



Summer Camp Enrollment Registration Information

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.

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 summer camp. Summer registration is a \$25.00 fee 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 uses a touch screen computer with fingerprint recognition for child(ren) sign outs. We ask that the new sign in and out policy is followed daily. By initialing, 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.

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. You are entitled to **1 week** of vacation as a summer camp committed participant and must use those days consecutively throughout the summer. 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.

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 TESA to ensure that it is open during inclement weather/natural disaster. I agree that in the event that the TESA 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

SUMMER CAMP AGREEMENT: I understand that if I lock in at the cheaper rate for Summer Camp, my rate is locked in at \$120 per week for a school age student, \$110 weekly for preschoolers and \$150 weekly for 2 year old. *I also understand that if I breach the agreement made by myself and TESA that there will be a charge of a two weeks tuition applied to my account 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 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 SUMMER CAMP 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.

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:

Summer Camp Commitment _____

\$120.00 weekly fee (locked in rate for 10 weeks of summer camp)

1-week vacation (between months June 1st and August 7th, 2020)

A withdrawal fee of \$240.00 added to tuition if there is a breach in summer camp agreement.

I agree with these terms and have chosen the Summer Camp Commitment.

Summer Camp Preschool Commitment _____

\$110.00 weekly fee (locked in rate for 10 weeks of summer camp)

1-week vacation (between months June 1st and August 7th, 2020)

A withdrawal fee of \$220.00 will be added to tuition if there is a breach in summer camp agreement.

I agree with these terms and have chosen the Summer Camp Commitment.

Summer Camp 2-year-old Commitment _____

\$150.00 weekly fee (locked in rate for 10 weeks of summer camp)

1-week vacation (between months June 1st and August 7th, 2020)

A withdrawal fee of \$300.00 will be added to tuition if there is a breach in summer camp agreement.

I agree with these terms and have chosen the Summer Camp Commitment.

Summer Camp Full Payment _____

Pay for the entire summer at once and receive an additional 10% off.

A CREDIT CARD MUST BE ON FILE FOR ALL STUDENTS- WITHOUT EXCEPTION

Name on Card _____

Credit Card # _____ CVV#(3 digit code on back) _____

Expiration Date _____

Billing Address _____ Zip Code _____

Parent Signature _____

Date _____

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: _____

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 to 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)

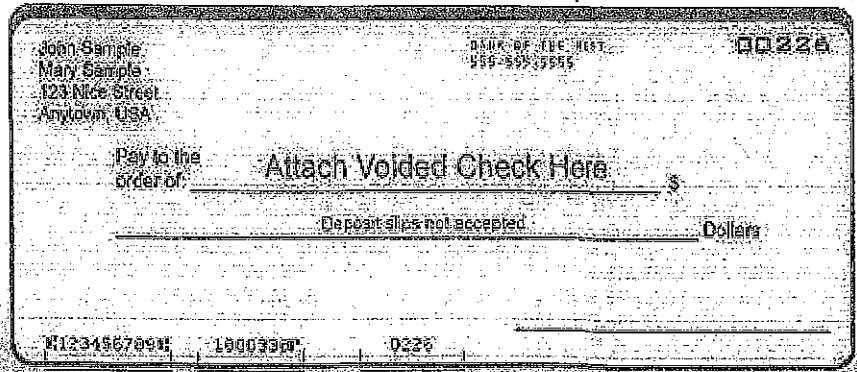
Cardholder Name	Phone #
Cardholder Address	City State Zip
Account Number	Expiration Date
Cardholder Signature	Date

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

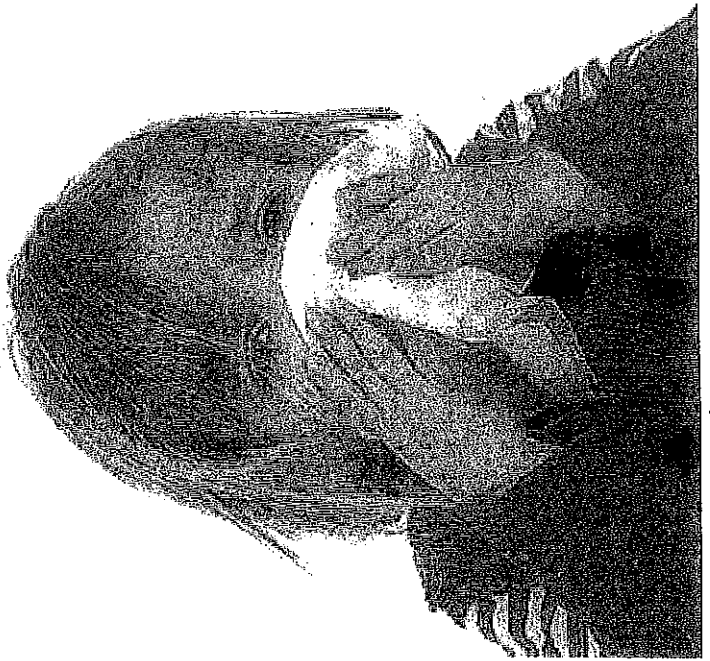


During the 2009 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes provide parents with information detailing the causes, symptoms, and transmission of the influenza virus (the flu) every year during August and September.

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:

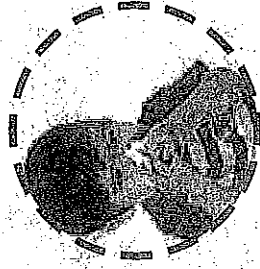
- Has a high fever or fever that lasts a long time
- Has trouble breathing or breathes fast
- Has skin that looks blue
- Is not drinking enough
- Seems confused, will not wake up, does not want to be held, or has seizures (uncontrolled shaking)
- Gets better but then worse again
- Has other conditions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



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?

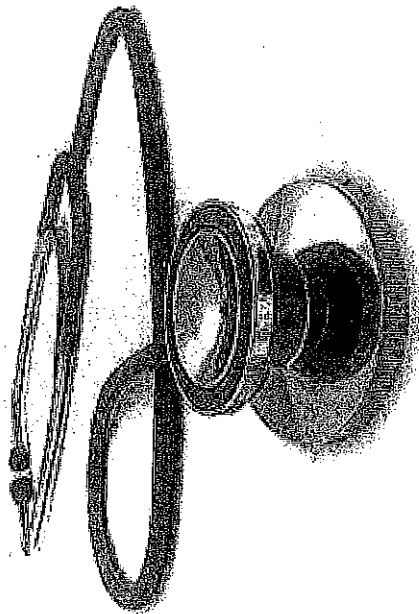
A person may be contagious and able to spread the virus from 1 day before showing symptoms to up to 5 days after getting sick. The time frame could be longer in children and in people who don't fight disease well (people with weakened immune systems). When sick, your child should stay at home to rest 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.

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.

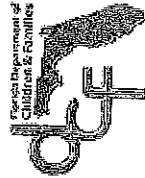
For additional helpful information about the dangers of the flu and how to protect your child, visit: <http://www.cdc.gov/flu/> or <http://www.immunizeflorida.org/>

What is the influenza (flu) virus?
Influenza ("the flu") is caused by a virus which infects the nose, throat, and lungs. According to the US Center for Disease Control and Prevention (CDC), the flu is more dangerous than the common cold for children. Unlike the common cold, the flu can cause severe illness and life threatening complications in many people. Children under 5 who have the flu commonly need medical care. Severe flu complications are most common in children younger than 2 years old. Flu season can begin as early as October and last as late as May.



How can I tell if my child has a cold, or the flu?

Most people with the flu feel tired and have fever, headache, dry cough, sore throat, runny or stuffy nose, and sore muscles. Some people, especially children, may also have stomach problems and diarrhea. Because the flu and colds have similar symptoms, it can be difficult to tell the difference between them based on symptoms alone. In general, the flu is worse than the common cold, and symptoms such as fever, body aches, extreme tiredness, and dry cough are more common and intense. People with colds are more likely to have a runny or stuffy nose. Colds generally do not result in serious health problems, such as pneumonia, bacterial infections, or hospitalizations.



For additional information, please visit www.myflorida.com/childcare or contact your local licensing office below:

CF/PI 175-70, June 2009

This brochure was created by the Department of Children and Families in consultation with the Department of Health.

INFLUENZA VIRUS

"The Flu"
A Guide
for Parents

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 _____

