



Before & After Care Registration Form 2010-2011

Please complete the following. No student will be permitted in the Before Care and After Care Program without registering and paying all registration fees in advance.

Registration Fee - \$25.00 per student

Cash/Money Orders or Checks payable to: North Broward Academy of Excellence.

2010-2011 Program Fees

After Care:	\$160.00
Before Care:	\$ 50.00
Before/After Care:	\$200.00
Daily Before Care:	\$ 5.00
Daily After Care:	\$ 10.00
Daily Before Care NOT registered	\$ 10.00
Daily After Care NOT registered	\$ 15.00

All monthly payments are due as indicated on the attached payment schedule. All daily payments for students dropped off on a daily basis are due on day of service. Late fees will be applied to all unpaid balances.

If your child receives subsidized funds from a local government/organization such as Family Central, please bring in the appropriate paperwork. You must be pre-approved by the school prior to receiving a discounted rate. Parent/Guardian's are responsible for the difference between what Family Central remits and the actual NBAE program fees. Call Mr. Lupton if you have any questions. School Office (954) 718-2211

Child's Full Name: _____

Parent/Guardian's Name: _____

Please do not write in this box, Aftercare Personnel completes

Cash Amount: \$ _____ Cash Receipt: # _____

Date of enrollment: _____ Family Central Program - Yes or No

Participation: Before School: _____ after School: _____

Date Entered into system: _____ By: _____

Before After Care Registration Information
School Year 2010-2011

Program Participation

Please print clearly!

Student Information

Student Name: Last _____ First _____ Middle _____

Student Address _____

City _____ State _____ Zip Code _____

Grade Level _____ Age _____ DOB _____

Height _____ Weight _____ Sex _____ HairColor _____ Eye Color _____

Family Information – Primary Parent/Guardian

Last Name _____ First Name _____

Home Street Address _____

City _____ State _____ Zip Code _____

Work Name/Address _____

City _____ State _____ Zip Code _____

E-MAIL (required): _____

Telephone #'s: Home # _____

Work # _____ Cell # _____

Secondary Parent/Guardian

Last Name _____ First Name _____

Home Street Address _____

City _____ State _____ Zip Code _____

Work Name/Address _____

City _____ State _____ Zip Code _____

Telephone: Home _____ Work _____ Cell _____

Authorized Pick-Ups

Permission is given for my child to be released from the program to the following individual including the above stated parent/guardian to receive my child at the end of the day. Drivers License or valid photo ID required, students will not be dismissed to any one without proper ID.

Name _____ Relationship _____
Address _____ Phone _____

Name _____ Relationship _____
Address _____ Phone _____

Name _____ Relationship _____
Address _____ Phone _____

Emergency Contact – Must provide 2 additional names other than parents. List in order they are to be contacted. **Note: Parents will be contacted first.**

1. Name _____ Relationship to Child _____
Address _____ City _____ State _____ Zip Code _____
Telephone: Home _____ Work _____ Cell: _____

2. Name _____ Relationship to Child _____
Address _____ City _____ State _____ Zip Code _____
Telephone: Home _____ Work _____ Cell: _____

Please list any Allergies and/or medical conditions your child may have: _____

I hereby acknowledge that I have completed this form to the best of my knowledge. I also give my child permission to participate fully in the North Broward Academy Before & After School Program. I/We agree to comply with all the rules, regulations and policies as set forth in this packet. In addition I/We agree to the financial obligation and terms of payment for this program and understand that all unpaid balances will result in late fees, possible termination from program. I/We also understand any past due balances may be submitted to a collection agency and subsequent collection agency fees applied to the open balances.

Parent's Signature _____ **Date** _____

Photographs - Pictures and photos are taken of activities from time to time for the purposes of art activities, North Broward Academy web page, local newspaper or other publications. Any children pictured in these publications will not be identified by name.

I am willing to allow my child to be photographed in the NBAE Before & After School Program:

Yes _____ or No _____

Parent's Signature _____ **Date** _____