

**PARTICIPATION REGISTRATION AND CONSENT FORM**

Childs Name: \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade \_\_\_\_\_ Date Enrolled \_\_\_\_\_

Days of the week in Care: Mon      Tues      Wed      Thurs      Fri

(Mark P for parent provides or C for Center Provides)

Breakfast    AM Snack    Noon Meal    PM Snack    Dinner

**ALTERNATE NUTRITION PLAN**

I understand and approve the use of the alternate nutrition plan. I agree to provide the following meals and/or snacks to meet my child's nutritional and dietary needs. Indicate special dietary requirements: \_\_\_\_\_

**Family Information:**      Custodial Parent (Circle One): Mother    Joint    Father

Mothers Name: \_\_\_\_\_      Fathers Name \_\_\_\_\_

Home Phone: \_\_\_\_\_      Home Phone: \_\_\_\_\_

Employment: \_\_\_\_\_      Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_      Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_      Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_      Email: \_\_\_\_\_

**PERSONS AUTHORIZED TO REMOVE CHILD (IDENTIFICATION REQUIRED)**

Check box for emergency contact

- |    |       |              |                          |
|----|-------|--------------|--------------------------|
| 1. | _____ |              | <input type="checkbox"/> |
|    | NAME  | RELATIONSHIP | PHONE                    |
| 2. | _____ |              | <input type="checkbox"/> |
|    | NAME  | RELATIONSHIP | PHONE                    |
| 3. | _____ |              | <input type="checkbox"/> |
|    | NAME  | RELATIONSHIP | PHONE                    |

HILLSBOROUGH COUNTY ORDINANCE requires that parents must receive a copy of the "KNOW YOUR CHILD'S DAY CARE FACILITY BROCHURE/FDCH BROCHURE" and the parents are notified in writing of the "DISCIPLINARY PRACTICES" and "The Flu" A Guide for Parents used by the childcare facility. The parent's/legal guardian's signature certifies receipt of the child care facility brochure/fdch brochure discipline policies, agreement of the alternate nutrition plan, and all of the information on this form is complete and accurate.

\_\_\_\_\_  
**Signature of parent or legal guardian**

## TAMPA ELITE SPORTS ACADEMY

### PERMISSION AUTHORIZATION FOR FIELD TRIP, FROM SCHOOL TRANSPORT AND EMERGENCY EVACUATION

Staff may plan special field trips for children away from the center. These trips are carefully arranged in advance and shall be supervised by an adequate number of staff members. You will always receive advance notice of all field trips. Please indicate that we have permission to take your child, \_\_\_\_\_ on field trips by signing below.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

For emergency purposes, we have permission to evacuate the premises. Our emergency evacuation site is Wendy's on Sheldon. We also have permission to transport your child from their elementary school to our facility.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

### STUDENT/ PARTICIPANT PLEDGE

#### I PROMISE:

1. To follow all safety rules and directions in the classroom, the fields, play area, on the van/bus and on field trips
2. To cooperate with staff and my teammates and respect their space and belongings. I understand this means no bullying, yelling or physical contact that may hurt another person.
3. To use appropriate language at all times, use a quiet voice in the classroom, in the van and/or bus and listen when someone else is speaking.
4. To be a team player and show good sportsmanship behavior.
5. To be respectful of facility equipment.

#### REGARDING FIELD TRIPS:

I understand that if I act in a way that may endanger my friends and/or myself, or have to be continually reminded of the rules I may not be allowed to attend the next field trip.

I have read this pledge together with my parent/guardian and understand the rules and guidelines.

Parent/guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

HOW DID YOU HEAR ABOUT US \_\_\_\_\_

## **STATEMENT OF CONSENT BY PARENT**

Parents are responsible for the actions and behavior of their child while participating in Tampa Elite Sports Academy programs and activities. I understand that my child is subject to the Tampa Elite Sports Academy disciplinary policies while participating in programs and activities. In consideration of allowing my child to participate in Tampa Elite Sports Academy programs and facilities, I hereby hold and save Tampa Elite Sports Academy harmless from and against any and all liability, loss, claim, suit, damage, charge or expense which Tampa Elite Sports Academy, its employees or agents may suffer, sustain, incur or in any way subjected to an account of death of or injury to my child arising out of , resulting from, or in any way connected with my child participating in Tampa Elite Sports Academy recreation or sports programs or using Tampa Elite Sports Academy facilities.

I understand that if my child has a contagious condition, e.g. head lice, chicken pox, etc. I will not bring my child to the facility until he or she is no longer contagious anymore. I agree to abide by this for the protection of my child as well as other children and staff members at the facility.

I give my permission for my child to participate in any activities programmed by Tampa Elite Sports Academy. I understand some activities may involve supervised travel and that I will be notified prior to the trip for additional consent.

### **LATE FEES**

NSF checks	\$25.00/item
Late Payment	\$5.00/Per day
Late Pick up	\$1.00/Per Minute

**Other Charges:**

A \$50 registration fee is required to be paid upon enrollment

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Relationship to participant:** \_\_\_\_\_

Medical Alert Information (i.e., Allergies medical and/or handicapping conditions): \_\_\_\_\_

List any additional information which would be beneficial for the childcare staff to know about your child:

Preferred Physician: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

If my child, \_\_\_\_\_, Should become ill or injured at

**Tampa Elite Sports Academy**, I understand that the facility will: (1) Contact me immediately and (2) contact the person(s) I have designated if I cannot be reached.

Should the facility be unable to reach me and/or the person(s) designated, they are authorized to contact my child's physician and arrange for immediate medical treatment.

The physician and /or medical facility are authorized to administer emergency medical treatment necessary to ensure the safety of my child.

I will accept responsibility for payment of medical services rendered.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE

RELATIONSHIP

DATE



## Enrollment Registration Information VPK

Name of child: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_

**Please initial each section listed below, then sign and date the last page.**

### Section 1: Tuition and Fees

\_\_\_\_\_ **REGISTRATION FEE:** I understand that an annual, non-refundable, Registration Fee of \$ 50.00 shall be paid in advance to enroll my child at TESA for the school year. Summer registration is a \$25.00 if you attended the whole school year at TESA. The following school year registration will be \$25.00 if you remain enrolled for the calendar year of August to August.

\_\_\_\_\_ **PAYMENT OF TUITION:** I understand that tuition is due and payable, on the first day of attendance each week. You are able to pay in advance. After seven days without payment, written notification will be given and payment must be received or a payment plan established and kept up to date. After the due date, if tuition is not brought up to date a Final Demand Letter will be given and services will be terminated. All non payments will then be reported to the Credit Bureau and actions taken by a Collection Agency.

\_\_\_\_\_ **DISCOUNTS:** I understand that if I have more than one child enrolled and attending from my immediate family, a 10 % discount from the usual tuition fee is offered to me and is applied to the child(ren) with the lowest tuition rate(s). These discounts are only available to those accounts when full tuition is paid in advance. Discounts are not applicable on any fees or services, Agency Co-Pays, or special program promotions and cannot be combined with any other discount or promotion.

\_\_\_\_\_ **LATE TUITION:** If payment in full is not received when due, I agree to pay a late payment fee of \$5.00 per day that tuition is not received. All late fees are subject to change with reasonable notice. I understand that if my account is delinquent for more than one week, my late fee for the week is \$25.00 and must be paid in full, prior to my child returning on Monday.

\_\_\_\_\_ **AGENCY REIMBURSEMENT:** I understand that I am solely responsible for any tuition payment and late fees in excess of any agency or third-party reimbursement in accordance with the applicable contract. I also understand that I am solely responsible for promptly communicating any changes in my status that would affect my agency reimbursement, and that I am solely responsible for payment of any tuition in excess of any agency or third-party reimbursement resulting from my failure to promptly communicate status changes. If I fail to properly enter or swipe attendance for any day my child is in attendance, I understand that I am solely responsible for the payment of tuition.

\_\_\_\_\_ **RETURNED CHECKS:** I understand that a processing fee of \$25.00 will be charged to my account for all checks which are returned for any reason, and this fee is in addition to any charges that my bank or financial institution may charge me. I understand that any non-sufficient funds checks will be automatically resubmitted electronically up to three times. I further understand that once a check has been processed electronically, the check is no longer negotiable and will not be returned. If more than two checks are returned within a six month period, I will be required to pay by an alternate method of payment for the next six month period.

### Section 2: Daily Procedure

\_\_\_\_\_ **DAILY SIGN-IN AND SIGN-OUT:** TESA will be purchasing a new touch screen computer. We would like the new process and transition to be as easy as possible. However we ask that the new sign in and out policy is followed. I agree to sign my child in and out every day using the school's attendance procedure. *If I neglect to do so, I may be charged a maximum fee of \$5.00 per missed sign-in or sign-out.* I understand that my child is not permitted to sign him/herself out. I understand that I am required to enter the school to drop off and pick up my child and that I must escort my child to and from the designated classroom or outside play area and staff member each day. **In states where a manual signature is required due to state child care licensing regulations, I agree to complete the required computer and manual sign-in and sign-out procedures.**

### Section 3: Holiday, Absences and Closings

\_\_\_\_\_ **ABSENCES/VACATIONS:** I agree to inform the school immediately if my child will be absent on any day. **I understand that no allowances, credits, refunds, or make up days shall be made for occasional absences (i.e. sickness).** My regularly contracted tuition is due for all weeks when my child attends any part of the week. There is no credit given for single days. When using a vacation week accounts must

be current to use a vacation week. You are entitled to **five** days of vacation and must use those days consecutively throughout the school year. I also understand that if I withdraw my child during a vacation, I will be required to pay a new non-refundable registration fee upon return.

**HOLIDAYS:** I understand that the school is closed on the following holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Christmas Day, as well as either Martin Luther King, Jr. Day or President's Day for in-service training. I agree that I will not receive a refund, credit or any other allowance for holidays. If a holiday falls on a weekend, it will be observed on either the preceding Friday or the following Monday.

**EMERGENCY CLOSING AND INCLEMENT WEATHER INFORMATION:** I understand that it is the company's intention to be open and provide child care service every weekday of the year, excluding holidays, but that inclement weather, natural/national disaster or major building issue may disrupt service from time to time. I will contact the school to ensure that it is open during inclement weather/natural disaster. I agree that in the event that the school is closed for an extended period of time, I will continue to be responsible for my tuition payments for up to three business days.

**Section 4: Withdrawal Procedure**

**SCHOOL YEAR AGREEMENT WITHDRAWAL FROM PROGRAM:** I understand that if I lock in at the cheaper rate for the school year, my rate is locked in at \$60.00 a week. *I also understand that if I breach the agreement made by myself and TESA that there will be a charge of a \$180.00 applied to my tuition the week my child(ren) is withdrawn from TESA.* All non payments will then be reported to the Credit Bureau and actions taken by a Collection Agency. I understand that when my child is withdrawn, s/he will only be eligible for re-admission based upon space availability and all other enrollment criteria. If my child is selected for re-enrollment, I will be required to complete an entire new Enrollment Agreement at the current rate and pay a new non-refundable Registration Fee at the current rate. If there is an outstanding balance (including tuition or fees) when my child was withdrawn, I will be required to bring my account current prior to completing a re-enrollment application. I understand all fees (Tuition, Registration or Activity) are non-refundable.

**WITHDRAWAL FROM PROGRAM NON SCHOOL YEAR AGREEMENT:** I understand that I must provide a two (2) week written notice of withdrawal from the program. *If this notification is not provided, I agree to pay all tuition and fees for two (2) weeks, whether or not my child attends.* All non payments will then be reported to the Credit Bureau and actions taken by a Collection Agency. I understand that when my child is withdrawn, s/he will only be eligible for re-admission based upon space availability and all other enrollment criteria. If my child is selected for re-enrollment, I will be required to complete an entire new Enrollment Agreement at the current rate and pay a new non-refundable Registration Fee at the current rate. If there is an outstanding balance (including tuition or fees) when my child was withdrawn, I will be required to bring my account current prior to completing a re-enrollment application. I understand all fees (Tuition, Registration or Activity) are non-refundable.

**SECTION 4: STATE LICENSING AND OUR POLICIES**

**ALL POLICIES & STATE REGULATIONS:** I understand that the above policies are not an all-inclusive list of policies, and that my child, my family members, authorized agents and I are bound by state child care regulations, the Family Handbook, and all other company policies, which may be modified at any time, without notice. I also understand that the child care regulations of the state in which my child attends may prevail over these policies when the state regulation is stricter. I further understand that my continued enrollment constitutes my acknowledgement of, and agreement to abide by, all Policies and state regulations.

We do not discriminate based on disability in the admission/enrollment or access to our programs or services. Information concerning the provisions of the Americans with Disabilities Act (ADA), including the rights provided there under, is available from the Director.

These policies have been reviewed with me by school management. I understand and will comply with the policies included in the *Enrollment Agreement*. The policies in this contract will supersede all other previous documents.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Directors' Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Tampa Elite Sports Academy Rate Sheet

Please choose one commitment:

**A – VPK Wrap Around (7:00 am – 6:30 pm)** \_\_\_\_\_  
\$90.00 weekly fee (locked in rate for the school year)

**B – VPK Only (9:00 am – 12:00 pm)** \_\_\_\_\_  
FREE

**NOTE: When choosing the following option (A) the Tuition Express form MUST be provided.**

Credit Card # \_\_\_\_\_ CVV# (3-digit code on back) \_\_\_\_\_

Expiration Date \_\_\_\_\_

Billing Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_