

BridgePrep Academy of North Miami Beach 18801 NE 22nd Ave. Miami, FL 33180 (786) 300-4980

Before and After School Care Program Guidelines

Program: Welcome to BridgePrep Academy of NMB Before and/or After School Care program. A variety of activities are included in our program, such as homework assistance, indoor and outdoor games, arts and crafts and all other enrichment activities. If we can be of assistance, please do not hesitate to stop by the office or call us at **786 300 4980** between the hours of **2:00** P.M. and **6:00** P.M. You may also e-mail **Jennifer Florez** at **iflorez@bridgeprepnorthmiami.beach.com cell: 6464036276**

Snacks: Each day a snack will be provided for your child during the after-school care program only. Please notify staff of any food allergies upon registration. If your child would like extra snacks from home, you can provide a nutritious snack that suits the needs of your child.

Registration: All sections of the registration form must be completed and signed. Registration Fee is **\$20.00 per child.**

Fees: MINIMUN DEPOSIT OF \$100.00 REQUIRED WITH REGISTRATION FORM.

Daily fee: \$5.00 for Before Care (7:00 am - 7:45 am) and \$10.00 for After Care No credits for partial day attendance.

You will receive a statement by the 10th of each month reflecting charges for the prior month's attendance in Before and/or After Care. Payment is due upon receipt.

EMERGENCY CONTACT INFORMATION AND AUTHORIZED PICK-UP ARE MANDATORY. It is extremely important that you immediately notify the before and/or after school care program director if you require any changes on your child's registration form.

NO CASH ACCEPTED

Please make checks/money orders payable to: Bridgeprep Academy of North Miami Beach



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ANNUAL REGISTRATION FEE \$20.00 MINIMUM DEPOSIT OF \$100.00 IS REQUIRED UPON REGISTRATION

Child's Name:							
Last:	First:	MI:	Date of Bir	th: / /			
Address:	Apt. #:	Cit	y;	Zip Code:			
Campus:	Grade:	Gender	ri				
Parent/Guardian: (these wil	I be given automatic permission to	pick up chil	dren)				
Name:	Name:	-	-				
Relationship to Child:	Relationship to Child:						
Business Phone:	Business Phone:						
Cell Phone:	Cell Phone	Cell Phone:					
Email:	Fmail:	Fmail:					
Student Lives with: Father:	Mother:	Other:					
EMERGENCY CONTACTS:	Persons authorized to pick up my ch	ild other th	an parent or a	uardians:			
(Your child will not be relea	sed to ANY person without your wi	ritten perm	ission)	•			
Name:	Relationship:	F	Phone:				
Name:	Relationship:	F	Phone:				
Nome:	Dalanti au alaine		~ 1				
Name	Relationship:	Phone:					
		Phone:					
			1101121				
Name:	Relationship:		Phone:				
Medical Conditions, concerns,	or Allergies:						
I authorize the aftercare pro	gram to use photographs of my child	for school	or classroom	display, learning			
activities, for special recognit	ion of achievements, school internet	t and websit	te posts and to	send to parents			
of the students in the program	n.	Selection of results accompanies were seen	TOTE SECTIONS OF CANADISA SECTION AND A PROSPER OF CANADISA	E SA CONTRACT TO STORE AND A STATE OF THE SAME OF THE			
I understand that my child mu	ist adhere to the BridgePrep Studer	$nt_i Code$ of $\mathcal C$	onduct in teri	ns of behavior			
expectations.	·		•				
Name of Parent:	Signature:			Data			
	Signarul ei			_ Date:			

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Before/After Care Program Agreement Form 2024-2025

Child's Name:		Date:	
Campus:	Grade:		After Care:
Please initial all the statemen	ts listed below	and sign to confirm acknow	ledgement of Before and After Care
Program policies.			
Lundarstand that my	shild will be aba	rand a daily rate for Defere	Care and/or After Care as stated on
Program Guidelines.	illiu will be cha	i ged a dally rate for before t	care and/or After Care as stated on
•	n and registrati	on fees are non-refundable.	
	-	n is \$20.00 per child and is d	ue everv school vear.
	_	•	payments made after due date.
		essed for any check that is re	
			pay with checks, only credit card or
money orders will be accepted		•	, , , , , , , , , , , , , , , , , , , ,
I understand that if my	y child stays be	yond 6:00 pm, there is a late	e pick up fee of \$10 for the first 30
			nust be paid at time of pick up.
			tercare program, a 2-week notice is
needed, and the account must			,
			are made between 2:00 pm and 6:00
pm with the Director.			·
I understand that my ch	ild will be requ	ired to wear their mask durir	ng Before and After Care unless told
otherwise as deemed by BPA a			
I understand that my	child must foll	low the BridgePrep Student	Handbook and Before/After Care
Program Rules and Guidelines			
I understand that my cl	nild must be che	cked in and out by an ADULT	with a picture ID daily.
			hild cannot participate in
			vices until that amount is
paid.		e doc Externact Day ser	Tions difficult difficult 15
para.			
Parent/Guardian Signature		Disaston/Staff Cianata	Doto
r archy Guardian Signatule	Date	Director/Staff Signatu	re Date