

2024-2025

# Application for Admission

NAME: \_\_\_\_\_ Grade: \_\_\_\_\_

Award ID #: \_\_\_\_\_ Scholarship Type: \_\_\_\_\_

Date entered: \_\_\_\_\_ Date withdrawn: \_\_\_\_\_



Daytona Beach Christian Academy

1850 S. Clyde Morris Blvd.

Daytona Beach, FL 32119

PH: 386-760-4808 FX: 386-304-7031 E-mail: [info@dbcaeagles.com](mailto:info@dbcaeagles.com)

[www.dbcaeagles.com](http://www.dbcaeagles.com)

*"Excellence in Education Since 1972"*

# How to apply

## ADMISSION PROCEDURES AND POLICIES

A student is admitted to DBCA on the basis of former records, interviews, and SAT test scores, as well as availability of space and willingness of the family to partner with the school guidelines and philosophy. Parents may begin the registration process by submitting an application along with the required fees and information. All supporting documents must accompany an application.

## ADMISSION CRITERIA

### Kindergarten

1. The Student must be 5 years of age by September 1st of the school year.
2. Student must be FULLY POTTY TRAINED.
3. Student will be screened with an evaluation instrument of the school's choice if the administration determines it necessary.

## GRADE 1-12 APPLICANT REQUIREMENTS

1. Student must present with a C average (2.0) or above in academic grades or evidence of satisfactory academic performance if grades are not available.
2. Attain a composite achievement score on a nationally normed standardized achievement test, at the 50th percentile or higher. Recent test results within the last 18 months are acceptable.
3. Score within the average range on an IQ test or an equivalent score in another ability test.
4. Have satisfactory attendance for the previous year, including tardiness rate.
5. Have satisfactory behavior history (at home, in school, and in the community) and provide a positive indication that he/she truly wants to be a part of the Student Body.
6. Interview with the appropriate school administration.
7. Additional testing may be required at the expense of the parent.

## ADMISSION PROCESS

1. Complete the application.
2. Provide a copy of the student's birth certificate and social security card.
3. Provide original forms for your child's current physical and immunizations. A physical must be within the last year. Daytona Beach Christian Academy reserves the right to refuse any student who does not display with current immunization records.

4. Pay the following fees at the time of registration: Registration Fee to cover the cost of enrolling and maintaining the records for the student, Material Fee, Technology Fee, and New Student Testing and Evaluation fee, if required.
5. Provide a copy of the students previous report card.
6. Provide a discipline record on school letterhead.
7. Provide copy of student's social security card, parent's social security card and driver's license.

### **SPECIAL CIRCUMSTANCES**

Any exception to the established written admission policy (e.g., student who meets the GPA requirement but falls short of the standardized score requirements) will be made by the administration of DBCA.

### **NON-DISCRIMINATORY POLICY**

DBCA admits students of any race to all of the rights, privileges, programs, and activities generally accorded or made available to students at the school and DBCA does not discriminate on the basis of race in the administration of its educational policies, admissions policies, scholarship programs and other school administered programs.

### **PAYMENT PLANS**

School tuition is broken up in to three optional payment plans. If full tuition payment is paid by the first day of school, DBCA offers a 5% discount. A nine or ten month plan will be made available for the months August—April/May. A shorter payment plan will be made available for smaller balances, which should be – paid out before December 5th. We accept cash, check, or credit card (5% fee added).

If you do not have a scholarship plan in place with an active award letter at the time of admission, you will be required to make payments weekly, bi-weekly, or monthly until your scholarship becomes active and is funded.

**Payments are DUE ON THE 1ST OF THE MONTH AND LATE ON THE 5TH OF THE MONTH.** Late fees will be applied on the 6th of the month. *Any student whose account is still past due on the 15th of the month will be removed from class until the account is made current. This is for any balance such as Tuition, Morning Care/Aftercare, etc.*



# Student Information

**YOU MUST FILL OUT EVERY LINE ON THIS PAGE OR WE CANNOT ACCEPT!!**

**STUDENT SEC ID# \_\_\_\_\_ (MULTIPLE SIBLINGS MAY USE SAME #)**

**Parent/Guardian please choose 4 digit Security Code for your student(s)**

**I am requesting that my student be placed in grade: K4 K5 1 2 3 4 5 6 7 8 9 10 11 12**

**Student's Name** \_\_\_\_\_ **M** \_\_\_\_\_ **F** \_\_\_\_\_

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

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**STUDENT SS# \_\_\_\_\_ COPY REQUIRED**

**D.O.B.** \_\_\_\_\_ **Birthplace: City** \_\_\_\_\_ **State** \_\_\_\_\_

**RECOMMENDED BY:** \_\_\_\_\_

**Student resides with:** \_\_\_\_\_

**Has the student ever repeated any grade? Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **Repeated more than one** \_\_\_\_\_

**If yes, why?** \_\_\_\_\_

**Has the student ever been dismissed, expelled or suspended from school? Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Explain:** \_\_\_\_\_

**Name of previous school** \_\_\_\_\_

**Are there any unusual factors in the student's life: adoption, accident, serious illness, health problems, etc that the teacher and staff should be aware of?** \_\_\_\_\_

**Has student ever been seen by a therapist, psychologist, psychiatrist, behavioral therapist, been enrolled in a behavioral school or facility, or been recommended to any of the above? If so, when, where, for how long and for what:** \_\_\_\_\_

**Student Agreement for student grades 6-12:**

**I understand that my attendance to DBCA signifies that I pledge to agreeably abide by all policies, requirements, and rules set forth by the school as now and hereafter in effect. I will read the parent/student handbook, and sign and return "I Agree Statement".**

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Parent's Signature**

\_\_\_\_\_  
**Date**

# Parent Information- **WE MUST BE ABLE TO REACH A PARENT!**

Fathers/Guardian's Name: \_\_\_\_\_

Address (if different from student) \_\_\_\_\_

City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell \_\_\_\_\_ **Email** \_\_\_\_\_

Place of employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Job Title \_\_\_\_\_

Father's /Guardian SS # \_\_\_\_\_ **COPY REQUIRED**

Father's/Guardian Drivers License # \_\_\_\_\_ **COPY REQUIRED**

**PLEASE PROVIDE ADEQUATE PHONE NUMBERS TO REACH PARENTS IN CASE OF EMERGENCY!!**

Mothers /Guardian Name: \_\_\_\_\_

Address (if different from student) \_\_\_\_\_

City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell: \_\_\_\_\_ **Email** \_\_\_\_\_

Place of employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Job Title \_\_\_\_\_

Mother's /Guardian SS# \_\_\_\_\_ **COPY REQUIRED**

Mother's /Guardian Drivers License # \_\_\_\_\_ **COPY REQUIRED**

**PLEASE PROVIDE ADEQUATE PHONE NUMBERS TO REACH PARENTS IN CASE OF EMERGENCY!!**

Guardianship belongs to: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Legal documentation supplied: \_\_\_\_\_

We desire to enroll our student in DBCA because \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Brothers and sisters:

Name : \_\_\_\_\_ Age: \_\_\_\_\_

Name : \_\_\_\_\_ Age: \_\_\_\_\_

Name : \_\_\_\_\_ Age: \_\_\_\_\_

**PLEASE BE SURE WE HAVE A VALID/WORKING CONTACT NUMBER IN CASE OF INJURY, ILLNESS, OR OTHER EMERGENCY NEEDS. WE NEED NEW PHONE AND CONTACT NUMBERS IF YOU SHOULD CHANGE PHONES OR CONTACT INFO.**

# Emergency Contact Information

PLEASE LIST EMERGENCY CONTACTS IN THE ORDER WHICH CONTACT SHOULD BE MADE. PLEASE MAKE SURE PHONE NUMBERS ARE ACCURATE. **SHOULD PHONE NUMBERS CHANGE AT ANY TIME, PLEASE CONTACT DBCA WITH THE NEW CONTACT INFORMATION.**

**1ST CONTACT NAME:** \_\_\_\_\_

**RELATIONSHIP TO CHILD:** \_\_\_\_\_

**PH #:** \_\_\_\_\_ **ALT PH #:** \_\_\_\_\_

**2ND CONTACT NAME:** \_\_\_\_\_

**RELATIONSHIP TO CHILD:** \_\_\_\_\_

**PH #:** \_\_\_\_\_ **ALT PH #:** \_\_\_\_\_

**3RD CONTACT NAME:** \_\_\_\_\_

**RELATIONSHIP TO CHILD:** \_\_\_\_\_

**PH #:** \_\_\_\_\_ **ALT PH #:** \_\_\_\_\_

**4TH CONTACT NAME:** \_\_\_\_\_

**RELATIONSHIP TO CHILD:** \_\_\_\_\_

**PH #:** \_\_\_\_\_ **ALT PH #:** \_\_\_\_\_

IN THE EVENT THAT MY CHILD IS INJURED OR ILL AND NEEDS IMMEDIATE MEDICAL ATTENTION AND ONE OF THE ABOVE LISTED CONTACTS CANNOT BE REACHED WITHIN A REASONABLE ALLOWABLE TIME, I HEREBY GIVE MY PERMISSION FOR DAYTONA BEACH CHRISTIAN ACADEMY TO TAKE THE APPROPRIATE ACTION TO EITHER CALL PARAMEDICS OR TRANSPORT MY CHILD TO THE NEAREST MEDICAL FACILITY, AT MY EXPENSE..

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE

# Daytona Beach Christian Academy

1850 S. Clyde Morris Blvd.

Daytona Beach, FL 32119

PH: (386) 760-4808 FX: (386) 304-7031

E:Mail: info@dbcaeagles.com

Www.dbcaeagles.com



## Medication policy 2024-2025

We want your child to stay healthy while they learn and grow in Christ here at Daytona Beach Christian Academy, and it is our policy to not administer medication of any kind unless specified by you or your child's attending physician.

1. Any medication that a child must take during the school day must be submitted to the office with written doctor's instructions and any necessary verbal instructions.
2. If there is a medical emergency we will take immediate action.
3. In the case of a life threatening emergency we will dial 911 to get your child the medical attention they need.
4. On all other medical issues that are non-life threatening we will call you immediately to inform you of the situation, so that you can make an informed decision.
5. I understand that if my child has a medical issue it is my responsibility to notify the school.

In the past/or present—my student has been diagnosed and/or treated for the following:

ASTHMA \_\_\_ ALLERGIES \_\_\_ RE-CURRENT BRONCHITIS \_\_\_ RE-CURRENT SINUSITIS \_\_\_ PTSD \_\_\_

HEAD-ACHES \_\_\_ ADD \_\_\_ ADHD \_\_\_ ODD \_\_\_ ANXIETY \_\_\_ DEPRESSION \_\_\_ BI-POLAR DISORDER \_\_\_

OTHER: \_\_\_\_\_

LIST ALLERGIES: \_\_\_\_\_

My student takes the following medications:

| Medication | Prescribed for: | Dosage/Time at Home | Dosage/Time at School |
|------------|-----------------|---------------------|-----------------------|
|            |                 |                     |                       |
|            |                 |                     |                       |
|            |                 |                     |                       |
|            |                 |                     |                       |

**All students must be free of vomiting, diarrhea, and fever (without medication) for at least 24 full hours before returning to school.**

I \_\_\_\_\_, parent/guardian of \_\_\_\_\_,

have read and agree to the following medication policy on this date \_\_\_\_\_.

# Parent Agreement

**PARENT/GUARDIAN MUST INITIAL EACH ITEM AND SIGN BOTTOM OF THIS PAGE**

In making this application for registration of my child, I understand and agree that:

- The Registration, Material, and Technology Fees are **NON—REFUNDABLE**.
- There is a \$100.00 withdrawal fee (PARENT PAID) if the student leaves the school before the end of the school year. This fee must be paid before any records, etc. will be released.
- The school administration has full responsibility in placing my child in the proper grade level.
- My child may go on scheduled field trips and use bus transportation as needed.
- Periodically, pictures are taken of the students in class and other activities. These photos are occasionally used on the DBCA website, DBCA Facebook page, DBCA Instagram, DBCA commercials, in DBCA brochures, and in other DBCA media. I give my permission to use such pictures of my child.
- I will support all of the school discipline policies. The school reserves the right to expel any student who does not abide by its policies, requirements and rules or any other student whose parents or guardians fail to cooperate with the school administration.
- I understand that the school day is from 8:00am to 3:00pm. If my student arrives before 8:00am, they will be automatically placed in Morning Care . If my child is not picked up by 3:15pm they will be automatically placed into aftercare without contacting the parent. Applicable fees will be assessed on the weekly bill.
- I understand and agree that I will be required to follow all parking lot driving instructions for drop-off and pick-up of students as provided by the school**.
- Parents are not permitted to pick up their student(s) between the hours of 2:30-3:00pm unless it is an emergency. Student release for doctor's appointments must be prior to 2:30pm and provide written documentation from the doctor's office for this appointment.
- I authorize DBCA staff to handle any emergency medical or other situation with my child, and if necessary to transport them to the doctor or hospital and agree to hold harmless DBCA from all costs, expenses, liability or damage in connection with emergency incident.
- I agree to pay for any school property lost, damaged or destroyed by my child, a student at DBCA.
- I understand that if I wish to be a volunteer or attend functions with DBCA on or off campus, I am required to acquire FDLE fingerprint and background check at my personal expense.

I have read the above parent agreement and agree to support DBCA by requiring my child to obey all school policies, rules and requirements now and hereafter in effect. A complete listing of the school's policies, rules, and requirements are found in the student handbook.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date





# Daytona Beach Christian Academy

1850 S. Clyde Morris Blvd.

Daytona Beach, FL 32119

PH: (386) 760-4808 FX: (386) 304-7031

E-Mail: info@dbcaeagles.com

Www.dbcaeagles.com

## Extended Care Contract—K5—6th Grade

The school day starts at 8am and ends at 3:00pm. If you need to drop your child off earlier and/or pick them up later, Morning Care and Aftercare are available for K5-6th grade students.

1. Morning care is available from **7 am—8 am for \$15 per week** per child—\$3 daily rate.
2. Aftercare is available from **3:15m—6pm for \$50.00 per week per child (\$10 daily rate), 3:15—4:00 for \$30 per week per child (\$6.00 daily rate).** Half days - **12:15-3:15pm-\$5**
3. The Registration fee for extended care is **\$15.00**—which must be paid prior to service.
4. Any parent arriving after 6:00 pm to pick up their child will be assessed a fee of **\$10.00 per child for the first 5 minute segment, then \$2.00 per child, per minute for each additional minute. After third late pick-up, student may no longer stay in aftercare.**

Morning Care/Aftercare fees are to be paid weekly on the first day of the week attending and your account will be subject to a \$15 late fee if the payment is not received by Monday of the following week. **Your child may not return to Morning Care or Aftercare until all fees are paid up to date.**

I \_\_\_\_\_ accept these terms and will register my child  
\_\_\_\_\_ (Child's Name) into the Morning Care/Aftercare  
program at DBCA.

\_\_\_\_\_  
Signature of Parent or Guardian.

\_\_\_\_\_  
Date

Payment of Extended care registration received on \_\_\_\_\_ (date)

By \_\_\_\_\_ (Administration)

**SECURITY CODE FOR CHILD PICKUP** \_\_\_\_\_

**(THIS CODE WILL BE THE SAME AS ON STUDENT INFO PAGE—  
MULTIPLE SIBLINGS MAY USE THE SAME SECURITY CODE)**



# Daytona Beach Christian Academy

1850 S. Clyde Morris Blvd.

Daytona Beach, FL 32119

PH: (386) 760-4808 FX: (386) 304-7031

E-Mail: lloy@dbcaeagles.com

Www.dbcaeagles.com

## Request for Student Records

According to the Final Regulations - Family Education Rights and Privacy Acts (Buckley Amendment) dated June 17, 1976, it is no longer necessary to obtain written consent to release records between educational institutions. It states that school officials, including teachers within the educational institution and officials of other school systems in which the student may intend to enroll, may receive a student's records without a written consent for such release.

Name of Student: \_\_\_\_\_

Student's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Grade: \_\_\_\_\_

*Please Note: If records have been transferred, please forward request to the institution/agency/office holding this student's records.*

Name of School previously attended: \_\_\_\_\_

Previous School's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

|                             |                                 |       |
|-----------------------------|---------------------------------|-------|
| Information to be released: | Cumulative Record Folder        | _____ |
|                             | Attendance Records              | _____ |
|                             | Health & Immunization Record    | _____ |
|                             | Psychological Records           | _____ |
|                             | ESE & Special Education Program | _____ |
|                             | Information, if applicable      | _____ |
|                             | Discipline Report               | _____ |

*Please forward ORIGINAL copies. Thank you for your prompt assistance.*

Daytona Beach Christian Academy

Fax (386) 304-7031

Please forward all above mentioned records to lloy@dbcaeagles.com

# Daytona Beach Christian Academy

1850 S. Clyde Morris Blvd.

Daytona Beach, FL 32119

PH: (386) 760-4808 FX: (386) 304-7031

E-Mail: info@dbcaeagles.com



## FINANCIAL OBLIGATIONS 2024-2025

Please check-mark your student's scholarship or payment method:

**STUDENT NAME:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

**SELF-PAY** \_\_\_\_\_ **SUFS/FTC** \_\_\_\_\_ **SUFS/FES** \_\_\_\_\_ **AAA/FTC-FES** \_\_\_\_\_

**SUFS/FES-UA(GARDINER)** \_\_\_\_\_ **AAA-FES-UA(GARDINER/McKAY)** \_\_\_\_\_ **HOPE** \_\_\_\_\_

**SCHOLARSHIP AWARD DATE:** \_\_\_\_\_ **STUDENT APPL #** \_\_\_\_\_

**STUDENT AWARD ID#:** \_\_\_\_\_ **AWARD AMOUNT:\$** \_\_\_\_\_

**MUST PROVIDE COPY OF AWARD LETTER:** \_\_\_\_\_

**THIS STUDENT'S FEES, UNIFORMS, AND TUITION ARE THE FINANCIAL RESPONSIBILITY OF:** \_\_\_\_\_

**REGISTRATION, TECHNOLOGY, AND MATERIAL FEES ARE DUE PRIOR TO THE BEGINNING OF THE SCHOOL YEAR. SEE PAYMENT SCHEDULE FOR DATES.**

I/we understand that my student's expenses must be met or payment arrangement made prior to the beginning of the school year or before student attends class. I understand that payments are scheduled to begin in August and continue monthly until all expenses are paid in full. I understand that I must approve all on-line payments within the week issue or approve invoices issued to Gardiner within the dated week. If my student's scholarship has not been granted prior to school beginning, I will take full responsibility for the expense until the time the scholarship is granted and funded.

Please list below ALL people who may receive information regarding your student. Check-mark the appropriate box(es) regarding the information to be shared about your student.

| Name | Relationship | Phone # | E-Mail | Finance | Class-Tag | Academics |
|------|--------------|---------|--------|---------|-----------|-----------|
|      |              |         |        |         |           |           |
|      |              |         |        |         |           |           |
|      |              |         |        |         |           |           |
|      |              |         |        |         |           |           |
|      |              |         |        |         |           |           |

\_\_\_\_\_  
RESPONSIBLE PARTY SIGNATURE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CO-RESPONSIBLE PARTY SIGNATURE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DATE





# Daytona Beach Christian Academy

1850 S. Clyde Morris Blvd.

Daytona Beach, FL 32119

PH: (386) 760-4808 FX: (386) 304-7031

E-Mail: [info@dbcaeagles.com](mailto:info@dbcaeagles.com)

[www.dbcaeagles.com](http://www.dbcaeagles.com)

## Required Forms—Prior to Admission

Dear Parent,

In order for \_\_\_\_\_ (student) to be registered/continue attendance for the 2024-2025 school year we need you to provide us with the following documents:

**The Department of Education requires us to obtain a copy for your child's cumulative folder.**

**Please provide copies of the following:**

- Copy of Birth Certificate\*\*
- Current Shot Record\*\*-Form 680; Code 1-under 7th grade; Code 8—7th Grade and up.
- Current Physical\*\*
- Copy of Child's Social Security Card\*\*
- Copy of Parent's Social Card\*\*
- Copy of parents Drivers License\*\*
- Enrollment Application
- Medication Policy form
- Disciplinary Record from previous school: if applicable
- Grades / Transcript/Report Card from previous school: if applicable
- Extended Care Registration
- Parent Authorization Release Form
- Emergency ID Form
- Current year—2024-2025—"I Understand" Form (in the back of the Student/Parent Handbook)
- Copy of Signed Contract

\*\*\*\*\*These documents are **required** by the State of Florida and must be turned in to the school office before your child can be **fully enrolled**. DBCA reserves the right to deny entrance if these documents have not been provided upon entrance application or before the first day of school.

Your student will not be allowed to attend any classes after \_\_\_\_\_ and  
until these forms have been received and documented.

If there is any reason you cannot present these documents, **you must notify office immediately.**

Thank you for your Cooperation,

Mr. Mark Tress, Headmaster DBCA

# Daytona Beach Christian Academy

1850 S. Clyde Morris Blvd.

Daytona Beach, FL 32119

PH: (386) 760-4808 FX: (386) 304-7031

E-Mail: info@dbcaeagles.com

Www.dbcaeagles.com



## Tuition Schedule 2024—2025

| <u>ANNUAL TUITION</u>               |          | <u>Aug 1</u>                 | <u>Aug-Jan</u>                |
|-------------------------------------|----------|------------------------------|-------------------------------|
| K5—12th Grade                       | \$8,250  | \$7,837.50<br>1 pmt -5% Disc | \$4,021.88<br>2 pmt-2.5% Disc |
| Exceptional Learners<br>K-5th Grade | \$10,500 | \$9,975.00                   | \$10,237.50                   |

Scholarship awards are designed to pay a defined figure per school calendar year. Any overage amount must be paid per established monthly payment due on the 1st of each month and before the 5th of each month. After the 5th of the month, a \$25 late charge will be added to your account and you may be charged an additional percentage of the balance (finance charge) until you resume timely payments.

|                                                                                                                                                                                                                 |                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| <u>REGISTRATION FEE—Non-Refundable</u><br>Per Student (each)                                                                                                                                                    | \$100.00             |
| <u>MATERIAL/TECHNOLOGY FEE—Non-Refundable</u><br>Per Student-Due by July31, 2024<br>On or after August 1, 2024                                                                                                  | \$400.00<br>\$500.00 |
| <u>TUTORING FEES</u><br>Scholarship Dependent or Self-Pay-Consult Administration                                                                                                                                |                      |
| <u>FLVS/DUAL ENROLLMENT</u><br>Fees may apply due to scholarship restrictions. Consult with Administration. It is raapent's responsibility to verify dates of qualification for both application and enrollment |                      |
| New Student Testing Fee 1st—8th Grade                                                                                                                                                                           | \$25.00              |
| Advanced Evaluation Fee –Exceptional Learners                                                                                                                                                                   | \$75.00              |

|                                                                                           |                                                                                                                                                       |
|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| Morning & AfterCare Registration                                                          | \$15.00 Due Aug 1—per child                                                                                                                           |
| Morning (7:00am—8:00 am)                                                                  | \$3.00 Daily-Per child<br>\$15.00 Weekly-Per child                                                                                                    |
| Afternoon (3:15-6:00pm)<br>Afternoon (3:15-4:00pm)                                        | \$10 Daily/\$50 Weekly-Per child<br>\$6 Daily/\$30 Weekly-Per child<br>\$10 Per child for the first 5 minutes<br>\$2 Per child each additional minute |
| Late Fees Aftercare:<br><b>3 TIMES LATR PICK-UP WILL REVOKE<br/>AFTERCARE PRIVILEDGES</b> | \$25.00 Weekly—per child<br><b>MC/AC PMTS ARE DUE WEEKLY ON<br/>MONDAY FOLLOWING CARE</b>                                                             |

FES-US accounts may be billed for tutoring according to academic need which may be above or beyond actual scholarship awrd amount. Scholarship will be billed accordingly and any overage will be parent's responsibility.

|                                                                                                                                                                               |          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| LATE FEES: If tuition is paid after the 5th of the month or MC/AC 2 weeks—late late fees will apply automatically.                                                            | \$25.00  |
| NSF FEES: 1 NSF check allowed per year— any additional payments must be cash or cashier's chrck.                                                                              | \$25.00  |
| EARLY WITHDRAWAL FEE: <u>Parent paid only when student transfers before the end of the school year.</u> Student records cannot be transferred until this fee is paid in full. | \$100.00 |



- ◆ FTC  
Florida Tax Credit
- ◆ FES-EO  
Family Empowerment  
Scholarship  
Equal Opportunities
- ◆ FES-UA  
Family Empowerment  
Scholarship Unique  
Abilities (Formerly  
Gardiner-McKay-PLSA)



**We accept cash, checks, and credit cards (with 5% fee) or pay online (fees apply)**