



• KNOWLEDGE • CHARACTER • IDENTITY •

STUDENT NAME

GENERAL INFORMATION

School Hours: 9:00am - 3:00pm **Before Care** 6:30am - 9:00am **After Care** 3:00pm - 6:30pm

Before & After School Care is provided by Club Pure and a separate application must be completed to participate in the program. Pure Academy students qualify for a discounted extended day rate.

Club Pure also provides care for early outs, full days out, summer, winter and spring breaks.

Contact Information

Accounting / Billing Questions

If you have any financial questions please contact:

Billing Department: (Text or Call) **772-353-7433**

Email: selina@clubpure.org

General Questions - Anita Welsch / Administrator

If you have general questions please contact:

Phone: **772-429-0031**

Email: anita@clubpure.org

Pure Academy School Address: 10292 S. US Highway 1, Port Saint Lucie FL. 34952

TUITION & FEES

Registration Fee: \$50.00

Annual Book Fee: \$350.00

K-6th Grade Tuition: \$7,000.00

Monthly Payments: 10 x Tuition Payments of \$700.00 per month

First tuition payment is due with registration and book fees by

August 2, 2019 / Registration and Book Fees are Non-Refundable

MISC. INFORMATION

Bussing: Pure Academy does not provide bussing services, parents are responsible to drop off and pick up.

Lunches: Pure Academy does not have a food program, please pack a lunch and snack daily for your child.

Calendar: Pure Academy follows the Saint Lucie County Public School Calendar.

Admission: Students must be 5 years of age by September 1 to enter Kindergarten and 6 to enter 1st Grade.

Dress Code: Please purchase Polo shirts in white, blue, black or grey without any logos on the front left pocket. Pure Academy Logos will be pressed on the shirts for \$5 each. Polo's are to be worn with jean or khaki mid-length shorts, skorts, pants, or jumpers with no rips or holes.

T-Shirts: Pure Academy t-shirts can be purchased from the school for \$10 each.

Shoes: Close toe shoes only.

ADMISSIONS

Registration Requirements Checklist

To successfully enroll please complete and submit the following documents;

- Completed Application: signed and initialed where applicable
- Current Report Card
- Recent standardized test scores
- Current evaluations and I.E.P (if applicable)
- Copy of Birth Certificate
- Form 3040 (physical exam)
- Florida Health Form (immunization certificate)
- Completed Authorization to Release Records Form

Complete the following Waivers;

- Signed Liability Release Form
- Signed Promotional Release

Financial Documents and Fees;

- Initialed and Signed Financial Agreement
- Check or Money Order for \$50.00 (Registration)
- Check or Money Order for \$350.00 (Annual Book Fee)

Non-Discrimination Policy:

The Pure Academy admits students of any race, color, national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at this school. It does not discriminate on the basis of race, color, nationality, or ethnic origin in administration of its educational, admission policies, scholarships, athletic programs, or other school-administered programs.

Acceptance of students is based upon academic evaluation and interviews with students and their parents. All students must have a desire to attend this school and be willing to abide by its standards.

Parent Information / Main Contact

*Please submit Proof of Residency

Name: _____ MI: _____ Last Name _____

*Address: _____

Apt#: _____ City: _____ State: Florida Zip: _____

Employer: _____ Company Name: _____ Title / Position: _____

Cellular Phone: [____] _____ Receive Texts: Yes No

Work Phone: [____] _____ EXT: _____ Other: [____] _____

Family Data

Student lives with: Mother & Father Mother Father Mother & Step Father Father & Step Mother

Parents are: Together Separated Divorced Mother Deceased Father Deceased

If parents are divorced, separated or if child lives with someone other than his/her biological parent(s), please indicate who has legal custody. Custodial Parent / legal Guardian: _____

*Please submit a copy of the legal custody agreement

Languages spoken at home

Child's 1st Language: _____ 2nd Language: _____

Parents 1st Language: _____ 2nd Language: _____

Check In / Check Out Information

E-mail address _____

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

Family Medical

Preferred Doctor: _____ Phone: [____] _____

Preferred Hospital: _____

Insurance Company: _____ Policy# _____

Emergency Contact / Pick Up Information

Your child will be released to yourself and the persons listed below. The following people can be contacted and are authorized to pick up 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

Name: _____ Middle: _____ Last Name _____

D.O.B: _____ Age: _____ Social Security#: _____

Race: White Black Hispanic Other: _____ Male Female Shirt Size _____

List Allergies: _____

Prescribed Medication: _____

Dietary Needs: _____

Previous School Enrollment

Name of School: _____ Phone: [____] _____

Last Grade Finished: _____ Grade Applying For: _____

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.

Signatures of Authorization:

Mother / Guardian 1: Print Name: _____ Signed: _____ Date: _____

Father / Guardian 2: Print Name: _____ Signed: _____ Date: _____

Parents Commitment to Pure Academy

By signing this application, I acknowledge my commitment to:

Support the Statement of Faith of Pure Academy.

Support the Christian philosophy of education as taught at Pure Academy.

I understand that my child will be receiving biblical principles throughout the school year.

I will encourage my child to put into practice the principles they learn.

I will accept teacher, administrative and pastoral authority.

I will pay tuition when due or make financial arrangements through the main office.

Signatures of Commitment:

Mother / Guardian 1: Print Name: _____ Signed: _____ Date: _____

Father / Guardian 2: Print Name: _____ Signed: _____ Date: _____

Financial Agreement

INITIAL

***Registration & Book Fees are required upon enrollment: Total \$400.00 per year**
***Along with the 1st Months Tuition: \$700.00**

By signing this contract the main contact understands the following:

Annual Tuition is \$7,000.00. We are holding a seat in the class for your child for the school year. You have a 2 week trial period (10 school days) from registration to withdraw your child. After 2 weeks you will be responsible for the full years tuition. If you withdraw your child (for any reason) there are no refunds for registration or book fees, and you will be responsible for full payment of your account. You also agree that all text books, curriculum and supplies that are brought into the school by the student become the sole property of Pure Academy and will remain with the school.

The **Main Contact** is responsible to assure the account is paid on time. Your \$7,000 balance will be broken into ten (10) payments of \$700.00 per month. Monthly payments are due by the 1st of the month. You can make additional payments towards your balance at anytime.

Payment Forms: Personal Checks and Money Orders are the only form of payment we receive for tuition.

Parents who have unpaid accounts by the 2nd of the month will have to make payment before dropping off. A \$10.00 late fee will be applied to unpaid accounts.

If payments are returned unpaid due to non-sufficient funds (NSF) or stop payment, there will be a \$35.00 return fee applied per occurrence to your account. If your account has a return due to non-sufficient funds, you will be required to submit **Money Orders instead of checks** and payment must be received by the 31st of the month to avoid late fees.

Scholarships: We accept McKay, Step Up for Students and Hope.

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, I understand that I am solely responsible for the payment of tuition.

Emergency closing and severe weather: I understand that it is the schools intention to be open and provide schooling 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 contract terms.

Teachers and supporting staff do not take payments or have access to your private account information. Please direct all financial concerns and payment questions to the Academy Administrator or the accounts department. Staff don't have authority to void charges or make financial decisions that are against corporate policy.

We understand that financial situations occur and our office is willing to work with you if you communicate your situation in a timely manner. Please do not allow your account to get behind without communication.

Final grades, credits, and/or diplomas will be held until accounts are paid in full.

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: _____

Legal Guardian Completing Application

Liability Release/Waiver

Cayac, Inc. DBA Pure Academy

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 school and events hereby agree as follows;

Acknowledgement of Risks

The undersigned understands that there are certain dangers, hazards and risks (foreseen 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 (foreseen 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 (foreseen 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 Pure Academy. 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 Pure Academy.

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 Pure Academy (Liability Release and Hold Harmless)

In consideration of the attendance and participation in the program activities and knowing the dangers, hazards and risks (foreseen 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 Cayac Inc DBA Pure Academy. 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.

I have read and understand the liability waiver.

Signed _____ Date: _____

Legal Guardian Completing Application

Main Office: 3731 Oleander Ave #109, Fort Pierce FL. 34982

Pure Academy Address: 10292 S. US Highway 1, Port Saint Lucie FL. 34952



AUTHORIZATION TO RELEASE RECORDS

Request for Pupils Records: I hereby authorize

Name of last school attended: _____

Address: _____ Phone: _____

_____ Fax: _____

to release all records, including academic, disciplinary, and Special Education / 504 records if applicable of:

Student's Name: _____ Last Name: _____ Middle: _____

D.O.B: _____ Current Grade Level: _____

The records are to be released for the purpose of enrollment into the Pure Academy.

Name of Parent/Guardian: _____ Signature: _____ Date: _____

PLEASE FAX OR EMAIL THE FOLLOWING RECORDS

Cumulative Record

Immunization Record

Discipline Record

Report Card

Test Data

Special Education/504 Records

TO: Pure Academy Phone: 772-429-0031

Fax: 772-429-0098 Email: anita@clubpure.org

Requested by: _____ Date: _____

Signature: _____ Title: Academy Administrator

Club Pure - Main Office
3731 Oleander Ave #109, Fort Pierce FL. 34982

Pure Academy
10292 S. US Highway 1, Port Saint Lucie FL. 34952

772-429-0031 phone 772-429-0098 fax