 a.m.; Study Hall program operates from 8:10 a.m. – 9:15 a.m. and After Care program operates from 3:00 p.m. – 6:00 p.m., during regular school days. ***Late fees of \$1.00 per minute per child will apply for late pickups. (your child's designated carline has ended, holding room 3:45p, mini-after care 4:30p or after care 6p.m.)*** Business hours for the program are 2:30 p.m. – 6:00 p.m.

Local law enforcement **MAY** be contacted after a waiting period of 30 minutes after 6pm.

No after care will be offered during in-service/teacher work days, early release day, holidays or last day of school.

Before Care Program-Arrival Procedure

All parents will park and escort their child(ren) into the building to sign them in either in the book or the electronic clock in box with the Before Care personnel in the morning. If the parent drops off and doesn't come in they will be called to come back and sign the child(ren) in. Students need to arrive to the Before Care program prior to 7:50 a.m. to avoid traffic conflicts with the car line. Students will not be permitted into the school before 7:00 a.m.

Departure Procedure:

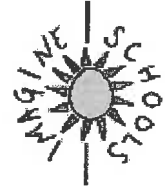
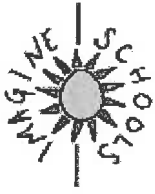
It is recommended that your child(ren) be picked up from after care after 4:00 pm; so you will not be caught in carline. If they need to be picked up sooner than 4pm then they need to go to their designated carline time for dismissal with car sign. Children will be escorted to their appropriate After Care grade program by a teacher or program counselor as soon as school is dismissed. They will then follow their appropriate After Care schedule. After Care pick up will be at the front of the school at the After Care desk. Children will need to be signed out using the computer system. Any change in pick up schedule, please email the teacher, and after care coordinator and advise if it's a person different from normal they need to bring photo id.

Waiting List:

Enrollment is limited; therefore, we will maintain a waiting list. It is in your best interest to register your child as soon as possible. All enrollment paperwork for after care needs to be received by July 25, otherwise your child(ren) may not be able to attend the first 2 weeks of school and there is no adjustment in fee.

Sincerely,

Cindy Brown
Program Director



Imagine School at Broward

Before Care (3 ___ or 5 ___ days) Date _____

After Care (3 ___ or 5 ___ days)

Mini After Care (pick up 4:30pm) K-8 only Password _____

Middle School Study Hall 8:10 am- 9:15 a.m. Allergy _____

Before (3 ___ or 5 ___ days) & After Care (3 ___ or 5 ___ days) (REQUIRED)

Afternoon Holding Room (for Middle School Siblings Only)
Middle School Sibling Names: _____

Student's Name _____ DOB ___/___/___ Grade _____ M/F ___

Student's Name _____ DOB ___/___/___ Grade _____ M/F ___

Student's Name _____ DOB ___/___/___ Grade _____ M/F ___

Student's Name _____ DOB ___/___/___ Grade _____ M/F ___

Parent 1: _____

Address: _____

City: _____ Zip _____

Cell: _____ Work: _____

Email 1 _____

Parent 2: _____

Address: _____

City: _____ Zip _____

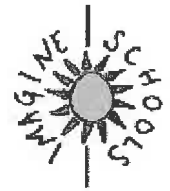
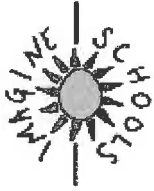
Cell: _____ Work: _____

Email 2 _____

For Office Use Only

Application was received: _____ Accepted Date: _____

Payment Received: _____



Imagine School at Broward

Emergency Contact Only

Kindly, provide two additional names other than parents. Please list the order they are to be contacted.

NOTE: Parents will always be contacted first.

Emergency Contact (1) : _____ Phone _____

Emergency Contact (2): _____ Phone _____

Allergy/Special Health Issues or Needs:

AUTHORIZED PICK-UPS

Permission is given for my child to be released from the program to the following individuals including the parent/guardians.

Must show Driver's License or valid photo ID, and be over 18 yrs of age, students will not be released to anyone without proper ID.

(Student will **NOT** be released to anyone not on the list)

Name:	Relationship:	Phone:

I understand it is necessary to pick up my child(ren) up on time. Failure to do so may result in dismissal from the program.

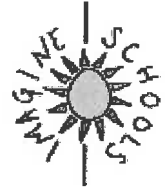
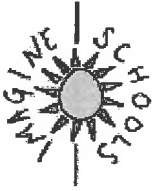
I understand my child(ren) will be expected to behave in accordance with the Imagine School @ Broward After Care Discipline Policies and will follow the rules of After Care, Before Care, Study Hall and Holding Room.

I hereby acknowledge that I have completed this form to the best of my knowledge. I also give my child(ren) permission to participate fully in Before Care, Study Hall, Holding Room and/or After Care. I/we agree to comply with all the rules, regulations and policies as set forth. In addition, I/we agree to the financial obligation and terms of payment for the applicable program(s) and understand that all unpaid balances will result in late fees and/or possible termination from the program(s).

Parent Signature

Print Name

Date



Imagine School at Broward

Late Pick Up Policy Agreement

For your convenience, our program is available from 7:00 a.m. (Before Care) to 6:00 p.m. (After Care) Monday – Friday. If using Before Care you must walk your child(ren) inside the building and sign them in. Please be on time to pick up your child(ren). Should your child be picked up later than 5:55 p.m., late charges will be assessed per child after 6:00 p.m..

A late fee of \$1.00 will be assessed for every minute late from picking up per child from their designated dismissal car line, mini-after care or after 6pm from after care.

Late fees are due upon picking up your child(ren) or by the next day of service. Your child(ren) will not be permitted to return to the program until balance is current.

- **First Offense:** Verbal warning and assessment fees on account/school record.
- **Second Offense:** Written warning of pending termination from the program and assessment fees.
- **Third Offense:** Child(ren) will be terminated from the program and assessment fees placed on account/child(ren)'s student record.

Lateness in excess of 30 minutes past closing (6:00 pm) **MAY** result in notification of local law enforcement and/or termination from the after care program.

If you are going to be late contact after care at 954-255-0020 ext 107 or Miss Cindy at 954-242-0699 and advise that you are going to be late. Also, advise if another person will be picking up your child(ren); let them know they will need to bring photo ID as well.

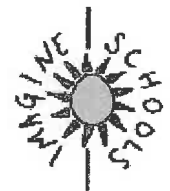
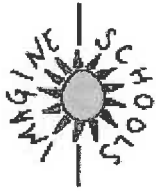
Parent/Guardian Signature _____ Date _____

Child's Name _____

Child's Name _____

Child's Name _____

Child's Name _____



Imagine School at Broward

Before & After Care Parent/Guardian Contract

I understand the policies and procedures that have been outlined in the Before Care /After Care Handbook. I also understand these policies are in place to ensure the safety and well-being of my child(ren) while attending the program.

I have read the rules and agree to comply with them. I have also discussed the rules of the Program with my child(ren). I hereby acknowledge that I have completed this form to the best of my knowledge. I give permission for my child(ren) to participate fully in the Imagine School at Broward Before & After Care Program.

If my child(ren) has a friend go home with them in after care and/or holding room that doesn't normally attend I understand that it will be at an additional fee to the friend's parent/guardian. **Initial**

If my child(ren) is registered with Before Care, Study Hall, Holding Room and/or After Care they are to remain with that designated program until they have been picked up by the appropriate adult.

Initial

In addition, I/we agree to the financial obligation and terms of payment for this program and understand that all unpaid balances will result in late fees and possible termination from the program. I/we also understand any past due balances will be applied to your student's record until balances have been cleared. I/we also understand that any outstanding balance may prohibit my child from attending non-educational field trips and any extracurricular activities.

I must walk my child(ren) into the building and physically sign-in/clock in. **Initial**

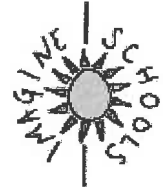
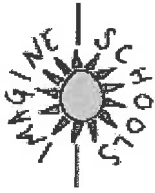
Parent/Guardian Signature _____ Date _____

Student's Name _____

Student's Name _____

Student's Name _____

Student's Name _____



Imagine School at Broward

Before and After Care Monthly Fees 2018-2019

Based on the 10 month school cycle

Elem. Before Care 7:00 a.m. – 8:10 a.m.	5 Days	3 Days
1 Child	\$100.00	\$70.00
Middle Before Care 7:00 a.m. – 9:15 a.m.		
1 Child	\$150.00	\$105.00
After Care 3:00 p.m. – 6:00 p.m.		
1 Child	\$240.00	\$165.00

Elem Before/After Care	5 Days	3 Days
1 Child	\$330.00	\$230.00
Middle Before/ After Care		
1 Child	\$370.00	\$255.00

- A discount of 10% off the monthly fees in the above schedule is applicable for additional sibling(s). Does not include daily fees.

Mini After Care until 4:30 pm (not available for VPK)	\$150.00 per child
Middle School Study Hall 8:10-9:15am	\$50.00 per child
Holding Room until 3:45pm (middle school siblings only).....	\$35.00 per child
Middle Study Hall & Holding Room (family using both services).....	\$75.00

No discounts will be given for absences, vacations or any circumstances beyond our control

Payments accepted: Cash, Money Order, MasterCard or Visa No CHECKS

*There is a \$50.00 non-refundable registration fee per family due at enrollment

*Rates are not prorated for partial month

*After 6:00 p.m. there is a \$1 per minute, per child late pick up fee due at pick up

****Attendance -- withdrawals must be made in writing 30 days prior to withdrawing
Changing from 3 to 5 days or 5 to 3 days requires 2 weeks' notice in writing**

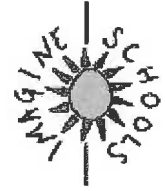
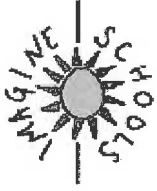
**** No after care will be offered during in-service/teacher work days, early release day, holidays or last day of school. *****

Broward County Early Release Days: 10/18/18, 12/21/18, 2/21/19, 3/21/19, 5/9/19, 6/4/19

Imagine Early Release Days: To be announced

Occasional before/after care and late pick-up

Before Care	\$15.00 per child
After Care	\$25.00 per child



Imagine School at Broward

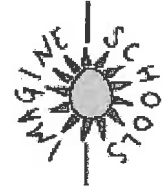
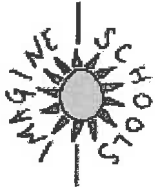
Before and After Care Monthly Payment Schedule 2018-2019

Payment Due Date	Session	Dates Covered	Late Fees Assessed
Registration & 1 st Payment due 7/20/18	1	Aug 15 - Sept 11	
9/5/2018	2	Sept 12 – Oct 8	9/6/2018
10/5/2018	3	Oct 9 – Nov 2	10/8/2018
11/5/2018	4	Nov 5 – Dec 5	11/6/2018
12/5/2018	5	Dec 6 – Jan 15	12/6/2018
1/8/2019	6	Jan 16 – Feb 11	1/9/2019
2/5/2019	7	Feb 12 – Mar 11	2/6/2019
3/5/2019	8	Mar 12 – Apr 12	3/6/2019
4/5/2019	9	Apr 15 – May 9	4/8/2019
5/3/2019	10	May 10 – Jun 4	5/6/2019

All automatic payments are pulled the first Friday of each month.

Program Information /Policies

- Registration form and registration fee must be turned in before child(ren) can attend Before Care, Study Hall, Holding Room and/or After Care.
- Tuition is based on the total number of school days and **DOES NOT INCLUDE** periods during which school is closed for winter and spring breaks, holidays or teacher work days. **NO** discounts for days that your child does not attend.
- **All program payments are due by the 5th day of each month any outstanding balance will incur a \$25.00 late fee to your account. If not paid in a timely manner this may result in the termination of program enrollment. _____ Initial Any unpaid balance for services rendered may excluded your child(ren) from any school extra-curricular program or activity and be placed on your child(ren)'s school record.**
- **In the event of termination, parents are responsible to implement a pick up plan for the student at their assigned dismissal time. Your always welcome to pay your fees in advance; however please do not fall behind in payments.**
- **PAYMENT FOR THE "DAILY" PROGRAM MUST BE PAID THE SAME DAY OF PARTICIPATION, IF IT IS NOT RECEIVED THERE WILL BE AN ADDITIONAL \$5.00 CHARGE.**
- **Any declined ACH or Credit Card payment will result in a NSF fee of \$35.00 . Refer to Before & After Care Parent/Guardian Contact regarding unpaid balances. After two NSF or declined credit card payments, cash or money order only will be accepted. If your credit card has been comprised we need to be advised as soon as possible before payment has been pulled to void any declined fees. As your child(ren) well as excluded from any school extra-curricular program or activity. _____ Initial**
- The school closes at 6:00 p.m. Late charges will apply for any pick up after the designated end time of the program(s) in which your student(s) are participating. The late fee charge of \$1.00 per minute per child after the end hour as outlined in the scheduled program. (e.g. after 6:00 p.m. for full time or after 4:30 p.m. for mini after care). Please ensure on time arrangements for pick up are made, three incidents of late pick up may disqualify you from participating in the Before Care, Study Hall, Holding Room and/or After Care programs. _____ Initial
- No refunds on balances of monthly payment or registration fees will be issued should you withdraw your student(s) from program.
- Students are not permitted to leave the After Care group to visit classrooms without written consent from the parent and approval by the After Care Coordinator.



Imagine School at Broward

PAYMENT FOR DAILY STUDENTS

A DAILY STUDENT IS ONE WHO ATTENDS AFTER CARE ON AN "AS NEEDED BASIS". THIS DOES NOT PERTAIN TO OUR STUDENTS WHO ATTEND AS FULL TIME OR PART TIME AFTER CARE PARTICIPANTS.

DUE TO EXCESSIVE PAPERWORK FOR ADMINISTRATION THE FOLLOWING PROCEDURE WILL TAKE EFFECT IMMEDIATELY!

PAYMENT FOR DAILY STUDENTS MUST BE PAID THE DAY THE STUDENT ATTENDS BEFORE CARE, STUDY HALL, HOLDING ROOM OR AFTER CARE. FAILURE TO DO SO WILL RESULT IN A LATE FEE OF \$5.00 ADDED TO YOUR DAILY RATE. PAYMENT CAN BE MADE WITH CASH, VISA OR MASTERCARD. **CHECKS ARE NOT ACCEPTED.**

_____ **** I HAVE READ THE ABOVE STATEMENT AND I AGREE TO THE PAYMENT POLICY FOR IMAGINE SCHOOL @ BROWARD BEFORE & AFTER CARE PROGRAMS****

STUDENT'S NAME: _____

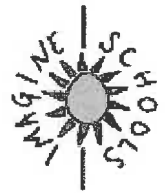
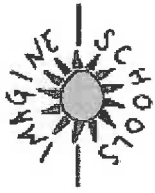
GRADE: _____

TEACHER: _____

PARENT'S NAME (PLEASE PRINT): _____

PARENT'S SIGNATURE: _____

DATE: _____



Imagine School at Broward

LATE PICK-UP FORM

AS STATED IN THE AFTER CARE REGISTRATION, THE LATEST PICK-UP TIME IS 6:00PM FOR FULL TIME STUDENTS AND 4:30PM FOR MINI-AFTER CARE STUDENTS. YOU WILL BE CHARGED A LATE FEE OF \$1.00 PER CHILD, FOR EVERY MINUTE YOU ARE LATE TO PICK UP STUDENT(S). AFTER THREE (3) LATE PICK UPS, DISMISSAL FROM THE PROGRAM MAY RESULT. PLEASE BE SURE TO MAKE ARRANGEMENTS FOR YOUR CHILD(REN) TO BE PICKED UP ON TIME.

CHILD'S NAME: _____

DATE: _____

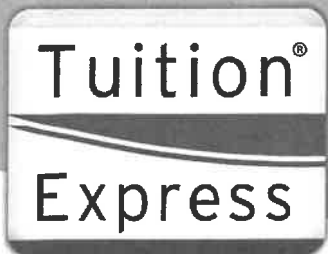
MINUTES LATE: _____ TIME PICKED UP: _____

TOTAL LATE FEE: _____

PARENT SIGNATURE: _____

AFTER CARE STAFF SIGNATURE: _____

Office Use Only
Paid: \$
Invoice: \$
Misc:



Automated Payment Processing
Safe - Convenient - Easy

We are excited to offer the safety, convenience and ease of Tuition Express - a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT and CREDIT CARD

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. _____ (initial) Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Form fields for Section A: Cardholder Name, Phone #, Cardholder Address, City, State, Zip, Account Number, Expiration Date, Cardholder Signature, Date

SECTION B (Bank Account)

Form fields for Section B: Your Name, Phone #, Address, City, State, Zip, Bank or Credit Union Name, Bank or Credit Union Address, City, State, Zip, Routing Transit Number (see sample below), Account Number (see sample below), Checking, Savings

Authorized Signature, Date

For Official Use Only

Date Received, Employee Signature

Check stub image with fields: John Sample, Mary Sample, 123 Nice Street, Anytown, USA; BANK OF THE WEST, 555-555-5555; 00226; Pay to the order of: Attach Voided Check Here; Deposit slips not accepted; Dollars; Routing Number 123456789, Account Number 1800338, Check Number 0226

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