Odyssey Preparatory Academy

1350 Wyoming Dr. SE ◆ Palm Bay, FL 32909
Enrichment Phone Number 321-372-7263 ◆ Fax (321) 327-7261
Enrichment Coordinator: Julie Porter | 321-733-0442 ext. 129 | PorterJ@odysseycharterschool.com
Enrichment Site Supervisor: Anneisa Nieves | 321-372-7263 | NievesA@odysseycharterschool.com

Before & After Care Enrichment Program Registration

2026/2027 School Year

Registration Fee	$130 per student $155 per family
Before Care *6:00am – 7:20am*	$45 per week
After Care *2:30pm – 6:30pm*	$80 per week
Before and After Care	$90 per week
Drop-In Friday Only *1:30pm – 6:30pm*	$35 per day

Tuition Policy and Fees Information:

- **New Registration Fee Requirements for the 2026–2027 School Year:** Due to rising operational costs, we have updated our registration fee structure for this school year. The registration fee helps cover enrollment processing, student records management, Procare services, and administrative costs associated with maintaining student accounts. The annual registration fee will be divided into two payments:
  Enrollment Registration Fee – $100 due prior to your child's attendance in August.
  Mid-Year Registration Fee – Remainder of $30 for one child (or $55 for two or more children) due upon returning from Winter Break in January.
- Tuition is to be paid ahead of the week and is due by 8am each Monday. Any accounts that aren't paid before Tuesday will be given notice of suspension from the program until payment is made in full.
- Payments can be paid through Procare, via credit card, or automatic withdrawal (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 the youngest sibling's tuition.
- A late pick-up fee of **$1.00 per minute** will be assessed beginning at **6:31pm**. Excessive late pick-ups may result in a student no longer being eligible to attend the program.
- A late payment fee of **$15.00** will be assessed for each week on any tuition that is not received before 8:00am on Mondays.
- A fee of $25.00 will be assessed to accounts for any returned checks.
- If an account receives more than three declined payments, the payer will be required to submit weekly payments by money order only, due each Monday by 8:00am.
- If a student's account holds an overdue balance, they will not be permitted to participate in any afterschool clubs or summer camp.

Program Withdrawals and Adjustment Policy:

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

Threat Management Protocol

Odyssey Charter School takes all threats seriously to ensure the safety of students and staff. If a student makes a verbal, written, or implied threat using language such as "kill," "shoot," "stab," "die," or any other threatening statements or gestures, the Enrichment Program is required to initiate the school's Threat Management procedures.

This includes:

- Immediate notification of the school's Threat Management Chairperson
- Removal of the student from the group as necessary to ensure safety
- Collection of written statements from all students involved or who witnessed the incident
- Parent/guardian notification
- A formal investigation conducted by the school's Threat Management Team

The Threat Management Team will review all information and determine whether the threat is founded or unfounded.

The student will receive a suspension from the Enrichment Program and may face removal from the program. Law enforcement may be contacted if deemed necessary. Additional disciplinary consequences during the regular school day may also apply in accordance with school policy.

Grievance Policy

We are committed to providing a safe, positive, and supportive environment for all students and families. If a parent/guardian has a concern or grievance regarding the aftercare program, we ask that the following steps be followed:

Step 1: Please contact the Aftercare Supervisor or Director to discuss the concern.

Step 2: Please contact the Principal if unresolved with the Enrichment team.

Step 3: Please contact the Board Designated Parent Representative - Amber Miller 321-442-2742 or millera@odysseycharterschool.com

We value respectful communication and partnership with families and encourage concerns to be addressed promptly so we can work together toward a resolution.

Discipline Procedures and Policies for Enrichment's Before and After Care

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 Preparatory Academy.

The Enrichment Program maintains a zero-tolerance policy for unsafe physical behaviors to ensure a safe and respectful environment for all students. Students who exhibit unsafe physical behaviors, such as eloping, physical aggression, or throwing objects that place themselves or others in danger, will be sent home for the day and may be immediately removed from the program.

Students who are excessively noncompliant, repeatedly refuse to follow directions, use inappropriate or foul language, or disrupt the safety and structure of the group will follow the disciplinary procedures outlined below.

Consequences:

All students are clearly informed of group expectations. Consequences will be developmentally appropriate and will match the behavior.

- **First Offense:** The student will receive a consequence appropriate to the behavior and an incident report will be sent home. A signed copy will remain in the student's enrichment file.
- **Second Offense:** The student will receive a consequence appropriate to the behavior and a second incident report will be sent home. The parent/guardian will be contacted. A signed copy will remain in the student's enrichment file.
- **Third Offense:** A third incident report will be issued and the parent/guardian will be required to speak with the Enrichment Director. The student may be suspended from the program for up to five days.
- **Fourth Offense:** The student may be permanently removed from Odyssey Charter School's Enrichment Program.

Discipline will never be associated with food, rest, toileting or outside play. Please be advised: Administration reserves the right to suspend or remove a student from the Enrichment, Extracurricular, or Summer Programs immediately if any incident is deemed severe enough to warrant removal without prior referrals.

Dear Families,

We know how important it is to stay up to date on your child's learning journey, which is why we're excited to offer you access to Procare Solutions' best-in-class parent app.

What Can I See on the App?

The app offers several "contactless" ways to check your child in and out. This helps us limit in-person interactions and unnecessary foot traffic in the school so we can better ensure the health and wellbeing of you, your children and our staff. Our preferred method of payment is automatic withdrawal (please fill out the attached form). Payments may be made through Tuition Express within the Procare App. Acceptable forms of payment are bank withdraw, or credit card as well. If you choose to pay by check or money order, it will be processed through Procare within two days.

How do I get the app?

You will receive an email from Procare with a unique 10-digit code and instructions on how to download and log into the app. Please **make sure your email is listed on the registration paperwork.** Please see additional information for checking your child in and out, when dropping off or picking up from Enrichment.

Sincerely,

Alia Hartwick

Enrichment Director
321-733-0442 ext. 130

OPA Enrichment's Before & After Care Program Registration

Please Check Program Selection and Days of Attendance

☐ Before Care ***only*** *Monday* *Tuesday* *Wednesday* *Thursday* *Friday*

☐ After Care ***only*** *Monday* *Tuesday* *Wednesday* *Thursday* *Friday*

☐ Before & After Care *Monday* *Tuesday* *Wednesday* *Thursday* *Friday*

☐ Early Release Drop-In Friday Only

OFFICE USE ONLY Weekly Tuition_____ Registration Fee_____ Amount Paid_____ Check #_____ Autopay____

Student(s) Information: Start Date: _____

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

Date of Birth ____ / ____ / ____ Special Needs: _____ ELC School Readiness ❑ Yes ❑ No

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

Date of Birth ____ / ____ / ____ Special Needs: _____ ELC School Readiness ❑ Yes ❑ No

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

Date of Birth ____ / ____ / ____ Special Needs: _____ ELC School Readiness ❑ Yes ❑ No

Address

_____
Street *City* *State* *Zip Code*

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 _____

Consents/Acknowledgements:

I give consent for my child to watch PG movies. ❑ Yes ❑ No
I give consent for my child's photo to be used within the school. ❑ Yes ❑ No
I give consent for my child's photo to be used on the school's social medias and website. ❑ Yes ❑ No

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 Charter School 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. Authorized persons must be 18 years or older and able to show a valid ID. 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 would like my account to be set up for autopay. ❑ Yes ❑ No

If yes, you will receive a link to set up autopay once your account is activated, and you will have 3 days to complete the setup. After that time, the link will expire and you will need to request a new one to be sent.

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 _____ Threat Mgmt. Protocol
initial *initial* *initial*

_____ _____
Signature of parent or guardian *Date*

Automated Payment Processing

Safe. Convenient. Easy.

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AND CREDIT CARD

I (we) hereby authorize **Odyssey Preparatory Academy** to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name _____ Phone # _____

Cardholder Address _____ City _____ State _____ Zip _____

Account Number _____ Expiration Date _____

Cardholder Signature _____ Date _____

SECTION B (Bank Account)

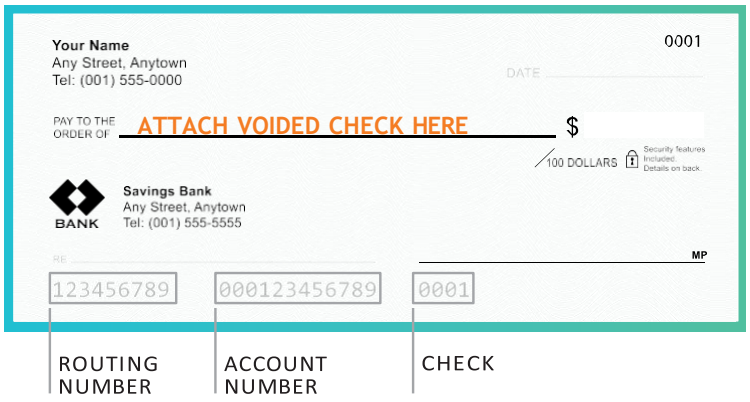
Your Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Bank or Credit Union Name _____ Bank or Credit Union Address _____ City _____ State _____ Zip _____

Routing Transit Number (see sample below) _____ Account Number (see sample below) _____ ☐ Checking ☐ Savings

Authorized Signature _____ Date _____



FOR OFFICIAL USE ONLY

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Date Received