



Enrollment Registration Information VPK

Name of child: _____

Parent/Guardian Name: _____

Date of Birth: _____

Primary phone number: _____

Cell phone provider: _____

Primary Email: _____

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

_____ **REGISTRATION FEE:** I understand that an annual, non-refundable, Registration Fee of \$ 50.00 shall be paid in advance to enroll my child at Tampa Elite Sports Academy for the school year. Summer registration is a \$25.00 if you attended the whole school year at Tampa Elite Sports Academy. 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 I must always have an updated card on file. I also understand my card will be processed through tuition express the first business day of each week. After the seventh day, 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.

_____ **NSF FEES:** I understand that a processing fee of \$25.00 will be charged to my account for all NSF fees 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 will be automatically resubmitted electronically up to three times. I further understand that once tuition has been processed electronically.

Section 2: Daily Procedure

_____ **DAILY SIGN-IN AND SIGN-OUT:** 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.

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.

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: _____

During the 2009 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes provide parents with information detailing the causes, symptoms, and transmission of the influenza virus (the flu) every year during August and September.

My signature below verifies receipt of the brochure on *Influenza Virus, The Flu, A Guide to Parents*:

Name: _____
 Child's Name: _____
 Date Received: _____
 Signature: _____

Please complete and return this portion of the brochure to your child care provider, in order for them to maintain it in their records.



What should I do if my child gets sick?

Consult your doctor and make sure your child gets plenty of rest and drinks a lot of fluids. Never give aspirin or medicine that has aspirin in it to children or teenagers who may have the flu.

CALL OR TAKE YOUR CHILD TO A DOCTOR RIGHT AWAY IF YOUR CHILD:

- Has a high fever or fever that lasts a long time
- Has trouble breathing or breathes fast
- Has skin that looks blue
- Is not drinking enough
- Seems confused, will not wake up, does not want to be held, or has seizures (uncontrolled shaking)
- Gets better but then worse again
- Has other conditions (like heart or lung disease, diabetes) that get worse

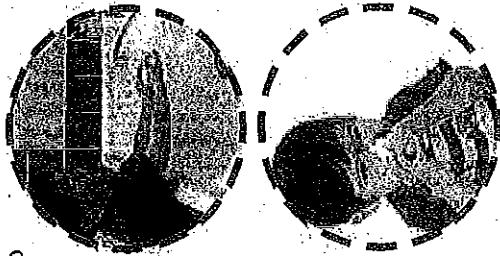


How can I protect my child from the flu?

A flu vaccine is the best way to protect against the flu. Because the flu virus changes year to year, annual vaccination against the flu is recommended. The CDC recommends that all children from the ages of 6 months up to their 19th birthday receive a flu vaccine every fall or winter (children receiving a vaccine for the first time require two doses). You also can protect your child by receiving a flu vaccine yourself.

What can I do to prevent the spread of germs?

The main way that the flu spreads is in respiratory droplets from coughing and sneezing. This can happen when droplets from a cough or sneeze of an infected person are propelled through the air and infect someone nearby. Though much less frequent, the flu may also spread through indirect contact with contaminated hands and articles soiled with nose and throat secretions. To prevent the spread of germs:

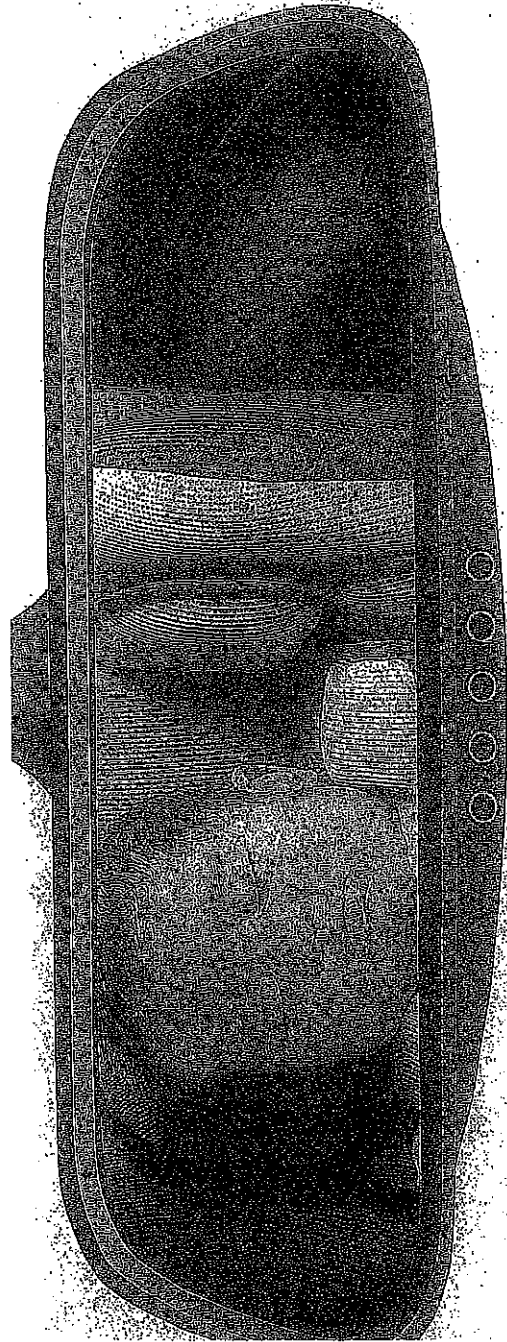


- Wash hands often with soap and water.
- Cover mouth/nose during coughs and sneezes. If you don't have a tissue, cough or sneeze into your upper sleeve, not your hands.
- Limit contact with people who show signs of illness.
- Keep hands away from the face. Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.

When should my child stay home from child care?

A person may be contagious and able to spread the virus from 1 day before showing symptoms to up to 5 days after getting sick. The time frame could be longer in children and in people who don't fight disease well (people with weakened immune systems). When sick, your child should stay at home to rest and to avoid giving the flu to other children and should not return to child care or other group setting until his or her temperature has been normal and has been sign and symptom free for a period of 24 hours.

For additional helpful information about the dangers of the flu and how to protect your child, visit: <http://www.cdc.gov/flu/> or <http://www.immunizeflorida.org/>



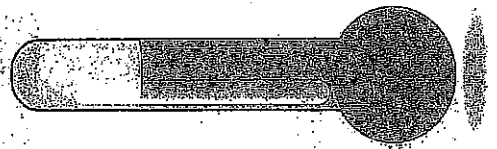
FACTS ABOUT

HEATSTROKE:

It only takes a car 10 minutes to heat up 20 degrees and become deadly.

Even with a window cracked, the temperature inside a vehicle can cause heatstroke.

The body temperature of a child increases 3 to 5 times faster than an adult's body.



⚠️ PREVENTION TIPS:

- Never leave your child alone in a car and call 911 if you see any child locked in a car!
- Make a habit of checking the front and back seat of the car before you walk away.
- Be especially mindful during hectic or busy times, schedule or route changes, and periods of emotional stress or chaos.
- Create reminders by putting something in the back seat that you will need at work, school or home such as a briefcase, purse, cell phone or your left shoe.
- Keep a stuffed animal in the baby's car seat and place it on the front seat as a reminder when the baby is in the back seat.
- Set a calendar reminder on your electronic device to make sure you dropped your child off at child care.
- Make it a routine to always notify your child's child care provider in advance if your child is going to be late or absent; ask them to contact you if your child hasn't arrived as scheduled.

During the 2018 legislative session, a new law was passed that requires child care facilities to notify parents and large family centers of the potential for distracted driving. The law also requires child care facilities to have a policy in place to notify parents of the potential for distracted driving. The law also requires child care facilities to have a policy in place to notify parents of the potential for distracted driving. The law also requires child care facilities to have a policy in place to notify parents of the potential for distracted driving.

My signature below verifies receipt of the Distracted Adult brochure

Parent/Guardian:

Child's Name:

Date:

Please complete and return this portion of the brochure to your child care provider, to maintain the receipt in their records.

Tampa Elite Sports Academy

Discipline Code

The code of conduct program is set up to help TESA staff ensure a safe and productive environment for our participants.

The code of conduct encourages and rewards positive conduct. The rewards should reflect the level and consistency of appropriate behavior displayed by our students. Our focus is to create a positive atmosphere that emphasizes self-esteem, self control, and self actualization. Our daily lesson plans are structured so that each child is given choices to learn and to take control over certain areas.

We use positive directions and positive reinforcement focusing only on what the child does and not what the child did not do. Our last resource is to tell the child to "Take a break", which is a thinking time for the child and a moment to self regulate. We want to provide a safe environment. Physical or verbal punishment shall never be disciplinary procedures. Discipline shall not include failure to eat, toilet accidents, or when the child does not want to participate in an activity.

We want to provide a safe environment . We have a strict " No Tolerance" policy. We do not allow physical violence of any kind. If a student intentionally harms a staff or another student, the parent will be called and a report will be written. After the second time the parent is required to pick up the child immediately. If the child has to go home repeatedly in a reasonable period of time , dis-enrollment may occur. Note, the tuition will not be refunded for any reason, including behavior.

TESA believes that open communication between the center and the parents is the best tool for conquering behavioral problems. We provide many resources to assist and aid parents in need , and feedback from the parents is the key to resolving behavioral situations.

Name Of child: _____

Name of parent: _____

Signature _____

Tampa Elite Sports Academy
VPK ATTENDANCE POLICY

Welcome to the VPK Program! Our goal is to provide a high-quality prekindergarten learning experience that will prepare your child to be successful in kindergarten. To obtain this goal, we recognize that regular daily attendance is vitally important to your child's kindergarten readiness. Our attendance policy was adopted following Florida's Voluntary Prekindergarten Program's attendance requirements.

Absences cannot exceed more than 20% of the Instructional days each month. The 20% does not apply to scheduled holidays or other school closings. Please refer to our school calendar for holiday closures and plan your vacations in accordance with these dates.

A child with excessive absences (more than 20% each month) may jeopardize his/her continued enrollment in the VPK program.

Parents are required to sign a monthly child attendance certificate verifying their child's daily attendance in the program at the end of each month. Failure to do so, could result in termination of your child from the VPK Program.

If Termination from the VPK Program results due to the inability to follow the above requirements, you will be given the option of keeping your child enrolled but paying the regular tuition rate.

I have read, understand, and agree to the above policies.

Parent/Guardian Signature

Child's Name

Provider Signature

Date

Tuition[®]

Express

Automated Payment Processing
Safe - Convenient - Easy

We are excited to offer the safety, convenience and ease of Tuition Express[®]—a payment processing system that allows secure on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT and CREDIT CARD

I (we) hereby authorize (business name) _____ to initiate credit card charges the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name	Phone #		
Cardholder Address	City	State	Zip
Account Number	Expiration Date		
Cardholder Signature	Date		

SECTION B (Bank Account)

Your Name	Phone #			
Address	City	State	Zip	
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	

Authorized Signature _____ Date _____

For Official Use Only

Date Received

Employee Signature

John Sample
Mary Sample
123 Nice Street
Anytown, USA

BANK OF THE WEST
555.555.5555

00226

Pay to the
order of

Attach Volded Check Here

Deposit slip not accepted

Dollars

A service of



Register for Florida

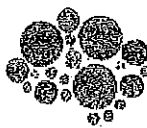
What Parents Will Need:

- 1) A working email address. (Google & Yahoo offer free accounts. You are responsible for your password.)
- 2) Access to the internet and a scanner or mobile device to upload documents
- 3) One proof of current residency:
 - valid Florida driver's license or identification card—P.O. Boxes are not acceptable
 - utility bill—electric, gas, water, or cable bill
 - paystub
 - residential rental agreement valid for the current year which is dated, includes the landlord and renter name(s), complete property address, and signatures of landlord and renter
 - property tax assessment showing homestead exemption
 - military order showing that the child's parent is a service member in the United States Armed Forces and is assigned to duty in Florida
- 4) One proof of age:
 - birth certificate—original or certified copy
 - passport or visa (certificate of child's arrival in the United States)
 - immunization record—indicating child's date of birth and signed by a public health officer or licensed, practicing physician
 - valid military dependent identification card
- 5) Families will need to separately scan and upload supporting age and residency documents

Once the application and all supporting documents have been reviewed by Coalition staff, families will be emailed their Certificate of Eligibility (COE) within five (5) business days. They must then print the certificate and take it to the approved VPK provider of their choosing, or they may email it directly to the provider.

Parents with questions or needing assistance with the VPK online registration are welcome to call our Family Services (CCR&R) team at (813) 906-5041 or visit any of our VPK registration locations listed on the ELCHC website at: <https://www.elchc.org/locations/>

To register for the Florida Voluntary Prekindergarten Program (VPK) visit <https://familyservices.floridaearlylearning.com/Account/Login>



EARLY LEARNING
COALITION OF HILLSBOROUGH COUNTY

6800 N. Dale Mabry Hwy., Suite 158
Tampa, FL 33614
Main (813) 515-2340
FAX (813) 435-2299

www.elchc.org    



Supply List

- Pencil Case →
- 8 Pack Crayola Washable Markers
 - 2 Chubby pencils
 - Pack of Pencils
 - 24 Pack Crayola Crayons
 - 3 Prong Folder with pockets
- 2 Composition books (One Red, One Blue)
 - Scissors
 - Glue Sticks
 - Elmer's glue
- Blanket and Sheet for Nap Cot (if applicable)

If you would like to donate to our classroom, we need:

- Baby Wipes
- Construction Paper
- Dry Erase Markers
 - Tissue
 - Hand Sanitizer
 - Stickers
- Typing Paper (Legal or Letter Size)
 - Yarn
- Ziploc Bags (quart/gallon/snack/sandwich)

We thank you in advance for your support and for choosing US

Parents' Role

- A parent's role in quality child care is vital.
- Inquire about the qualifications and experience of childcare staff, as well as staff turnover.
 - Know the facility's policies and procedures.
 - Communicate directly with caregivers.
 - Visit and observe the facility.
 - Participate in special activities, meetings, and conferences.
 - Talk to your child about their daily experience in child care.
 - Arrange alternate care for their child when they are sick.
 - Familiarize yourself with the child care standards used to license the child care facility.

More information and free resources:

MyFLFamilies.com/ChildCare

This child care facility is licensed according to the minimum licensure standards included in section 402.305, Florida Statutes (F.S.), and Chapter 65C-22, Florida Administrative Code (F.A.C.).

License Number: _____

License Issued on: / /

License Expires on: / /

For more information regarding the compliance history of this child care provider, please visit: MyFLFamilies.com/childcare

OFFICE OF CHILD CARE REGULATION
AND BACKGROUND SCREENING
MYFLFAMILIES.COM



To report suspected or actual cases of child abuse or neglect, please call the Florida Abuse Hotline at 1-900-962-2873.

CFRPI 175-24, 03/2014
This brochure was created by the Florida Department of Children and Families, Office of Child Care Regulation and Background Screening pursuant to s. 402.3125(5), F.S.

Know Your Child Care Facility

MyFLFamilies.com/ChildCare