



## Before and After School Care Program Guidelines

**Program:** Welcome to BridgePrep Academy of N. Miami Beach Before and/or After School Care program. A variety of activities are included in our program, such as homework assistance, indoor and outdoor games, arts and crafts and all other enrichment activities. If we can be of assistance, please do not hesitate to stop by the office or call us at **786-300-4980** between the hours of 2:00 P.M. and 6:00 P.M. You may also e-mail **Karlenia Barreto** at [kbarreto@bridgeprepnorthmiami.com](mailto:kbarreto@bridgeprepnorthmiami.com).

**Snacks:** Each day a snack will be provided for your child during the after-school care program only. Please notify staff of any food allergies upon registration. If your child would like extra snacks from home, you can provide a nutritious snack that suits the needs of your child.

**Registration:** All sections of the registration form must be completed and signed. Registration Fee is \$20.00 per child.

**Fees: MINIMUM DEPOSIT OF \$100.00 REQUIRED WITH REGISTRATION FORM.**

Daily fee: \$5.00 for Before Care and \$10.00 for After Care

No credits for partial day attendance.

You will receive a statement by the 10<sup>th</sup> of each month reflecting charges for the prior month's attendance in Before and/or After Care. Payment is due upon receipt.

**EMERGENCY CONTACT INFORMATION and AUTHORIZED PICK-UP are mandatory.** It is extremely important that you immediately notify the before and/or after school care program director if you require any changes on your child's registration form.

**\*NO CASH ACCEPTED\***

**Please make checks/money orders payable to:**

**Bridgeprep Academy of North Miami Beach**



**Before/After Care Program Agreement Form 2020-2021**

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Campus: **BPA NMB** Grade: \_\_\_\_\_ Before Care: \_\_\_\_\_ After Care: \_\_\_\_\_

**Please initial all the statements listed below and sign to confirm acknowledgement of Before and After Care Program policies.**

\_\_\_\_\_ I understand that my child will be charged a daily rate for Before Care and/or After Care as stated on Program Guidelines.

\_\_\_\_\_ I understand that tuition and registration fees are non-refundable.

\_\_\_\_\_ I understand that the initial registration is \$20.00 per child and is due every school year.

\_\_\_\_\_ I understand that a late payment fee of \$10.00 will be charged for payments made after due date.

\_\_\_\_\_ I understand that a \$30 fee will be assessed for any check that is returned by the bank.

\_\_\_\_\_ I understand that after two returned checks, I will not be allowed to pay with checks, only credit card or money orders will be accepted.

\_\_\_\_\_ I understand that if my child stays beyond 6:00 pm, there is a late pick up fee of \$10 for the first 30 minutes and the n \$1.00 for every minute after 6:30 pm. Late pick up fees must be paid at time of pick up.

\_\_\_\_\_ I understand that if my child is going to be withdrawn from the aftercare program, a 2-week notice is needed, and the account must be paid in full at time of withdrawal.

\_\_\_\_\_ I understand that Before and After School Care Program payments are made between 2:00 pm and 6:00 pm with the Director.

\_\_\_\_\_ I understand that my child will be required to wear their mask during Before and After Care unless told otherwise as deemed by BPA and CDC guidelines.

\_\_\_\_\_ I understand that my child must follow the BridgePrep Student Handbook and Before/After Care Program Rules and Guidelines or my child may be removed from the program.

\_\_\_\_\_ I understand that my child must be checked in and out by an ADULT with a picture ID daily.

\_\_\_\_\_ I understand that if my child has a balance owed, my child cannot participate in extracurricular activities or continue to use Extended Day services until that amount is paid.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director/Staff Signature

\_\_\_\_\_  
Date



**Please choose program:**

\_\_\_ Before Care daily rate     **\$ 5.00**  
\_\_\_ After Care daily rate     **\$10.00**

**ANNUAL REGISTRATION FEE \$20.00**  
**MINIMUM DEPOSIT OF \$100.00 IS REQUIRED UPON REGISTRATION**

**Child's Name:**

Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_  
Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Campus: BPA N. Miami Beach     Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

**Parent/Guardian: (these will be given automatic permission to pick up children)**

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Email: \_\_\_\_\_  
Student Lives with: Father: \_\_\_ Mother: \_\_\_ Both: \_\_\_ Other: \_\_\_\_\_

**EMERGENCY CONTACTS:** Persons authorized to pick up my child other than parent or guardians:  
(Your child will not be released to ANY person without your written permission)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Conditions, concerns, or Allergies: \_\_\_\_\_

I authorize the aftercare program to use photographs of my child for school or classroom display, learning activities, for special recognition of achievements, school internet and website posts and to send to parents of the students in the program.

I understand that my child must adhere to the BridgePrep Student Code of Conduct in terms of behavior expectations.

Name of Parent: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*NO CASH ACCEPTED\***  
PLEASE MAKE CHECKS/MONEY ORDER PAYABLE TO: BRIDGEPREP ACADEMY OF North Miami Beach