



## 2025-2026 Beyond the Classroom Registration Form for K-5<sup>th</sup> grade

**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 Procare by visiting [centerami.org/btc](http://centerami.org/btc)
- \$25 registration fee paid

The **registration and payment deadline** for Beyond the Classroom is **8:00 PM on the Thursday prior to the week of attendance** (regardless of how many days your child will attend). After school program starts on August 11, 2025.

### **Staff Use Only**

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

Staff Initials:

Director Initials:

NOTES:



### **Before School Program Rates**

- **Members:** \$40.00
- **Non-Members:** \$45.00
- **AM Van (Optional):** Additional \$10.00 (*Pre-registration required*)  
*Limited seats available — must pre-register every week by Thursday for the upcoming week.*

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### **After School Program Rates**

- **5 Days/Week**
  - Members: \$85.00
  - Non-Members: \$90.00
- **3 Days/Week**
  - Members: \$65.00
  - Non-Members: \$70.00
- **2 Days/Week**
  - Members: \$45.00
  - Non-Members: \$50.00

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### **Before & After School Combined Rates**

- **Members:** \$120.00
- **Non-Members:** \$125.00
- **AM Van (Optional):** Additional \$10.00 (*Pre-registration required*)  
*Limited seats available — must pre-register every week by Thursday for the upcoming week.*

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### **All Day Camp Rates**

*(Applicable for Fall, Winter, Spring, and Summer Camps — rates may vary by season)*

- **Members:** \$65.00
- **Non-Members:** \$75.00



The Center of Anna Maria Island  
K–5th Grade Beyond the Classroom Program  
DCF License #C12MA0172  
2025–2026 Registration Form

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**Child Information**

Full Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Gender: ☐ Male    ☐ Female

School Attending: \_\_\_\_\_

Grade (Entering Fall 2025): \_\_\_\_\_      Age: \_\_\_\_\_

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**Address**

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_      Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_      Zip: \_\_\_\_\_

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**Program Attendance:**

My child will be attending:    ☐ **Before School**    ☐ **After School**    ☐ **Both**

Please circle all the days your child will attend:

**Monday    Tuesday    Wednesday    Thursday    Friday    All Day Camp(s)**

**Will your child require transportation from Target on 75<sup>th</sup> St, to The Center on BEFORE school days? (Limited seats available — must pre-register every week by Thursday for the upcoming week.)**

☐ Yes    ☐ No

**Will your child require transportation from Anna Maria Elementary School to The Center on AFTER school days?**

☐ Yes    ☐ No

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

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**Parent / Guardian Information**

*The enrolling parent refers to the parent or guardian with final authority regarding communication and payment.*

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**Legal Custody of Child**

Please check one:

☐ Mother   ☐ Father   ☐ Both   ☐ Other (please specify): \_\_\_\_\_

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**Guardian Information**

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Guardian 1 Full Name

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Guardian 2 Full Name

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Guardian 1 Relationship to Child

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Guardian 2 Relationship to Child

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Guardian 1 Physical Address

---

Guardian 2 Physical Address

---

Guardian 1 City & Zip

---

Guardian 2 City & Zip

---

Guardian 1 Cell Phone Number

---

Guardian 2 Cell Phone Number

---

Guardian 1 Email

---

Guardian 2 Email

---

Guardian 1 Employer/School Name

---

Guardian 2 Employer/School Name

---

Guardian 1 Employer/School Phone Number

---

Guardian 2 Employer/School Phone Number

---

Guardian 1 Employer/School Address

---

Guardian 2 Employer/School Address

---

Guardian 1 Employer/School City & Zip

---

Guardian 2 Employer/School City & Zip

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**Custody Details**

Please list any information The Center should be aware of regarding custody arrangements:

## **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](mailto:youthprograms@centerami.org)) & Director of Customer Service ([hello@centerami.org](mailto: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 allergies, 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. 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). Also please list if any siblings or relatives are in the program and anything that might be helpful about their relationship.

This image shows a full page of blank white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page, providing a template for writing or drawing. There are no margins, text, or other markings on the paper.

## **Handbook Acknowledgement**

I hereby have received The Center's Beyond The Classroom Parent Handbook ([www.centerami.org/beyondtheclassroom/parenthandbook](http://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** \_\_\_\_\_

## **RELEASE OF INFORMATION**

I understand that Representatives of Manatee County Government may request access to any or all agency records relating to the programs and/or the delivery of services for the purposes of evaluating or monitoring the programs or delivery of service to the client, and give consent to the release of records for these purposes.

➡ **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 \_\_\_\_\_

## **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 AML 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:** \_\_\_\_\_





# myprocare<sup>®</sup>

Dear parent/guardian,

The Center of Anna Maria is pleased to offer **MyProcare**, a free online portal for you to access account information, easily pay tuition, and choose schedules for your children. MyProcare is safe, secure and created with your convenience in mind.

## Log in today!

1. Go to [www.centerami.org/youth/btc/](http://www.centerami.org/youth/btc/)
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**

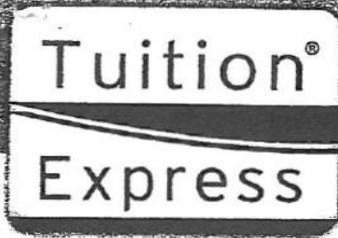
4. Once information entered has been reviewed by The Center and processed for acceptance you may access <https://www.myprocare.com/to>:
  - a. View your child's schedule, time card, and more.
  - b. Use the **Pay** button to make a payment with your card.
  - c. Choose schedules for your children.

Thank you!

The Center of Anna Maria Island and MyProcare

The Center of Anna Maria Island offers a **Sliding Fee Program** to ensure no one is denied participation due to financial need. Discounts are based on family size and income, with consideration for special circumstances. Funded by community partners and donations, this program helps cover activity costs.

Visit The Center's Front Desk or [centerami.org/forms](http://centerami.org/forms) for a Sliding Fee Application.



## 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)

Cardholder Name	Phone#		
Cardholder Address	City	State	Zip
Account Number	CVV Code	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="radio"/> Checking	<input type="radio"/> 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 Voided Check Here	\$
Deposit slips not accepted		Dollars
123456789	1608338	0226

A service of

