



Odyssey Preparatory Academy

1350 Wyoming Dr. SE ♦ Palm Bay, FL 32909

Enrichment Cell Phone (321) 372-7263 ♦ Fax (321) 327-7261

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 Procure, 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 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 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 Schools.**

Procedures:

- ♦ Show respect at all times.
- ♦ Move appropriately throughout the campus and in outdoor play areas.
- ♦ Follow instructions set forth by enrichment teachers.
- ♦ Refrain from damaging any school property.
- ♦ Refrain from disruptive behavior, fighting, violence of any kind, and inappropriate language.
- ♦ Comply with any and all regulations set forth by Odyssey Preparatory Academy'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 privileges and the student will meet with the enrichment director 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 Preparatory Academy's Enrichment, Extracurricular or Summer Programs.

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 referral.

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 Fridays 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 and on MVG's Facebook page ☐ 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 Preparatory Academy 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
initial

_____ Discipline Procedures and Policies
initial

_____ Alternate Pick-Up Authorizations
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		

Your Name
Any Street, Anytown
Tel: (001) 555-0000

0001

DATE _____

PAY TO THE ORDER OF **ATTACH VOIDED CHECK HERE** \$

100 DOLLARS

 **Savings Bank**
Any Street, Anytown
Tel: (001) 555-5555

RE _____ MP _____

123456789 000123456789 0001

ROUTING
NUMBER

ACCOUNT
NUMBER

CHECK

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 Procure 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 Procure 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 Procure within two days.

How do I get the app?

You will receive an email from Procure 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