



Beyond the Classroom: K-5th Grade Fall 2024- Spring 2025 Registration Form

Child's Name: _____

Children that attend Beyond the Classroom, must have completed & submitted the following prior to attendance:

- Registration form completely filled out (forms not filled out in their entirety will not be accepted).
- Profile made in Procure by visiting centerami.org/btc
- \$25 registration fee paid

The **registration and payment deadline** for Beyond the Classroom is **8:00pm on the Thursday prior to the week of attendance** (regardless of how many days your child will attend). After school program starts on August 12, 2024.

After School Rates:

\$85 per week for members/\$90 for non-members

\$65 per 3 days for members/\$70 for non-members

\$45 per 2 days for members/\$50 for non-members

Day Camps:

\$65 one full day for members/\$75 for non-members

Fall, Winter, and Spring Break: Rates will vary

Staff Use Only

- \$25 Registration fee paid
- Medical info signature
- Handbook Signature
- Waiver signature
- Payment Signature
- Form complete

Staff Initials:

Director Initials:

NOTES:



The Center of Anna Maria Island
K- 5th Grade Beyond the Classroom
DCF License #C12MA0172
Fall 2024- Spring 2025 Registration Form

Date of enrollment: _____

Child's Name: _____ Birthdate: _____
Last First Middle Month/Day/Year

Child's preferred name to go by: _____

School: _____ Grade: _____ Male/Female _____
Name of school Entering Fall of 2024 (circle one) age

Physical Address: _____ City: _____ Zip: _____

Mailing address (if different): _____ City: _____ Zip: _____

My child will be attending the following days: (circle all that apply)

Monday Tuesday Wednesday Thursday Friday All Day Camp(s)

My child will require transportation from Anna Maria Elementary School to The Center on after school days: Yes or No

Start Date: _____

Child Identification

Height _____ Hair Color _____ Eye Color _____ Other Identifying Features _____

Reason for child attending program: (check all that apply)

- Guardian(s) work/school
- Social interaction
- Other: (please specify) _____

Siblings or others that live in the same household that attended program: _____

“Parent/ Guardian Information- *Enrolling Parent refers to parent with final authority re: communication and payment (please note that no changes can be made for the enrolling parent without a court document)*

Legal Custody of Child: Mother Father Both Other (please specify) _____

Guardian Name

Guardian Name

Relationship to child: _____

Relationship to child: _____

Physical Address

Physical Address

City

City

Cell phone number

Cell phone number

Email

Email

Name of Employer/School

Name of Employer/School

Phone # of Employer/School

Phone # of Employer/School

Work Street Address

Work Street Address

Work City and zip

Work City and zip

Please list any information that The Center might need to know about the custody of the child:

Child Release Information/Emergency Contacts

Each child will be released only to the custodial parent and/or legal guardian and the persons listed below.

Other than the parent/guardian the following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached (one person besides yourself **must** be listed):

1) _____
Name

Address

Cell Phone #

Work/Home Phone #

2) _____
Name

Address

Cell Phone #

Work/Home Phone #

3) _____
Name

Address

Cell Phone #

Work/Home Phone #

4) _____
Name

Address

Cell Phone #

Work/Home Phone #

Please provide a note in writing or email the Youth Program Director (youthprograms@centerami.org) & Director of Customer Service (hello@centerami.org) if someone other than the names listed above intends to pick your child up and/or sign him/her out prior to time of pick-up.

Medical Information

I hereby grant permission for the staff of The Center of AMI to contact the following medical personnel to obtain emergency medical care if warranted. This also grants permission to transport my child to named facilities if parent cannot be reached and medical attention is warranted. By signing below, I also grant the right to the community center to apply first aid to my child.

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Hospital Preference: _____

 **Signature of Enrolling Guardian** _____ **Date** _____

Please list any allergies: _____

List any special medical, dietary needs, or other areas of concern such as diagnosis of ADD/ADHA, Learning Disabilities, past discipline problems, and gifted or special needs classes, etc:

List any medications (please note that if a medication needs is to be administered that an additional form is required): _____

Please list if there is anything that the staff may need to know about your child (for example child turns white at sight of own blood or scared of anything that we may encounter on a trip):

Emergency Plan Instructions (if applicable):

Handbook Acknowledgement

I hereby have received The Center's Beyond The Classroom Parent Handbook (www.centerami.org/beyondtheclassroom/parenthandbook.) I am in full understanding that I am responsible for reading this handbook with explanation of The Center's rules and consequences and that the discipline used depends on the severity of the action. All disciplinary practices are used on a consistent basis; no one child gets treated differently than any other. No child will be subjected to severe, humiliating, frightening, or any punishments in association with loss of food, rest, or toileting. Spanking or physical punishment is prohibited by all staff personal. I understand the health control policies, positive reinforcements, fieldtrip procedures, Counselor activities (i.e. character development/life skills), and tuition agreements.

Guardian Name (Print) _____

➔ **Signature of Enrolling Guardian** _____ **Date** _____

ACKNOWLEDGEMENT OF FEES & CENTER POLICIES

I _____, guardian of _____, understand that my weekly payment is due the Thursday prior to my child/children attending the program. I understand that if payment is not made, my child/children will not be able to attend program. In signing this application for my child I attest that he/she is in good health and is able to participate fully in the program unless otherwise stated in writing to the Program Director. The Center and the local newspapers reserve the right to use any and all photographs taken or in connection with the program or any of its activities. It is further agreed and understood that in case of suspension, a right reserved by The Center (or voluntary withdraw) there will be No refund. In case of emergency, I hereby give permission for the medial personnel selected by the program to order x-rays, routine tests, hospitalization, and secure proper treatment for and to order injection, anesthesia or surgery for my child as named on this agreement. Every effort will be made to contact the guardians or alternate, approved contacts in event of an emergency. The Center is not responsible for any monetary charges that may incur due to medical treatments. I give permission for my child to participate in food activities and special occasions wherein food is consumed. I hereby authorize my child to be transported in The Center of Anna Maria Island authorized vehicles.

➔ **Signature of Enrolling Guardian** _____ **Date** _____

MEDIA RELEASE

I hereby authorize The Center of Anna Maria and local newspapers to take pictures of my child and understand that these photos are the property of The Center of Anna Maria and/or the newspaper. I hereby give permission to The Center of AMI to take pictures of my child and use them on The Center's website and social media sites. I understand that these pictures will be accessible to anyone with Internet access and may be used in a promotional setting; however, no names of subjects will be published without written authorization.

➔ **Signature** _____ **Date:** _____

WAIVER OF PARTICIPATION

Child's, legal name _____
In consideration of your accepting my/our registration fee, I hereby, for myself, my dependent(s) and minor children, and our executors and administrators, waive and release any and all rights and claims for damages I or my dependent(s) or minor children have or may have against The Center of Anna Maria Island and its representatives, successors, employees, contractors, or volunteers (collectively The Center of Anna Maria Island) for any and all injuries or death suffered by myself, my dependent(s) or minor children at any activity sponsored or monitored by The Center of Anna Maria, help upon its property, or through the use of its equipment. If I or my minor children or dependent(s) should suffer any injury, illness or death while participating in an activity, I authorize The Center staff to use their sole discretion in having me or my dependent(s) and minor children transported to a medical facility and I take all responsibility for this action, including costs. I authorize the medical facility to render any emergency treatment deemed necessary. Also, I understand that no refunds are given unless the activity is canceled or a doctor's release is presented. I understand that this release is a full and final release of all claims of any nature whatsoever for myself, my minor children or dependents, including but not limited to, claims arising due to the sole joint, contributory, concurrent or gross negligence of The Center of Anna Maria Island. I understand that this waiver includes my minor children and I represent that I am the authorized guardian for my minor children. I understand that if I do not follow rules or code of conduct, myself and/or my family and/or guests will be asked to leave and I will not receive a refund. I understand that additional forms may be required for membership. Please be advised that any fees paid prior to the activation of a membership purchase are not applied to the price of that membership.

➡ **Signature:** _____ **Date:** _____

Print Name _____ Relationship to Child _____

TUITION EXPRESS BILLING:

I understand I must register my child(ren) in The Center's ProCare System and that the credit card, bank card, or bank account I provide will be used for automatic tuition payments. If my payment is declined I will be charged a \$25 fee and after being declined three times I will be required to pay cash the Thursday prior to care. I understand I must let the Director of Customer Service know the Thursday prior to the week of care if there are any changes or I will be charged and a refund will not be given. I also understand an automatic \$10 late registration fee will be added for any schedule changes that take place after the Thursday prior to care.

➡ **Signature:** _____ **Date:** _____



myprocare[®]

Dear parent/guardian,

The Center of Anna Maria is pleased to offer **MyProcare**. MyProcare is safe and secure. It is what is used to confirm authorized pick-ups and billing.

All children must have an account to attend program:

1)Go to www.centerami.org/youth/btc/
and click on the turtle that says "register now"
or scan the QR Code ----->

2)Enter your email address and choose **Go**.

3)Enter the confirmation code sent to your email,
choose a password, and press **Go**.



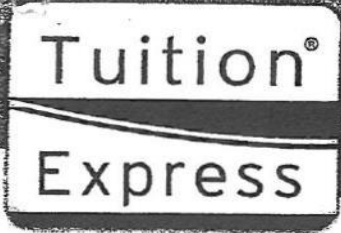
Please be VERY thorough when completing the registration as this will affect who is authorized to pick up your child(ren)

Only authorized adults with complete profiles will be allowed to pick up

4)Once your account has been made and The Center has received your!physical paper work your child will be registered

Thank you!

The Center of Anna Maria and MyProcare



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 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. (initial) 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)

Form fields for Section A: Cardholder Name, Phone#, Cardholder Address, City, State, Zip, Account Number, CVV Code, Expiration Date, Cardholder Signature, Date

SECTION B (Bank Account)

Form fields for Section B: Your Name, Phone#, Address, City, State, Zip, Bank or Credit Union Name, Bank or Credit Union Address, City, State, Zip, Routing Transit Number, Account Number, Checking, Savings, Authorized Signature, Date

For Official Use Only

Form fields for official use: Date Received, Employee Signature



