



ODYSSEY PREPARATORY ACADEMY

1350 Wyoming Dr. SE ♦ Palm Bay, FL 32909

Phone (321) 372-7263 ♦ Fax (321) 327-7261

Enrichment Supervisor: Danielle Johnson ♦ JohnsonD@odysseyprepacademy.com

Enrichment Director: Alia Hartwick ♦ Hartwicka@odysseycharterschool.com ♦ 321-733-0442 ext. 214



Extended Care Registration

Extended Care is a service to families with bus riding elementary students at OPA and bus riding siblings in the Jr./Sr. High. The OPA students can attend the aftercare program until the Jr./Sr. High is dismissed. This will allow elementary students to ride the bus home together with their older siblings.

Extended Care Hours: Regular school days are **2:50-4:15**.

Friday Early Release Days are **1:25-4:15**.

Weekly Tuition: **\$40.00** per week – Payable to **OPA**

Tuition Policy and Fees Information:

- ♦ A one-time \$40 registration fee is due upon enrollment.
- ♦ Tuition is to be paid ahead of the week and is due on Mondays. Any accounts that aren't paid by Wednesday of each week will be given notice of suspension from Enrichment until payment is made in full. You may pay ahead for as many weeks as you would like.
- ♦ Payments can be paid through Procure, via credit card, or automatic withdraw (form required) or by check or money order (payable to **OPA Enrichment**). *Cash is not an acceptable form of payment.*
- ♦ Tuition is based on program selected on this registration form, not by attendance. **Tuition is non-refundable for any reason.**
- ♦ Siblings who are enrolled in the same program will receive a 10% discount on tuition.
- ♦ A late pick-up fee will be assessed at \$1.00 per minute starting at 6:31pm.
- ♦ A late payment fee of \$10.00 will be assessed for each week on any tuition that is not received before Tuesday.
- ♦ A fee of \$25.00 will be assessed to accounts for any returned checks.

Program Withdrawals Policy:

- ♦ Any changes to your child's schedule must be made in writing, and given to the Director (HartwickA@odysseycharterschool.com) one week prior to schedule adjustment.
- ♦ If you plan to withdraw your child from the enrichment program, you must notify the Director (HartwickA@odysseycharterschool.com) in writing one week prior to withdraw.

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

Odyssey Preparatory Academy'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 Schools.**

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 Preparatory Academy's enrichment staff and school administrators.

Consequences:

- ◆ Students will receive one verbal warning each day if necessary.
- ◆ **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 Preparatory Academy'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.



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Extended Care Registration

Please Check Program Selection and Days of Attendance

Extended Care Monday Tuesday Wednesday Thursday Friday

Student(s) Information:

Start Date: _____

1. Name _____ Grade _____
Last First Middle Initial "Nickname" if used

Date of Birth ____ / ____ / ____ Special Needs: None Other _____

2. Name _____ Grade _____
Last First Middle Initial "Nickname" if used

Date of Birth ____ / ____ / ____ Special Needs: None Other _____

3. Name _____ Grade _____
Last First Middle Initial "Nickname" if used

Date of Birth ____ / ____ / ____ Special Needs: None Other _____

Address _____
Street City State Zip Code

Please list the sibling(s) attending the upper campus:

Name Grade _____ Bus / Route # _____

Name Grade _____ Bus / Route # _____

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 Preparatory Academy 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 Automatic Withdraw
Reg. Fee \$ _____ Total Amount Collected \$ _____ Check # _____ Staff Initials _____