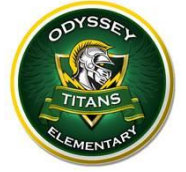


Odyssey Charter School

1755 Eldron Blvd. SE ♦ Palm Bay, FL 32909

Phone (321) 733-0442 ♦ Fax (321) 733-1178

Enrichment Director: Amy White WhiteA@odysseycharterschool.com



Before & After Care Enrichment Program Registration

	School-Age Enrichment Fee Schedule	Preschool / VPK Enrichment Fee Schedule
Registration Fee	\$25.00 per family	Waived
Before Care	6:00am - 8:00am \$35.00 per week <i>Drop-in rate is \$8.00 per day*</i>	6:00am - 8:30am \$60.00 per month <i>Drop-in rate is \$8.00 per day*</i>
After Care	2:30pm - 6:30pm \$55.00 per week <i>Drop-in rate is \$12.00 per day*</i>	3:30pm - 6:30pm \$100.00 per month <i>Drop-in rate is \$12.00 per day*</i>
Before and After Care	\$65.00 per week	\$150.00 per month
<i>* Drop-ins are considered as needed childcare days that are not on a consistent schedule.</i>		

Tuition Policy and Fees Information:

- ♦ Tuition is due Monday of each week, or on the 1st of each month if on a monthly payment schedule.
- ♦ Payment must be in the form of check or money order, made payable to **OCS**. Cash and credit cards are not accepted forms of payment.
- ♦ Tuition will not be reimbursed for absences or illnesses.
- ♦ A late pick-up fee will be assessed at \$1.00 per minute after 6:31pm.
- ♦ A late payment fee of \$10.00 will be assessed for each week any tuition that is not received by that Monday at 6:30pm.
- ♦ A 2% interest charge will be assessed for outstanding balances after 30 days.
- ♦ A fee of \$25.00 will be assessed to accounts for any returned checks.
- ♦ Past due accounts may result in withdrawal of your child from the enrichment program.
- ♦ Siblings will receive a 10% discount on tuition.

Program Withdrawals Policy:

- ♦ If you plan to withdraw your child from the enrichment program you must notify the director in writing one week prior to withdrawal.

Discipline Procedures and Policies for Enrichment, Extracurricular and Summer Programs:

Odyssey Charter School's enrichment staff is committed to providing a safe, positive, and structured environment for all children in the program. Although the enrichment program operates outside of the regular school day, appropriate student behavior is still expected. Please know that all rules will be reviewed with students at the beginning of the program and daily as needed. It is imperative that both students and parents understand the expectations of the enrichment program. **Any student, who chronically receives referrals for discipline issues during the school day, will not be admitted to the Enrichment, Extracurricular or Summer Programs offered by Odyssey Charter School.**

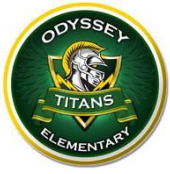
Procedures:

- ◆ Show respect at all times.
- ◆ Move appropriately throughout the campus and in outdoor play areas.
- ◆ Follow instructions set forth by enrichment teachers.
- ◆ Refrain from damaging any school property.
- ◆ Refrain from disruptive behavior, fighting, violence of any kind, and inappropriate language.
- ◆ Comply with any and all regulations set forth by Odyssey Charter School's enrichment staff and school administrators.

Consequences:

- ◆ **First Offense:** An incident report will be sent home with the parent or guardian. A copy signed by the parent will remain in the student's enrichment file.
- ◆ **Second Offense:** A second incident report will be sent home with the parent or guardian. A copy signed by the parent will remain in the student's enrichment file. The student will lose computer privileges and the student will meet with the enrichment director to discuss his/her behavior.
- ◆ **Third Offense:** A third incident report will be sent home with the parent or guardian. A copy signed by the parent will remain in the student's enrichment file. The student and parent will meet with the enrichment director to discuss his/her child's behavior and the student will be suspended from the program for up to 5 days.
- ◆ **Fourth Offense:** The student will be permanently suspended from Odyssey Charter School's Enrichment, Extracurricular or Summer Programs.

Please be advised: Administration reserves the right to suspend or remove a student from the Enrichment, Extracurricular or Summer Programs if any incident is deemed severe enough without prior referrals.

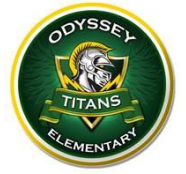


Odyssey Charter School

1755 Eldron Blvd. SE ♦ Palm Bay, FL 32909

Phone (321) 733-0442 ♦ Fax (321) 733-1178

Enrichment Director: Amy White WhiteA@odysseycharterschool.com



Before & After Care Enrichment Program Registration

Please Check Program Selection:

Before Care *only*

After Care *only*

Before & After Care

Before Care *drop-in*

After Care *drop-in*

Early Release Fridays *only*

Student(s) Information:

Start Date: _____

1. Name _____				Grade _____
<i>Last</i>	<i>First</i>	<i>Middle Initial</i>	<i>"Nickname" if preferred</i>	
Date of Birth ____/____/____		Special Needs: <input type="checkbox"/> None <input type="checkbox"/> Other _____		

2. Name _____				Grade _____
<i>Last</i>	<i>First</i>	<i>Middle Initial</i>	<i>"Nickname" if preferred</i>	
Date of Birth ____/____/____		Special Needs: <input type="checkbox"/> None <input type="checkbox"/> Other _____		

3. Name _____				Grade _____
<i>Last</i>	<i>First</i>	<i>Middle Initial</i>	<i>"Nickname" if preferred</i>	
Date of Birth ____/____/____		Special Needs: <input type="checkbox"/> None <input type="checkbox"/> Other _____		

Address _____
Street City State Zip Code

Parent or Guardian Contact Information:

Primary Contact Name _____
Relationship

Address (if different than student) _____
Street City State Zip Code

Work (_____) _____ - _____ Cell (_____) _____ - _____ Home (_____) _____ - _____

Email: _____ Employer _____

Secondary Contact Name _____
Relationship

Address (if different than student) _____
Street City State Zip Code

Work (_____) _____ - _____ Cell (_____) _____ - _____ Home (_____) _____ - _____

Email: _____ Employer _____

Health and Emergency Information:

Child _____ Condition/Allergy _____ Reaction _____ Accommodation/Treatment _____

Child _____ Condition/Allergy _____ Reaction _____ Accommodation/Treatment _____

Child _____ Condition/Allergy _____ Reaction _____ Accommodation/Treatment _____

Physician Name _____ Phone (_____) _____ - _____

*** Is emergency medical treatment authorized if necessary? Yes No ***

Alternate Pick-Up Authorization Policy:

Odyssey Charter School does NOT release a student to anyone other than the parents/guardians, or those persons authorized on this form. This authorizes persons, other than yourself, to take your child out of our school facility. If a student is to be picked up by one of the authorized persons listed below, please contact the school ahead of time. For the protection of your child, a student **WILL NOT BE RELEASED** to anyone that is **NOT LISTED** below unless prior notice is received in writing from the parent or guardian of any changes to the authorization list. Please notify every authorized pick-up person on this list that a photo ID is REQUIRED at the time of pick-up in order for our staff to release your child to their custody.

1. Authorized Person _____
Printed Name *Relationship*
 Cell (_____) _____ - _____ Home (_____) _____ - _____ Work (_____) _____ - _____
 Is this person also an Emergency Contact Person? Yes No

2. Authorized Person _____
Printed Name *Relationship*
 Cell (_____) _____ - _____ Home (_____) _____ - _____ Work (_____) _____ - _____
 Is this person also an Emergency Contact Person? Yes No

3. Authorized Person _____
Printed Name *Relationship*
 Cell (_____) _____ - _____ Home (_____) _____ - _____ Work (_____) _____ - _____
 Is this person also an Emergency Contact Person? Yes No

4. Authorized Person _____
Printed Name *Relationship*
 Cell (_____) _____ - _____ Home (_____) _____ - _____ Work (_____) _____ - _____
 Is this person also an Emergency Contact Person? Yes No

I, _____, have read and agree to the Enrichment Program's
Printed name of parent or guardian

_____ Tuition Policy and Fees _____ Discipline Procedures and Policies _____ Alternate Pick-Up Authorizations
initial *initial* *initial*

Signature of parent or guardian *Date*

Office Use Only: Weekly Tuition Amount \$ _____ **OR** \$ _____ if paid monthly
 Reg. Fee \$ _____ Total Amount Collected \$ _____ Check # _____ Staff Initials _____