



Dear Parents,

It is our pleasure to welcome you to the Phyl's Academy Preparatory family. **Aftercare Central** will take care of your most precious asset by providing an enriched educational environment, which is both safe and fun, to families in Broward County.

Between the hours of 3-6pm, Monday thru Friday, your student will be given homework assistance, a variety of art projects, outdoor playtime, and supervised access to the library. Activities include, but are not limited to: Arts & Craft, Science and Cooking. On Early Release days, Full days off, and breaks such as winter and spring, we offer planned field trips.

For students that do not attend Phyl's Academy Prep School, we do offer transportation for students attending public schools. At dismissal, our Aftercare Central/ Transportation Nation bus will be waiting at your child's school to pick-up and take him/her back to our after-school facility, located at the Phyl's Academy Prep School in Margate. Upon arrival the students will be checked-in and grouped according to grade level. Based on the student's daily schedule each group along with their counselor will proceed with the day's various activities.

Aftercare Central offers monthly, weekly or daily payment options. There is a non-refundable Registration fee per family. Our program also offers multi-child discounts. Additional charges will apply on Early Release, Full Days off, and winter and spring break.

Aftercare Central "The Center of It All" will also provide additional services such as **TUTORIAL** and **SUMMER CAMP**. For further information on these and other after-school services, please feel free to visit us on the web at www.phylsprep.com, or at 7205 Royal Palm Blvd, Margate, 33063 or contact us at (954) 731-7524.



APPLICATION AND ENROLLMENT CONTRACT

Student Name: _____
Address: _____
City: _____ State _____ Zip Code: _____

DOB: _____ Sex: _____

Name of School: _____ Grade: _____ Teacher _____

Mother's Name: _____ Work Phone: _____
Social Security# _____ Cell Phone: _____
Address (if different) _____
Place of Employment: _____
Email Address (For billing purposes only) _____

Father's Name: _____ Work Phone: _____
Social Security# _____ Cell Phone: _____
Address (if different) _____
Place of Employment: _____
Email Address (For billing purposes only) _____

Allergies or any medical conditions that we should be aware of

EMERGENCY CONTACT INFORMATION (2 people other than parents that will be allowed to pick-up child)

NAME _____

NAME _____

RELATIONSHIP _____

RELATIONSHIP _____

ADDRESS _____

ADDRESS _____

HOME PHONE# _____

HOME PHONE# _____

BUSINESS PHONE# _____

BUSINESS PHONE# _____



NON DISCRIMINATORY POLICY

I,

Understand that Aftercare Central does not deny admission based on race, color, creed, religion, sex, or any other legally protected status.

Parent Sign: _____

Administration Sign: _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In the event that my child becomes ill or injured while in school or during school sponsored activities, I give my consent for the school authorities to take the following steps.

1. Contact emergency services (911) to secure medical assistance.
2. Contact the child's physician and follow his/her instructions.
3. Contact me as the child's parent and inform me of the situation.

In the event I cannot be reached I empower, authorize and appoint the director or his/her designee to furnish on my behalf written and or oral authorization to secure the medical services as soon as needed to assist my child.

I further release the principal, designee and school from liability which might arise from giving such authorization.

Name of Child's Physician _____
Physician's Address _____ Telephone# _____

I _____ HAVE READ THE ABOVE AND HEREBY GIVE MY CONSENT.
Parent (Guardian) Name

Parent (Guardian) Signature (Mother or father)

Date

Administration Signature Date



HOLD HARMLESS

Participation in off campus and outdoor activities and the use of athletic equipments and /or facilities, involves a risk of accidental injury despite all safety precautions. We (I) assume all risks and hazards incidental to these activities, and release Phyl's Academy/Aftercare Central, officers, directors, independent contractors, aftercare/day camp counselors, volunteers and all employees, for any illness or injury to my child (children) occurring during participation in any activity or use of any facility conducted by Phyl's Academy/Aftercare Central.

I _____ **HAVE READ THE ABOVE AND AGREE TO ABIDE BY THESE REGULATIONS.**

Parents (Guardian) Signature

DISCIPLINARY POLICY

In the event that a child's behavior warrants some form of correction, the child will be spoken to by the counselor and time out will be instituted. If this is not effective the child will be brought to the office for counseling.

In the case of a child who continuously exhibits poor behavior, and/or inflicts bodily harm on another child or counselor, the parent will be notified immediately.

Please keep in mind that Phyl's Academy/Aftercare Central reserves the right to dismiss any camper, without refund for behavior that injures another camper or a counselor. In addition, and camper who receives 3 discipline notices will be dismissed from aftercare/day camp.

I _____ **HAVE READ THE ABOVE AND AGREE TO ABIDE BY THESE REGULATIONS.**

Parents (Guardian) Signature

CONSENT FORM

My child/children _____ has permission to attend any and all field trips in connection with Phyl's Academy/Aftercare Central after-school/day camp program.

My child/children _____ **may** _____ or **may not** _____ participate in any swimming/water activity during Camp Days Off.

I understand that my child/children will be transported to and from school on the center's bus and that field trips are subject to change.

Parents (Guardian) Signature

Date

Parents (Guardian) Print Name



AFTER-SCHOOL RATES

REGISTRATION FEE: \$45 (per family), non-refundable registration fee.

AFTERCARE- All students must be registered and a payment plan chosen in order to receive After-School services.

PHYL'S PREP STUDENTS

PUBLIC SCHOOL STUDENTS

MONTHLY \$400 ___

MONTHLY \$440 ___

WEEKLY \$100 ___

WEEKLY \$120 ___

DAILY (as needed) \$20 ___

*10% MULTI CHILD DISCOUNT WILL APPLY

* SCHOOL DISCOUNT AVAILABLE FOR STUDENTS THAT DO NOT RECEIVE AN AFTERCARE SCHOLARSHIP.

LATE PICK-UP CHARGE: \$1 per minute per child after 6:00pm. Payment is due upon arrival of pick-up. Three late pick-ups may result in your child/children being dropped from enrollment.

LATE PICK-UP CHARGE WILL BE ENFORCED

WE DO NOT ACCEPT CASH, CHECK, OR MONEY ORDER PAYMENTS:

FULL DAY FIELD TRIPS & DAY CAMP will be **\$60 per day**. On full days, the hours of operation are 8:00 am-6:00pm; your child must be dropped off no later than 9:00 am with a bag lunch and a snack.

We (I) hereby request that our (my) child/children be enrolled in Aftercare Central after school program for the current academic year. No refund or reduction of any charges will be made due to withdrawal, absence, or illness. All payments are **due on the 1st of every month. A late fee of \$25 will be added on all delinquent accounts after the 5th of every month.** We (I) understand that **if the payment is 15 days past due, I will be asked to withdraw my child/children immediately** from the after school program.

I the parent/guardian of the above child/children have read the financial requirements and agree to abide by all.

Date.....Parents/Guardian Signature.....