

Child(ren)'s Name: _____

PAYMENT GUIDELINES AND EXPECTATIONS

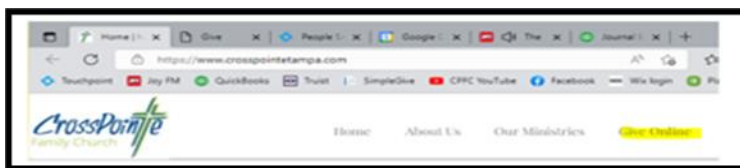
- A. Supply/Registration Fee (\$50 per family) due with application.
- B. Tuition is \$68 per week (\$63 per week, per child, if multiple children in one family), based on when Hillsborough County Schools are in session. Tuition is not pro-rated.
- C. **ASAA tuition is pre-paid.** Tuition is due on Thursday **PRIOR** to the coming week and **MUST** be maintained as current and paid in full to maintain your child's spot on our roster.
- D. An **ACTIVE** credit card or bank account information is required to be on file.

Credit Card: Name on Card: _____
Account Number: _____
Expiration Date: _____ CSV Code: _____

OR

Bank Account: Routing Number: _____
Account Number: _____

For your ease, you can PAY ONLINE and/or set-up AUTO-PAY. Visit CrossPointeTampa.com and click on "Give Online." Under the dropdown, select After School.



- E. **If your account becomes three weeks in arrears, we will automatically charge your account.**
- F. **We do NOT set up auto-pay. If you need assistance, please call the church office.**
- G. An allowance of one (1) week per semester OR two (2) weeks maximum per school year are allowed for an extended vacation or sickness. Written notice (email is acceptable) must be submitted to the ASAA Director to request a non-payment week for vacation/sickness.
- H. There will be a **late fee of \$1.00 per minute, per child, if not picked up by 6:00PM.**

As the responsible party for the above registered child, by signing below, I acknowledge I have read and agree to the above Payment Guidelines and Expectations.

Signature of Parent or Legal Guardian

Date

Child(ren)'s Name: _____

DISCIPLINARY POLICY

Circle any developmental area in which you have concern?

Social Skills

Behavior

Speech / Language

Circle any therapy your child(ren) are currently receiving:

Speech / Language Therapy

Occupational Therapy

Physical Therapy

If you circled any of the above, please explain, noting child's name if more than one:

Does your child(ren) speak and understand English? YES NO

If not, what language does your child(ren) speak? _____

May photos/video be taken of your child(ren) (child will not be identified) for promotional purposes?

Yes No

At ASAA we encourage positive behavior in the following ways:

1. Allowing the child choices of activities, equipment and materials, giving them a feeling of control over their environment so that conflict with others can be avoided.
2. Guidance in developing language skills which will help them resolve conflicts with words and not with inappropriate behaviors such as biting, hitting, kicking, etc.

If a child is experiencing difficulty controlling their behavior:

1. They will be redirected to another play area which may prevent escalation of the problem.
2. If a problem still exists, the child will be removed from the play area and given time away from the group to regain control. The time limits for this personal time are determined by the child. They may return to the group when they are ready.
3. If continued unacceptable behavior occurs, the parent will be scheduled to discuss a team approach to remedy the problem.

My signature verifies that I am aware of ASAA's disciplinary policy, and the information submitted in this application is true and correct as of this date. I also acknowledge that my child will be under a six (6) week probationary period, and ASAA reserves the right to dismiss any student during the probationary period and any time thereafter at the discretion of the ASAA.

Signature of Parent or Legal Guardian

Date

Child(ren)'s Name: _____

CHILD'S MEDICAL INFORMATION

Allergies (please circle): Food Medication Bug Bite

If yes to any of the above, please explain and note for which child if more than one:

Does your child have an EPI pen? YES NO If yes, which child? _____

Please list any Medical Conditions (Asthmatic, etc.):

Name of Pediatrician: _____ Phone: _____

Hospital Preference: _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

If my child should become ill or injured at the AfterSchool Arts Academy, I understand that the facility will contact me immediately. If I cannot be reached, they will contact the next person(s) I have designated.

Should the facility be unable to reach me and/or the person(s) designated, they are authorized to contact my child's physician and/or arrange for immediate emergency medical treatment.

The physician and/or medical facility are authorized to administer emergency medical treatment necessary to ensure the health and safety of my child.

I accept responsibility for payment of all medical services rendered.

Signature of Parent or Legal Guardian

Date

Child(ren)'s Name: _____

AUTHORIZED PERSONS ALLOWED TO PICK UP YOUR CHILD

Please list individuals other than Mom or Dad, who are allowed to pick up your child and/or may be contacted in case of emergency if parent(s) is/are unable to be reached. Those authorized must be at least 18 years of age and must sign them out. Please remember to give us first and last names as it would appear on their picture ID.

AUTHORIZED TO PICK UP	CONTACT # 1	CONTACT # 2
Name:		
Relationship:		
Cell Number:		
Work Number:		

VEHICLE TRANSPORTATION PICK-UP

I give AfterSchool Arts Academy permission to pick up my child(ren) from Maniscalco to be transported by personal vehicle to their AfterSchool program for the school year 2024-2025 when severe inclement weather conditions exist.

Signature of Parent or Legal Guardian

Date

NUTRITION PLAN AGREEMENT

- I understand and approve the use of the Nutrition Plan.
 - Monday – Cheez Its and Fruit Gushers
 - Tuesday - Pretzels and Cheese Sticks
 - Wednesday – Chewy Chocolate Chip Bars and Fruity Snacks
 - Thursday – Goldfish and Go-Gurt
 - Friday - Animal Crackers and Fruit by the Foot

- I agree to provide afterschool snacks to meet my child's nutritional and dietary needs.

Signature of Parent or Legal Guardian

Date