**L.E.A.P.**

**Learning & Engaging, After School Program**

**3:00 P.M. – 6:00 P.M.**

FUN, SAFE ENVIRONMENT

OUTSIDE

 PLAY

HOMEWORK

 TIME

THEMED ACTIVITIES

SNACK IS PROVIDED

K – 5th Grade

$35 Registration Fee per Child

(non-fundable)

WEEKLY FEES

1st Child - $45

Each Additional Child - $25

L.E.A.P will be open during all school days

(closed on ½ days).

**Registration**:

The registration form must be completed along with the registration fee and the first two weeks of fees paid before your child may participate in the program. Medical, emergency contact, and special needs information are required. Registration is open to Palm Bay Elementary students only.

**Payment of Fees**:

L.E.A.P. fees are due on Mondays. Payment for the week must be paid on Monday for the upcoming week. We must receive payment by 6:00 p.m. Monday or there will be a $10.00 late fee. **After two weeks of non-payment, your child will not be able to participate in the program. This will be strictly enforced.**

**Late Pick-Up Fee Policy:**

Any parent/guardian picking up children after 6 p.m. will be charged a **late fee of $2.00 per minute per child** which is due at that time.

**Drop-in:**

Drop-ins are welcome. A registration form **must** be completed and on file. Drop-in fee is $15 a day and must be paid on the day of drop in.

**Discipline**:

Positive reinforcement is used at L.E.A.P. Input from parents concerning problems at home which may affect a child’s behavior is welcomed. If problems persist and affect the safety and educational enrichment of the other children in the program, the Palm Bay staff reserves the right to suspend, and/or expel a child from the program. Actions include verbal warning, time out (removal from a group or activity), note to parents, parent conference, suspension and/or termination from the program.

**Sign-Out:**

In the interest of safety, the parent or guardian is required to sign his/her child out of L.E.A.P. each day. A child will only be released to person(s) who have been authorized in writing, on the registration form.

Persons not recognized by the staff will be asked to show their identification.

For more information please call

Palm Bay Elementary School

850-215-0770

**PALM BAY ELEMENTARY LEAP AFTER SCHOOL REGISTRATION FORM**

Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Name (s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Phone Number(s): (HOME)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (CELL) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(WORK): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (WORK): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any additional numbers on the bottom of this sheet.

Emergency contact with phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any allergies or medical conditions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Days of the week after care is needed: Monday Tuesday Wednesday Thursday Friday     (PLEASE CIRCLE ALL THAT APPLY)

Approximately, what time will your child be picked up daily? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

“I give permission for my child to participate in all activities, programs, and media coverage. I understand that all precautions will be taken for his/her safety and I will not hold Palm Bay Elementary School and/or its staff responsible for any accidents. In case of emergency, I understand that every effort will be made to contact the parent/guardian named on this form. In the event one of them cannot be reached, I hereby give permission for the person in charge to select a physician, to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for my child.”

LATE FEE: THE CENTER CLOSES AT 6:00 P.M. I UNDERSTAND THAT IF MY CHILD(REN) IS/ARE NOT PICKED UP BY CLSOING, I WILL BE CHARAGED A FEE OF $2.00 PER MINUTE PER CHILD FOR EVERY MINUTE AFTER 6:00 p.m.

SIGNATURE OF PARENT/GUARDIAN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide us with the person(s) who may pick up your child (including yourself).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name | Pick up permissionYes/No | LegalCustodyYes/No | Relationship tostudent | HomeNumber | CellPhoneNumber | WorkNumber |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |