

GUARDIAN'S NAME	BEST PHONE
NAME/S (CHILDREN)	
ENTERED BY	VERIFIED BY



\*CHARACTER \*CREATIVITY \*CAMPS \*CARE \*COMMUNITY

# BEFORE & AFTERCARE (INCLUDING WINTER AND SPRING CAMP) APPLICATION

## PURE LOCATIONS

3731 OLEANDER AVE, FORT PIERCE, 34982 (GREEN ZONE)

10292 S. US HWY 1, PORT ST LUCIE, 34952 (BLUE ZONE)

**WWW.CLUBPURE.ORG 772-429-0031**

### Holidays Club Pure is Closed

Labor Day, Thanks Giving (Thursday and Friday), Christmas Eve & Day,  
New Years Eve & Day, Good Friday, Memorial Day, 4th July  
2 Scheduled Teacher Work Days / June 7 and August 10

## Select Your Package

### BASIC PACKAGE

This membership offers only the basics. It's for parents who need, either before or after school care. This basic package gives parents the option to choose the services they need, when they need them. There is no sibling discount or vacation voucher offered in the Basic Package.

Annual Registration Fee \$25.00

Weekly Tuition

Before Care Only \_\_\_\_\_ \$55.00

AfterCare Only \_\_\_\_\_ \$55.00

ELC Rate

#### Membership Terms:

This membership agreement secures a place for your child in the program until the end of this school year. You will be responsible for the tuition if your child attends or not. Prices are per child. There's a \$50.00 cancellation fee per child. Registration fee and first weeks tuition are required upfront and are non-refundable.

#### Included with Weekly Tuition:

Before or After Care, Transportation, Early Release Days  
Aftercare Clubs

#### Optional Services:

Full Days Out +\$12 per day  
Winter Camp +\$45 per week  
Spring Camp +\$45 per week

By signing below you agree to the above terms

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

### PLUS PACKAGE

No additional fees and No surprises. This membership offers the best, everything we have at one flat rate all school year. The Plus Package includes a sibling discount and a vacation voucher.

Annual Registration Fee \$25.00

Weekly Tuition

Before Care and After Care \_\_\_\_\_ \$70.00

ELC Rate

#### Membership Terms:

This membership agreement secures a place for your child in the program until the end of this school year. You will be responsible for the tuition if your child attends or not. Prices are per child. There's a \$50.00 cancellation fee per child. Registration fee and first weeks tuition are required upfront and are non-refundable.

#### Included with Weekly Tuition:

Before Care, After Care, Transportation, Early Release,  
Full Days Out, Winter and Spring Camp at the same rate.

There is a \$5.00 sibling discount. One vacation voucher  
90 days after registration for accounts in good standing.

Includes 2 Recreation Dance Classes (Additional costume fee per class)  
or Aftercare Clubs (no extra fees)

By signing below you agree to the above terms

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

### WINTER CAMP

December 24-28, 2018 (Closed Monday 24-25)

January 1-4, 2018 (Closed Monday 1st)

Non-Members \$100.00

Registration Fee \$25.00 \_\_\_\_\_

ELC Rate

#### Camp Terms:

This secures a place for your child in the camp program for the weeks selected. You will be responsible for the tuition if your child attends or not. Prices are per child. 1st weeks tuition is required upfront and is non-refundable.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

### SPRING CAMP

March 12-16, 2018

Non-Members \$100.00

Registration Fee \$25.00 \_\_\_\_\_

ELC Rate

#### Camp Terms:

This secures a place for your child in the camp program for the week selected. You will be responsible for the tuition if your child attends or not. Prices are per child. Camp Tuition is required upfront and is non-refundable.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

## Parent Information / Main Contact

Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name \_\_\_\_\_

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

APT # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer: \_\_\_\_\_ Company Name: \_\_\_\_\_

Work Phone: [ \_\_\_\_ ] \_\_\_\_\_ Ext: \_\_\_\_\_ Home Phone [ \_\_\_\_ ] \_\_\_\_\_

Cellular Phone: [ \_\_\_\_ ] \_\_\_\_\_ Other Phone: [ \_\_\_\_ ] \_\_\_\_\_

E-mail address \_\_\_\_\_

iCare PassCode \_\_\_\_\_ (4-6 Digits) You will use this number to check your child in/out

Who does the child reside with?  Mom & Dad  Mom  Dad  Other \_\_\_\_\_

## Family Medical

Preferred Doctor: \_\_\_\_\_ Phone: [ \_\_\_\_ ] \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy# \_\_\_\_\_

## Emergency Contact Information

Your child will be released to yourself and the persons listed below. The following people can be contacted and are authorized to pickup from the facility in case of illness, accident or emergency, if you cannot be reached.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone [ \_\_\_\_ ] \_\_\_\_\_ Code: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone [ \_\_\_\_ ] \_\_\_\_\_ Code: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone [ \_\_\_\_ ] \_\_\_\_\_ Code: \_\_\_\_\_

Please notify the above mentioned contacts that they will have to present their drivers license at pickup.

Please notify the office in writing if someone else other than mentioned above will be picking up.

Each person picking up needs a separate check out (4-6 digit) code.

INITIALS

## Student Information

Student's Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ years old  Boy  Girl T-Shirt Size \_\_\_\_\_

School: \_\_\_\_\_ Grade \_\_\_\_\_ Race:  White  Black  Hispanic \_\_\_\_\_

List Allergies: \_\_\_\_\_

Prescribed Medication: \_\_\_\_\_

Dietary Needs: \_\_\_\_\_

Student's Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ years old  Boy  Girl T-Shirt Size \_\_\_\_\_

School: \_\_\_\_\_ Grade \_\_\_\_\_ Race:  White  Black  Hispanic  \_\_\_\_\_

List Allergies: \_\_\_\_\_

Prescribed Medication: \_\_\_\_\_

Dietary Needs: \_\_\_\_\_

Student's Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ years old  Boy  Girl T-Shirt Size \_\_\_\_\_

School: \_\_\_\_\_ Grade \_\_\_\_\_ Race:  White  Black  Hispanic  \_\_\_\_\_

List Allergies: \_\_\_\_\_

Prescribed Medication: \_\_\_\_\_

Dietary Needs: \_\_\_\_\_

## Facility Rules, Behavioral Regulations & Consequences

**Rule Summary:** Treat others the way you want to be treated. If someone is not treating you right do not take matters into your own hands, tell your group counselor or site director.

### General Rules

No running or rough playing in the facility. Teasing, belittling, and mocking is not permitted. No inappropriate gestures and profanity allowed. Students who vandalize property will be required to pay for damages. Any behavior that puts others at risk of harm is not permitted; hitting, kicking, spitting, biting etc. Reptiles, bugs, animals and marine life (dead or alive) are not permitted onsite without permission. No smoking, alcohol products or mood altering substances allowed onsite.

### Results for above behavior:

Verbal and written warnings. 3 written warnings will result in a review of behavior by executive staff. A parent/student meeting will be called. Possible 1-3 day suspension from the program.

### Zero Tolerance

Students who steal from others.

Students who falsely accuse staff or other students.

Students who cannot control themselves; violent outbursts of anger, hitting staff, runners.

Students who act perverse; bringing sexual related images or video's onsite (digital or print)

Students who touch other students inappropriately, or hurt others to the point of bruising or drawing blood.

**Zero Tolerance** Immediate Expulsion from the program with no refunds.

### Digital Policy

All electronics brought onsite are at members own risk. If any devices are used improperly they will be removed and returned to the parent at pick up.

### Lending Policy

We do not take responsibility for members lending personal items, money, devices, games etc. to one another. If a problem arises, Club Pure staff will not mediate (act as a go between) to resolve the issue.

I have read and understand the facility rules, behavioral policy and consequences.

I will communicate these facility rules and policies to my child.

I have received a copy.

Signed \_\_\_\_\_ Date: \_\_\_\_\_

# Financial Agreement

(Financial Policies are subject to change with reasonable notice)

INITIAL

The **Main Contact** is responsible to assure the account is paid on time. Payment is due on Friday for the upcoming Monday.

**Your account will be debited on Friday with the information provided on the Debit Authorization form. We do not accept cash or checks.**

Parents who have unpaid accounts on Monday will have to make payment before dropping off. Parents with unpaid accounts whose children arrive by bus for aftercare will receive a text / call to make payment or pick up their child.

Partial or unpaid accounts will be assigned a \$10.00 late fee per child, per week for any type of balance, including registration and tuition. Late fees will continue to accumulate weekly until balance is paid in full, whether you have an active or inactive membership.

There is a 2% convenience fee associated with processing credit or debit card payments. There are no processing fees associated with (ACH) direct debit program.

If payments are returned unpaid due to non-sufficient funds (NSF), stop payment or incorrect account information, there will be a \$35.00 return fee applied per occurrence to your account. \*If a stop payment occurs on (ACH), your bank will no longer allow debits through (ACH). **Money orders are the only form of payment we will receive** and must be in the payment box by close of business Thursday.

There are no reimbursements for registration, tuition or field trip fees even if you do not attend or if you are asked to pick up your child for behavioral issues. (See facility rules and consequences) Paying in advance is a risk to you and will not be reimbursed.

When you select a package you enroll in a membership agreement for the duration of the package. We have the right to dismiss your child at any time as you have the right to terminate services at anytime during the contract period. If services are terminated for any reason before the end of the contract period you will be charged a cancellation fee. (See membership terms) Aftercare Membership expires the first week of June.

Vacation coupons cannot be applied to weeks tuition or overdue accounts. They expire at the end of each membership year and cannot be transferred or exchanged for cash. See package to determine eligibility.

Hours: Before Care 6:30am - 9:00am / Aftercare 3:00pm - 6:30pm.

Please ensure you checkout through the iCare Lobby on time with your private password. Late pick up charges will be applied automatically to each child's account at the rate of \$5.00 per 15 minutes. (First late charge applies at 6:31pm)

Aftercare Downgrade fee from PLUS to BASIC is \$25 per child.

Agency Reimbursement: I understand that I am solely responsible for any tuition payment and late fees in excess of any agency or third-party reimbursement in accordance with the applicable contract. I also understand that I am solely responsible for promptly communicating any changes in my status that would affect my agency reimbursement, and that I am solely responsible for payment of any tuition in excess of any agency or third-party reimbursement resulting from my failure to promptly communicate status changes. If I fail to properly enter attendance for any day my child is in attendance, or if I miss more than 3 days per month, I understand that I am solely responsible for the payment of tuition.

Emergency closing and severe weather: I understand that it is the company's intention to be open and provide child care services every week day of the year, excluding holidays, but that severe weather, natural/national disaster or major building issue may disrupt service from time to time. I will contact the school to ensure that it is open during severe weather/natural disaster. I agree that in the event that the school is closed for an extended period of time, I will continue to be responsible for my tuition payments in accordance to the membership terms.

Group counselors, CIT's and volunteers do not take payments or have access to your private account information. Please direct all financial concerns and payment questions to your closing manager or site director.

Closing managers or site directors do not have authority to void charges or make financial decisions that are against corporate policy. You must speak with the accounting department.

Parents can view and print statements for tax purposes directly from their Parent Portal. Parents will still have access to their Parent Portal accounts even if they are inactive and are no longer attending our program, however if there are any outstanding fees, parents will not have access to their account.

I understand that financial policies get updated periodically and are subject to change with reasonable notice.

**I have read, understand and agree to the terms in this financial agreement.**

Signed \_\_\_\_\_ Date: \_\_\_\_\_

# Liability Release/Waiver

I (Parent) \_\_\_\_\_ for myself, any other parent and participant, in connection with my son/daughter namely; \_\_\_\_\_ attending and participating in the daily activities of our program and events hereby agree as follows;

## Acknowledgement of Risks

The undersigned understands that there are certain dangers, hazards and risks (forseen and unforeseen) inherent in attending and participating in the mentioned program activities, including, without limitation, risks related to use of equipment, facilities, and transportation, personal safety (including risks of minor, serious or mortal personal injury) and risks of property damage.

**Express Assumption of Risk and Responsibility** In recognition of the hazards, dangers and risks (forseen and unforeseen) associated with attending and participating in our program activities, the undersigned confirms that the participant is physically and mentally capable of attending and participating in all activities and use of equipment associated with our programs. The participant is willingly and voluntarily attending and participating and the undersigned agrees that they and the participant shall assume all dangers, hazards and risks (forseen and unforeseen) inherent in, arising from or related to the participants attendance and participation in the program and activities.

## Participant Responsibilities

The undersigned and participant agree to the following : Acceptable Conduct by Participant. During attendance and participation in the program activities, which may include travel to and from Club Pure Inc. facilities, the participant will act in a responsible manner and will abide by the instructions of any personnel, and will comply and follow the rules and regulations of Club Pure Inc.

## Participants Health (Health Insurance Coverage)

In anticipation of the participant's enrollment in the program, the undersigned and participant have consulted with a medical doctor with regard to the participant's medical condition. The participant has no physical or mental conditions which could cause him/her to be a danger to himself/herself or to others, is capable of participating in all activities associated with the program activities and has submitted the required health insurance information.

## Waiver of Club Pure Inc. (Liability Realease and Hold Harmless)

In consideration of the attendance and participation in the program activities and knowing the dangers, hazards and risks (forseen and unforeseen) of attending and participating in the program activities, the undersigned, for themselves, any other parent and the participants, understands and agrees to RELEASE AND HOLD HARMLESS Club Pure Inc. and it's current, former officers, directors, employees, attorneys, representatives and agents and waive any claim for injury and damage resulting from participant's attendance and participation in the program activities.

## Acknowledgement

The above named participants has my permission to participate in the program above. If contact is unsuccessful, I give my permission to the attending director or group overseer to render medical treatment to the participant(s) including (if necessary) hospitalization. Any expenses arising from the injury or illness is the responsibility of the person signing below.

## Acknowledgement

It is the express intent of the undersigned that this agreement shall bind the undersigned, any other parent, the participant, the participant's family, estate, heirs, administrators, personal representatives or agents. The undersigned acknowledges that they have read and understood this document and the RELEASE AND HOLD HARMLESS provisions.

## Promotional Release (Photographs and Video)

I hereby authorize Pure Academy , hereafter referred to as "Company", to publish photographs taken of my child and/or his/her name and likeness, for use in print, online and video based marketing materials, as well as other Company publications. I hereby release and hold harmless Pure Academy from any reasonable expectation of privacy or confidentiality associated with the images specified above. I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with the taking or publication of these photographs or participation in company marketing materials or other company publications. I acknowledge and agree that publication of said photo's confers no rights of ownership or royalties whatsoever. I hereby release Pure Academy, its contractors, its employees and any third parties involved in the creation or publication of marketing materials, from liability for any claims by me or any third party in connection with my participation.

I have read and understand the liability waiver and promotional release.

Signed \_\_\_\_\_ Date: \_\_\_\_\_

The School Board of St. Lucie County, Florida  
Transportation Department  
325 NW Commerce Park Drive  
Port Saint Lucie, Florida 34986  
(772)-785-6602 Fax (772)-785-6624



2018-2019  
Non-Profit Child Care Transportation Request

This is to request SLPS bus transportation for my child the location indicated below. The agency is responsible for remitting the monthly fee to the Transportation Department. The fee includes an alternate AM or PM stop as long as it is in the same school zone as the student. One student per form, and a fee is required for each student. Refunds are only provided if space is not available and transportation is not provided. This form will be submitted by the agency your child plans to attend.

PLEASE PRINT (”56” number, required)

Student’s Name : \_\_\_\_\_ Age : \_\_\_\_\_ Student ID# \_\_\_\_\_

Parent’s Name : \_\_\_\_\_ Phone(s) : \_\_\_\_\_

Student’s Registered Address with SLPS: \_\_\_\_\_

School Student Attends : \_\_\_\_\_

Name of Child Care Center : \_\_\_\_\_

Address of Child Care Center : \_\_\_\_\_

Phone # of Child Care Center : \_\_\_\_\_

Parent Signature : \_\_\_\_\_ Date : \_\_\_\_\_

Center Rep. Signature : \_\_\_\_\_ Date : \_\_\_\_\_

Child Care Agency Fax Completed Form To: 772-340-7134

For Child Cares that operate both before and after school, this request is for transportation to the  
Child Care center in the \_\_\_\_\_ AM only \_\_\_\_\_ PM only \_\_\_\_\_ Both AM and PM

\*\*\*\*\* For Transportation Use Only\*\*\*\*\*

Care Center Bus # \_\_\_\_\_ Effective Date : \_\_\_\_\_

Alternate Stop Bus # \_\_\_\_\_ Alternate Bus Stop Location: \_\_\_\_\_

Rider Record Completed : \_\_\_\_\_

# DEBIT AUTHORIZATION FORM

Updated May 23, 2018

## Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking or savings account. You will be charged the amount indicated below each billing period. You can sign into your Parent Portal to view or print your account history. The charge will appear on your bank statement as an "ACH Debit."

Child's Name(s) \_\_\_\_\_

I \_\_\_\_\_ authorize Pure Academy to charge my bank account according to the attached membership terms and signed financial agreement. Total : \$ \_\_\_\_\_ Start Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address : \_\_\_\_\_

### Check Information

Name on Acct: \_\_\_\_\_

Bank Name : \_\_\_\_\_

Account # \_\_\_\_\_

Bank Routing # \_\_\_\_\_

Bank City/State: \_\_\_\_\_

### Debit/Credit Card Information

Card Type:  VISA  MASTER  \_\_\_\_\_

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Exp. 

--	--	--	--

  
Month / Year

3-Digit Code: 

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Found on the back of your card

I verify that my information is correct  Initial

\*Please provide a voided check.

\*Payments will be charged to your account on Friday, for the following weeks tuition.

I understand that this authorization will remain in effect until the last payment of the financial agreement, and I agree to notify Pure Academy in writing of any changes in my account information prior to the next billing date. There is a two week written notice required to cancel this recurring debit authorization. If the above noted periodic payment date falls on a holiday, I understand that the payment may be executed on the previous / following business day.

I understand that because this is an electronic transaction, these funds may be withdrawn from my account on the above noted periodic transaction date. In the case of an ACH / Debit Transaction being rejected for Non-Sufficient Funds (NSF) or Stop Payment, I understand that Club Pure may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$35.00 charge for each attempt returned, which will be initiated as a separate transaction from the authorized recurring payment.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank or credit card company so long as the transactions correspond to the terms indicated in this authorization form.

I understand that accounts that are 90 days past due will be reported to Equifax, Experian and TransUnion.

**I the undersigned have read, agree to, and understand the terms of this authorization form.**

Signature of Parent / Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_