

EXTENDED DAY PROGRAM

Today's Date: _____ Expected Start Date: _____

Before/After Before Only After Only
(Circle Choice above)

Current School: _____

School Start Time: _____ for (Drop-off)

School End Time: _____ for (Pick-up)

(Child's Birth Name) Last Name First Name Middle Initial

Date of Birth (mm/dd/yyyy) Current Grade Age Male Female

Parent/Guardian Last Name First Name DL#/State ID

Home Address if different from Student City State Zip code

Daytime Phone# Cell Phone# Email Address

Person authorized to pick-up or notify in case of emergency:

Last Name First Name Relationship to the Student

Permanent Home Address (if different from student)

Daytime Phone # Cell Phone # E-mail Address

Last Name First Name Relationship to the Student

Permanent Home Address (if different from student)



Alpha Learning Academy

The "Beginning" of a Life-time of Learning

EXTENDED DAY PROGRAM

Why Should Parents Consider Extended Day?

- Homework assistance and individualized tutoring, particularly in reading and mathematics
- A safe Christian environment away from negative influences
- A stimulating atmosphere where their child can experience art, crafts, and physical fitness
- An opportunity to learn leadership and decision-making skills
- Increased likelihood for academic and lifelong Success
- Fun activities that counterbalance the academic focus of the school day

REGISTRATION: Registration forms must be completed and a \$15 non refundable registration fee must be paid per child: for each fiscal school year. All fees must be paid in advance before a child can participate in the Extended Day Program.

MEDICAL INFORMATION: If your child requires medication, you must 1) list the times and type of medication to be administered on the registration form, 2) bring the medication in the **original container, labeled by the pharmacist**. Emergency Contact Form and special needs information are required.

ACTIVITIES:

Program hours are before school—6:30am until 8:15am and after school—3:00pm until 6:00pm; Monday, Tuesday, Thursday and Friday. After school hours on Wednesday's—2:00pm until 6:00 pm. **Hot/Cold Nutritional Breakfast Daily and Healthy After School Snacks.**

WEEKLY FEES

Daily Rates (Emergency Only) \$15.00 per child. ***4-C ACCEPTED** Late Payment Fees: If weekly payment fee is not paid on Monday or not received in payment box by Tuesday, no later than 8:15 am your account will be charged a \$25.00 late fee.

PAYMENT OF FEES:

Fees must be paid in advance before your child is supervised for the week. Payments should be made in the form of cash, money order or checks, if a check has been return for insufficient funds. all future payment must be in cash or money order. Weekly receipts are issued and should be retained for income tax reporting services. Credits are not issued for non-attendance; the weekly fee secures a spot for your child(ren) in the program.

SIGN IN/SIGN OUT:

In the interest of safety, the parent or authorized person is expected to sign in and sign out the child daily to and from the Extended Day Program. NO child will be released to an adult not authorized by the custodial parent. Adults not recognized by the staff will be asked to show identification. Only authorized adults may pick up a child. If any person not listed, attempts to pick up child (ren) must be verified his/her authorization with the parent by phone before the child will be released. No child under the age of 15 can pick up his/her sibling. Late Pick-Up Fee: A fee of \$1.00 per minute will be charged for every minute beyond your program time. The Extended Day Staff makes every effort to contact the parent or other authorized person listed on the Registration Form. *If a child is not picked up by the closing time and parent is not reachable, 30 minutes after closing, the Extended Day Administrator will be notified and Department of Children and Families or Law Enforcement will be called.*

DISCIPLINE:

Positive reinforcement is used in dealing with children. Input from parents concerning problems at home, which may affect the child's behavior is welcomed. The Extended Day Program are held to the same code of conduct and discipline procedures outlined by the Alpha Learning Academy.

MEDICAL PERMISSION FORM

To: Emergency Personnel, I hereby grant permission for my son/daughter to participate in any extra-curricular activities. I waive, release, absolve and hold blameless Alpha Learning Academy; it's Principal, Administration, Teachers, Supervisors, Physical Education Directors, Managers and Persons transporting my child to and from school related activities and other authorized participants and volunteers from any claim arising out of injury to or sickness of my child.

If in the option of a properly licensed and practicing physician, my child needs medical or surgical services which require my consent before being supplied and I cannot be reached, I authorize, appoint and empower the Principal, Director and his/her designee to furnish on my behalf such written or oral authorization as may be required. I also hereby authorize the aforementioned parties to administer Tylenol or any other non-prescription medication for my child. I understand that every effort will be made to notify me before any non-prescription medication is administered. Further, I release the administration, his/her designee and Alpha Learning Academy from any liabilities which might arise from the giving of such authorization, it being my desire that my child be furnished with such medical surgical services as soon as reasonably possible after the need arise. I hereby give my consent to arrange for my child to be transported by ambulance if the situation warrants.

Signature of Parent or Legal Guardian

Driver License#

State of Florida – County of Orange County:

On this _____ day of _____, in the year 20____

Identification was presented, verified and executed the same

[THIS FORM MUST BE NOTARIZED]

Notary Public

My Commission Expires

MEDICAL INFORMATION:

Name of Physician

Office Address

Office Phone#

Hospital of Choice

List any allergies and or special medical conditions

Date of last tetanus shot

List any medication the student may be taking and any allergies to medications

Insurance Company

Policy#

Group#

Primary Policy Holder



Alpha Learning Academy

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