



L.E.A.P.



**Learning & Engaging,
After School Program**

3:00 P.M. - 6:00 P.M.

K – 5th Grade

**\$35 Registration Fee per Child
(non-refundable)**

WEEKLY FEES

1st Child - \$55

Each Additional Child - \$25

**L.E.A.P will be open during all school days
(Closed on ½ days).**

**For more information, please call
Patti Yancey @ 850-215-0770**

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 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. ***Payments must be received by 6:00 p.m. Monday or there will be a \$10.00 late fee. Student(s) will not be able to participate in the program, until payment is received.*** This will be strictly enforced. Late online payments will require late fee to be paid, in-person, with cash/check.

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. A onetime Drop-in fee: \$35 registration \$15 a day per child.

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.

L.E.A.P. DAILY SCHEDULE

K/1:	2/3:	4/5:
3:30-3:50 Snack	3:30-3:50 Snack	3:30-3:50 Snack
3:50-4:00 Restroom	3:50-4:30 Homework	3:50-4:30 Homework
4:00-4:30 Playground	4:30-5:00 Playground	4:30-5:00 Structured activities/crafts/games
4:30-5:00 Homework	5:00-5:45 Structured activities/crafts/games	5:00-5:45 Playground
5:00-5:45 Structured activities/crafts/games	5:45-6:00 clean and pack up	5:45-6:00 clean and pack up.
5:45-6:00 clean and pack up		

Remaining students may be brought to the front around 5:45 (If the numbers allow). Schedules may be tweaked to fit activities teachers may have planned for the day.



Palm Bay L.E.A.P. Registration Form

DATE: _____
AMOUNT: _____
RCVD' BY: _____

Student's Name _____ Grade/Teacher _____

Parent's Name (s) _____ Email _____

Phone Number(s): (HOME) _____ (CELL): _____ (WORK): _____

Emergency contact with phone number _____

Please list any allergies or medical conditions _____

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 Schools or Palm Bay 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 CLOSSES AT 6:00 P.M. I UNDERSTAND THAT IF MY CHILD(REN) IS/ARE NOT PICKED UP BY CLOSING, I WILL BE CHARGED A FEE OF \$2.00 PER MINUTE PER CHILD FOR EVERY MINUTE AFTER 6:00 p.m. I also agree to the \$10 late fee for payments not received by Monday afternoon.

SIGNATURE OF PARENT/GUARDIAN _____

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

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

Name (Please include yourself)	Legal Custody Yes/No	Emergency Numbers		
		<i>Please list in order of who you would like called first to last.</i>		
		<i>Phone #1</i>	<i>Phone #2</i>	<i>Email Address</i>
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

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Please list siblings attending the L.E.A.P. program

Name	Grade

Payments can be made with cash, check, money order or Using the **My School Bucks APP**



School District: **Palm Bay Education Group** (IMPORTANT!!! We are not found with Bay District Schools)

Store: **LEAP**

Student Name then Input Date of Birth

Choose which week(s) you are paying for then.....Make Payment