



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, for families in Broward County.

Between the hours of 3-6pm, Monday through 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 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](http://www.phylsprep.com), or at 7205 Royal Palm Blvd, Margate, 33063 or contact us at (954) 731-7524.

## APPLICATION AND ENROLLMENT CONTRACT

Student Name: \_\_\_\_\_  
DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Start Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Name of School: \_\_\_\_\_ Grade: \_\_\_\_ Teacher \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Social Security# \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Address (if different) \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
Email Address \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Social Security# \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Address (if different) \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
Email Address \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

**(2 people other than parents that will be allowed to pick up children)**

1. Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship: \_\_\_\_\_
2. Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship: \_\_\_\_\_

### **Health/ Allergy Information**

Does your child have any health/physical/emotional/learning disabilities for which he/she has been diagnosed and/or is being treated for, that the school should be aware of? YES ( )

NO ( )

If yes, please specify \_\_\_\_\_

Is your child allergic to any foods/juices? YES ( ) NO ( )

If yes, please specify: \_\_\_\_\_

If your child was born premature, please state the number of weeks or put N/A \_\_\_\_

### **Student File Access**

I hereby grant permission for the staff of this facility to have access to my child's records.

### **Non- Discriminatory Policy**

I understand that Phyl's Academy does not deny admission based on race, color, creed, religion, sex, or any other legally protected status.

### **Media Release**

Please be advised that during the school year we participate in various activities in which students may be photographed. As a student in Phyl's Academy, I understand that my child may be photographed, videotaped, and/or interviewed by the school and or news media, for informational and/or promotional purposes. This may include yearbooks, websites, social media, and school newsletters.

Please check the option below:

\_\_\_\_\_ I authorize my child's photograph/video/interview to be reproduced and released for use in the media.

\_\_\_\_\_ I **DO NOT** authorize my child's photograph/video/interview to be reproduced and released for use in the media.

### **Immunizations Records**

I understand that children enrolled in Phyl's Academy may/or may not have current immunizations and may have a Religion Exemption Form. If the parent or legal guardian fails to provide the immunization documentation required within 30 days of enrollment, the facility will not allow the child to remain in the program.

### **HOLD HARMLESS**

Participation in off campus and outdoor activities and the use of athletic equipment 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.

### **DISCIPLINARY POLICY**

If 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, any camper who receives 3 discipline notices will be dismissed from aftercare/day camp.

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

Parent Name Print \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Administration Signature \_\_\_\_\_

Date \_\_\_\_\_

### **AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

If my child becomes ill or injured while in school or during school sponsored activities, I give my consent to the school authorities to contact 911.

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 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# \_\_\_\_\_

### **CONSENT FORM**

My child/children \_\_\_\_\_ has permission to attend 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 FINANCIAL CONTRACT

Student Start Date: \_\_\_\_\_

School Year: \_\_\_\_\_

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

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

PHYL'S PREP STUDENTS

PUBLIC SCHOOL STUDENTS

MONTHLY \$400\* \_\_

MONTHLY \$440\* \_\_

ELC PARENT MONTHLY CO-PAY \_\_\_\_\_

ELC PARENT MONTHLY CO-PAY \_\_\_\_\_

\*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.

**WE ONLY ACCEPT CREDIT OR DEBIT CARD 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 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 1<sup>st</sup> of every month. A late fee of \$40 will be added to all delinquent accounts after the 5<sup>th</sup> 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.

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_