

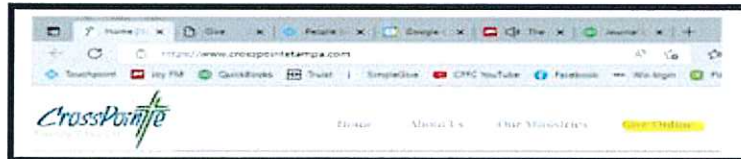


Dear Parent / Legal Guardian,

Welcome to the 2023-2024 School Year. At CrossPointe's AfterSchool Arts Academy (ASAA), our goal is to be a positive influence with your child(ren), which is why our program stands above others. We are very excited that you desire to enroll your child(ren) in what we believe is an excellent program with a focus on the Arts in a safe, loving and nurturing environment.

This year comes with several changes to become more efficient for you, your child(ren) and ASAA. Following are the main areas of interest:

1. Tuition is a per week charge of \$65 for all weeks of operation aligned with the Hillsborough County school calendar. For families with multiple children, the cost is \$60 per child. Each application received will be reviewed within three business days. Upon approval, you will receive an invoice via email for a one-time registration fee of \$50 per family. The registration fee will be waived if pre-registered by July 31st.
2. Timely payments are important and will NOW be handled in this manner:
 - a. ASAA is now implementing a pre-pay policy. An ACTIVE credit card or bank account information must be on file. Tuition is due on Thursday PRIOR to the coming week(s) and MUST be maintained as current and paid in full to maintain your child's spot on our roster.
 - b. 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.



3. An allowance of one (1) week per semester OR two (2) weeks maximum per school year are allowed for any extended vacation or sickness absence to retain your child's spot. Written notice (email is acceptable) must be submitted to the ASAA Director to request a non-payment week for vacation/sickness.
4. We do NOT set up auto-pay. If you need assistance, please call the church office.
5. Our program starts immediately when children arrive from school and ends at 6:00PM. A late pickup fee of \$1 per minute will be charged for children picked up after 6:00PM.
6. For the school year 2023-2024, we will only be accepting applications for K-5.

On behalf of our staff, we look forward to caring for your child(ren) and encouraging them in the multiple areas of arts that we offer (crafts, music, drama and an appreciation for their natural gifts) here at CrossPointe ASAA.

Serving Him in all we do,

Mark Crawford
Christian Education

Craig Vance
Executive Director

Edythe Lyon
Director



Supply/Registration Fee: \$50 (Per Family) Weekly Tuition: \$65
 (\$60 per child for families with multiple children)
 Registration fee waived if pre-registered by July 31st.

PLEASE PRINT - Child(ren)'s Information:

_____ Birthdate: ___/___/_____
 1st Child's Last Name Child's First Name "Called"

_____ City Zip
 Number & Street

Child's Age on 09/01/2023: _____ Male Female

Grade entering in fall of 2023: K 1st 2nd 3rd 4th 5th

_____ Birthdate: ___/___/_____
 2nd Child's Last Name Child's First Name "Called"

_____ City Zip
 Number & Street

Child's Age on 09/01/2023: _____ Male Female

Grade entering in fall of 2023: K 1st 2nd 3rd 4th 5th

Parental Information:

	FATHER'S INFORMATION	MOTHER'S INFORMATION
Name		
Cell Phone		
Work Phone		
Place of Employment		
Email Address		

Custody of Child (circle one): BOTH PARENTS FATHER ONLY MOTHER ONLY

Child(ren)'s Name: _____

PAYMENT GUIDELINES AND EXPECTATIONS

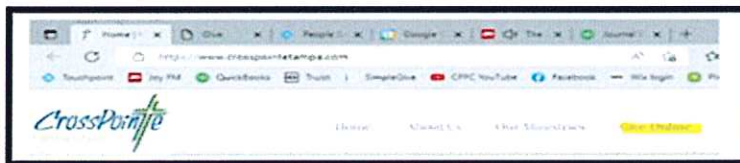
- A. Supply/Registration Fee (\$50 per family) due with application. Registration fee waived if pre-registered by July 31st.
- B. Tuition is \$65 per week (\$60 per week, per child, if multiple children in one family), based on when Hillsborough County Schools are in session. Tuition is not pro-rated.
- C. Timely payments are important and will NOW be handled in this manner:
 - 1. ASAA is now implementing a pre-pay policy. An ACTIVE credit card or bank account information must be on file. Tuition is due on Thursday PRIOR to the coming week(s) and MUST be maintained as current and paid in full to maintain your child's spot on our roster.

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

OR

Bank Account: Routing Number: _____
Account Number: _____

- 2. 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.



D. We do NOT set up auto-pay on your behalf. If you need assistance, please call the church office.

E. An allowance of one (1) week per semester OR two (2) weeks maximum per school year are allowed for an extended sickness. Written notice (email is acceptable) must be submitted to the ASAA Director to request a non-payment week for vacation/sickness.

F. 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

DISCIPLINARY POLICY

1st Child's Name: _____

Are you concerned about any of the following developmental areas?			Is your child currently receiving?		
Social Skills	YES	NO	Speech / Language Therapy	YES	NO
Behavior	YES	NO	Occupational Therapy	YES	NO
Speech / Language	YES	NO	Physical Therapy	YES	NO

If you answered YES to any of the above, please explain: _____

2nd Child's Name: _____

Are you concerned about any of the following developmental areas?			Is your child currently receiving?		
Social Skills	YES	NO	Speech / Language Therapy	YES	NO
Behavior	YES	NO	Occupational Therapy	YES	NO
Speech / Language	YES	NO	Physical Therapy	YES	NO

If you answered YES to any of the above, please explain: _____

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

My signature verifies that I have received a copy of the disciplinary policy for Afterschool Arts Academy, 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: _____

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 2023-2024 when severe inclement weather conditions exist.

Signature of Parent or Legal Guardian

Date

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:		

NUTRITION PLAN AGREEMENT

- I understand and approve the use of the Nutrition Plan.
Monday – Ritz / Saltine Crackers and Fruit Gushers
Tuesday - Pretzels and Go-Gurt
Wednesday – Chewy Chocolate Chip Bars and Fruity Snacks
Thursday – Goldfish / Cheez-Its and Cheese Sticks
Friday - Animal Crackers and Fruit Roll Ups
- I agree to provide afterschool snacks to meet my child's nutritional and dietary needs.

Signature of Parent or Legal Guardian

Date

HILLSBOROUGH COUNTY ORDINANCE

Hillsborough County Ordinance requires that parents must receive a copy of the following brochures:

- _____ Disciplinary Practices and Procedures (HC CCL 71)
_____ Rilya Wilson Act
_____ Influenza (FLU) Virus

The parent's/legal guardian's signature certifies receipt of the above brochures/policies.

Signature of Parent or Legal Guardian

Date