



(407) 679-7775

## OUR VISION

Spark! Family Enrichment Center, is supportive of the community and concerned with the welfare of its employees, we are focused on bringing families together, giving back to the community, and educating to empower students of all ages! The hallmark of our business is the personal relationships we build with the families we serve; offering a dependable, nurturing community resource through affordable, hands-on educational enrichment, a diverse curriculum, and passionate instructors.

Dear Spark Families,

We would like to start by thanking you for sharing and entrusting your children with us. We consider it an honor that you have chosen Spark for your after school needs. At Spark we foster a caring and fun atmosphere for all ages. We strongly believe in treating each child with respect and as an individual. We pride ourselves on hiring only the most qualified, passionate and caring individuals for our program that help "educate to empower" our students.

As we continue to improve our programs and service, we have attached our registration form for the 2011-2018 school year. Please review, complete and return in to Spark **at least one week prior** to start date of the After School Program.

Your child afternoon at Spark begins with:

Safe transportation from local schools, (all our experienced drivers are over 25 years of age with clean driving records and background checks), in new clean vans, snacks, homework lab, fun and exciting enrichment classes, optional music lessons and private tutoring, supervised free play.

Again, thank you for supporting and most of all for sharing your wonderful children with us.

Warmest regards

Ethiana Alvarado

Owner/Spark Family Enrichment Center

# Registration Form

This form must be signed at the bottom for acceptance. Your privacy is important to us. Your information will not be shared. Your information is for emergency / liability purposes

**Mother's / Guardian Name** \_\_\_\_\_ **Father's Name** \_\_\_\_\_

**Street Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell** \_\_\_\_\_ **Wk** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**People given permission to pick up child (ren):**

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Phone number** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Phone number** \_\_\_\_\_

**CHILDREN:**

**Child's name** \_\_\_\_\_ **DOB** \_\_\_\_\_ **Child's name** \_\_\_\_\_ **DOB** \_\_\_\_\_

**School** \_\_\_\_\_ **School** \_\_\_\_\_

**Please list Allergies or medical Conditions:**

\_\_\_\_\_

\_\_\_\_\_

Are there any medications that need to be dispensed while at Spark? Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, please explain

\_\_\_\_\_

**How did you hear from us? Please allow us the opportunity to thank them! Circle all that apply:**

Through a friend (name) \_\_\_\_\_ Flyer: (where) \_\_\_\_\_

Online: (where) \_\_\_\_\_ Sign \_\_\_\_\_ Walk-in \_\_\_\_\_ Other \_\_\_\_\_

**Classes interested in:** \_\_\_\_\_

**SPARK FAMILY ENRICHMENT CENTER POLICIES:**

- I understand that I am responsible for full payment before each class
- I will notify my Instructor of any physical limitations / medical issues I / my children may have
- **I understand that I give Spark! Family Enrichment Center permission to take photos / videos / of me / my children & that may use these photos / videos in any media they find suitable.**
- I understand if I am unable to attend a class that I have previously scheduled, I must inform the Spark! Location directly at least 1 hour prior to class for classes and 24 hours for tutoring & private instructions or be charge the full amount for the lesson / class.

I have read and accepted all Spark! Family Enrichment Center Policies. I understand that there are certain risks and dangers associated with the activity and use of the facilities and these risks have been fully explained to me. I fully understand the danger involved. I fully assume the risk involved as acceptable to me and I agree to use my best judgment in undertaking these activities and follow all safety instructions.

I wave and release Spark! Family Enrichment Center for any claim for personal injury, property damage, or death that may arise from my and my child's use of the facilities or from my child participation in the activities or instruction.

I am a competent adult, and I assume these risks of my own free will. If a student is under 18 years of age, parent or legal guardian must sign.

**Parent / Guardian Printed name** \_\_\_\_\_ **Signature** \_\_\_\_\_

**Student Printed name** \_\_\_\_\_ **Date** \_\_\_\_\_

## Spark! Family Enrichment Center Afterschool Registration

### MEDICAL HISTORY: INFORMATION MUST BE COMPLETED FOR EACH CHILD

**Child First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Physician:** \_\_\_\_\_ **Phone number:** \_\_\_\_\_

Has your child recently had an operation or does your child have any chronic or reoccurring illness?

Do you have any physical or medical concerns we should be aware of? If yes, please describe:

### **Health and Development History**

In order to serve your child best, please provide the following information below: (if yes, please provide details)

- |                                       |                              |                             |       |
|---------------------------------------|------------------------------|-----------------------------|-------|
| 1. Allergies (bee, food, medication)  | <input type="checkbox"/> yes | <input type="checkbox"/> no | <hr/> |
| 2. Seizures/Epilepsy                  | <input type="checkbox"/> yes | <input type="checkbox"/> no | <hr/> |
| 3. Hearing/Vision Impairments         | <input type="checkbox"/> yes | <input type="checkbox"/> no | <hr/> |
| 4. Chronic Illness (asthma, diabetes) | <input type="checkbox"/> yes | <input type="checkbox"/> no | <hr/> |
| 5. Emotional concerns/disorder        | <input type="checkbox"/> yes | <input type="checkbox"/> no | <hr/> |
| 6. Nosebleeds                         | <input type="checkbox"/> yes | <input type="checkbox"/> no | <hr/> |
| 7. **list all medications             | <input type="checkbox"/> yes | <input type="checkbox"/> no | <hr/> |

**\*\*If your child will be taking any medications while during after school hours, we will need the medication with the prescription label. Please read and sign below.**

Name of medication: \_\_\_\_\_ Time/Dosage \_\_\_\_\_

Reason for medication: \_\_\_\_\_ Directions for storage \_\_\_\_\_

I, \_\_\_\_\_, give permission to authorized staff member(s) to administer medication to my child as indicated above.

### **Child and Family Individualized Information**

**In order to provide the best care to your child, please complete the following information.**

How would you describe your child's behavior on a typical day? (I.e. plays well with others, is shy, is energetic)?

\_\_\_\_\_  
\_\_\_\_\_

How does your child respond best to refocusing attention? (i.e. taking personal space, reading)?

\_\_\_\_\_  
\_\_\_\_\_

Does your child require assistance during transitions such as to the restrooms, an enrichment class or specialized assistance during homework time? \_\_\_\_\_

\_\_\_\_\_

## After School Program Pricelist:

### After School Care:

Weekly rate: \$90.00

Each additional sibling: \$81.00 (@ 10% discount)

Daily Rate: \$25.00

Each additional sibling: 22.50

### Individual Tutoring:

K-8th Grade: \$30.00 per hour

K-8th Grade: \$20.00 per ½ hour

### Music:

Piano, guitar, violin, voice, drums

\$38.00 per hour

\$20.00 per ½ hour

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## **Spark! Family Enrichment Center Afterschool Registration**

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### **Spark! Family Enrichment Center Discipline and Conduct Agreement**

Spark has a very strong anti-bullying policy.

We, the friends of **Spark! Family Enrichment Center** agree to work together to prevent and stop bullying at our Enrichment Center.

Bullying is defined as intentionally aggressive behavior that can take many forms (verbal, physical, social/relational/emotional, or cyber bullying – or any combination of these); it involves an imbalance of power, and is often repeated over a period of time. The bullying can consist of one child bullying another, a group of children ganging up against one lone child, or one group of kids targeting another group.

Common behaviors attributed to bullying include put-downs, name calling, rumors, gossip, verbal threats, menacing, harassment, intimidation, social isolation or exclusion, and physical assaults.

We believe that no student deserves to be bullied and every student regardless of race, color, religion, nationality, size, gender, popularity, athletic, academic, social ability, or intelligence has the right to feel safe, secure, and respected.

Twice a year in the After School Program (generally September & January) an in-service is done with the ASP students regarding Bullying and contrast behavior.

### **Discipline Policy:**

Praise and positive reinforcement are effective methods of behavior management of children. When children receive positive, nonviolent, and understanding interactions from adults and others, they develop good self-concepts, problem solving abilities, and self-discipline. Based on this belief of how children learn and develop values, Spark! Will practice the following discipline and behavior management policy.

### **We Do:**

- Praise, reward and encourage the children.
- Reason with and set limits for the children.
- Model appropriate behavior for the children.
- Modify the environment to attempt to prevent problems before they occur.
- Listen to the children.
- Provide alternatives for inappropriate behavior to children.
- Provide the children with natural and logical consequences of their behaviors.
- Treat the children as people and respect their needs, desires, and feelings.
- Ignore minor misbehaviors.
- Explain things to the children on their levels.

## Spark! Family Enrichment Center Afterschool Registration

### Spark! Family Enrichment Center Discipline and Conduct Agreement

#### **We Do Not:**

- Make fun of, yell at, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse the children.
- Do not shame or punish the children.
- Leave the children alone, unattended or without supervision.
- Allow discipline of children by children.
- Criticize, make fun of, or otherwise belittle children's parents, families, or ethnic groups.

Conferences will be scheduled with parents if particular disciplinary problems occur. If a child behavior consistently endanger the safety of the children around him/her, management have the right to, after meeting with parents and documenting behavior problems and interventions, terminate services.

In effort to ensure the proper handling of discipline problems and corrective discipline procedures for certain situations, the following guidelines have been established:

#### **Major offenses**

- Fighting/Pushing/Kicking
- Foul language
- Going to unauthorized areas
- Destroying Spark! Equipment or property
- Lying/Deceiving/or Stealing
- Endangering the safety of others.

The corrective procedure for each category is as follows:

#### **Major Offenses**

1. Written Warning
2. Written warning/Management & Parents conference
3. 1 Day Suspension\*
4. 3 Days Suspension\*
5. Expulsion from the Program\*\*

\*suspension is for program days and starts the next program day. (The weekends and Holidays do not count).

\*\*Expulsion of the program is for one calendar year. There will be no refund of program fees. A child who has been expelled from the program may request to be allowed back into the program after a short assessment period of 90 days.

Your signature below indicates that you have read the **Disciplinary Policy** and you support our behavior standards. It is understood that if any one or more of the following actions from the Disciplinary Policy is displayed by the child in the After School Program, he/she will be subject to loss of one or more privileges that day. If inappropriate behavior persists, the enrichment program can be terminated.

Child(ren)'s Name

Parent's/Gardian's Signature

Date

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Spark! Family Enrichment Center Afterschool Registration**

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**Spark! Family Enrichment Center Homework Feedback Form**

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Child: \_\_\_\_\_

School \_\_\_\_\_

Grade \_\_\_\_\_

Teacher \_\_\_\_\_

Please describe homework habits.

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Does your child have any fears, habits and sensitivities that we should know about?

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We offer one snack after homework lab. If you would like an additional snack, you may provide and leave for the week. Please provide additional instructions for snack and homework:

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Does the child have a planner that can be reviewed? Please give specific directives.

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## Spark! Family Enrichment Center Afterschool Registration

### Spark! Family Enrichment Center Parent/Guardian Authorization

Child (ren)'s Name \_\_\_\_\_

**By signing this authorization, I agree to terms below:**

1. I have read the information provided in Spark! After School Program Registration Packet, including discipline, attendance and payment.
2. I agree to pay \$35.00 non-refundable registration fee at time of enrollment.
3. I understand that I am responsible for full payment before each class/program. I understand that payment is due one week in advance on Fridays (for the following week) or on Mondays (for the current week) and that my child may not be permitted to stay at the program if the weekly fee has not been paid.
4. I will notify Spark! Of any physical limitations/ medical issues that my child may have.
5. All health history and information provided above is correct so far as I am hereby giving my permission for the person here in described to engage in all prescribed afterschool activities.
6. In the event I cannot be reached in a medical emergency, I give permission to share this information with health care providers. I hereby give my permission
7. I understand that I give Spark! Permission to take photos/videos of me/my children and they may use this photos/videos in any media they find suitable.
8. I understand that if I am unable to attend a class/ASP that I previously scheduled, I must inform the Spark! Location directly at least 3 hours PRIOR TO PICK UP TIME or be charged the full amount for the day/lesson.
9. I have read and accept all Spark! Enrichment Center Policies. I understand that there are certain risks and dangers associated with activity and use of the facilities and that these risks have been fully explained to me. I fully understand the danger involved. I fully assume the risks involved as acceptable to me, and I agree to use my best judgment in undertaking this activities and follow all safety instructions.
10. I wave and release Spark! Enrichment Center for any claim for personal injury, property damage, or death that may arise from my and my child's use of the facilities or from my child and my child's participation in the activities or instruction. I am competent adult, and I assume these risks of my own free will.
11. I understand that Spark! Family Enrichment Center reserves the right to dismiss any participant for continual behavior issues consistent with the behavior management policy handbook.
12. I agree to adhere to the program hours and will pick up my child no later than 6:30pm. I understand that a fee of \$5.00 per child will be assessed for late pick up.
13. I understand it is my responsibility to update all contact information as necessary.
14. **Cancellation Policy:** Withdrawal from the program requires a two week written notice. The cancellation date will be counted from the date the written notification is received. Cancellations should be directed at Spark! Management only.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



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## **Spark! Family Enrichment Center Afterschool Registration**

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### APENDIX I

We, the friends of Spark! Family Enrichment Center, agree to work together to prevent and stop bullying at our Enrichment Centers.

Bullying is defined as intentionally aggressive behavior that can take many forms (verbal, physical, social/relational/emotional, or cyber bullying – or any combination of these); it involves an imbalance of power, and often repeated over a period of time. The bullying can consist of one child bullying another, a group of children ganging against one lone child, or one group of kids targeting another group.

Common behaviors attributed to bullying include put-downs, name calling, rumors, gossip, verbal threats, menacing, harassment, intimidation, social isolation or exclusion, and physical assaults.

We believe that no student deserves to be bullied and that every student regardless of race, color, religion, nationality, size, gender, popularity, athletic, or social ability, or intelligence has the right to feel safe, secure, and respected.

Child (ren)'s names:

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I agree to:

- Treat other students with kindness and respect.
- Not engage in verbal, relational, or physical bullying or cyber bullying.
- Be aware of Spark! Anti-bullying policies and procedures.
- Abide by the school's anti-bullying policies.
- Support friends who have been victimized by bullies.
- Speak out against verbal, relational, and physical bullying and cyber bullying.
- Notify a Spark! Staff member or administrator when bullying does occur.
- Be good role model for other students.

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Student's Signature

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Student Signature

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Mother/Guardian's Signature

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Father/Guardian's Signature

## Payment Authorization Form

Schedule your payment to be automatically deducted from your bank account, or charged to your Visa, MasterCard, American Express or Discover Card. Just complete and sign this form to get started!

### Automatic Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

### Here's How Automatic Payments Work:

You authorize regularly scheduled charges to your credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as an "ACH Debit." You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

### Please complete the information below:

I \_\_\_\_\_ authorize **Spark Family Enrichment Center** to charge my credit card (full name) indicated below for \$\_\_\_\_\_ for After School Program tuition.


Billing Address \_\_\_\_\_

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

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

### Credit Card

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
<input type="checkbox"/> Amex	<input type="checkbox"/> Discover
Cardholder Name _____	
Account Number _____	
Exp. Date _____	
Security Code _____	

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify **Spark Family Enrichment Center** in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that **Spark Family Enrichment Center** may at its discretion attempt to process the charge again within 30 days, and agree to an additional **\$35.00** charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card Company; so long as the transactions correspond to the terms indicated in this authorization form.

Spark! Family Enrichment Center | 1425 Tuskawilla Rd. Winter Springs, Florida 32708 | 407-679-7775