Odyssey Charter School

1755 Eldron Blvd. SE ◆ Palm Bay, FL 32909
Enrichment Cell Phone: 321-693-0488 ◆ Fax (321) 733-1178
Enrichment Director: Alia Hartwick | 321-733-0442 ext. 214 | HartwickA@odysseycharterschool.com
Enrichment Coordinator: Claudia Agosto | 321-733-0442 ext. 215 | AgostoC@odysseycharterschool.com

Before & After Care Enrichment Program Registration

2025/2026 School Year

Registration Fee	**$75 per one child $100 per family**
Before Care *6:00am – 7:20am*	**$40 per week**
After Care *2:50pm – 6:30pm* *1:30pm – 6:30pm (Friday)*	**$75 per week**
Before and After Care	**$85 per week**
Drop-In Friday Only *1:30pm – 6:30pm*	**$30 per day**

Tuition Policy and Fees Information:

- 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. You may pay ahead for as many weeks as you would like.
- Payments can be paid through Procare, via credit card, or automatic withdrawal (form required) or by check or money order (payable to **OCS 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 **$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 a student's account holds an overdue balance, they will not be permitted to participate in any afterschool clubs.

Program Withdrawals and Adjustment Policy:

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

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

Odyssey Charter School'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 Charter School.**

Expectations:

- Show respect at all times.
- Move appropriately throughout the campus and in outdoor play areas.
- Follow instructions set forth by enrichment teachers.
- Show care and respect for all school property and materials.
- Refrain from disruptive behavior, fighting, violence of any kind, and inappropriate language.
- Comply with all regulations set forth by Odyssey Charter School'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 or other privileges and meet with the Enrichment Supervisor 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 parent and the enrichment director will discuss the student'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 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 if any incident is deemed severe enough without prior referrals.

OCS 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 #_____ Procare____ Autopay____

Student(s) Information:

Start Date: _____

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

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

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

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

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

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

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 have received a copy of the Know Your Childcare Facility Brochure. ❑ Yes ❑ No
I have received a copy of the Distracted Adult Brochure. (Every April & September) ❑ Yes ❑ No
I have received a copy of the Influenza Virus Brochure. ❑ 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. 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*

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 Charter School** 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)

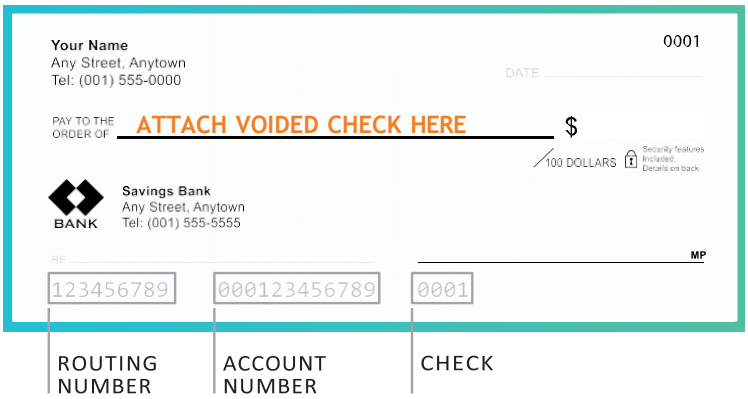
Your Name _____ Phone # _____

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

_____

Date Received _____

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. 214

Claudia Agosto

Enrichment Coordinator
321-733-0442 ext. 215