

City, State, Zip Code: _____

Cell Ph. #: _____

Home #: _____

Email: _____

Employer: _____

Work Ph. #: _____ Ext.: _____

OR

Guardian's Name: _____

Address: _____

Suite: _____

City, State, Zip Code: _____

Cell Ph. #: _____

Home: _____

Email: _____

Employer: _____

Work Ph. #: _____ Ext.: _____

City, State, Zip Code: _____

Cell Ph. #: _____

Home #: _____

Email: _____

Employer: _____

Work Ph. #: _____ Ext.: _____

Parental Certification:

I certify that the Child Care Enrollment Form is accurate to the best of my knowledge. By signing below, I accept full responsibility for providing the required weekly payments, notifying the Program manager of any changes to my contact information, and complying with all Program policies.

Parent / Guardian Signature

Date

Golden Path Academy
Before Care & After Care Program
Student Health and Medical Information Form

Parent/Guardian – Please complete all areas below (PRINT)

Student ID #: _____ Grade: _____ Birth Date (MM/DD/YR): _____

Student's Name: _____
First Middle Last (Nickname)

Also known as (alias): _____
First Middle Last (Nickname)

This child may participate fully in academy activities including physical education.

This child may participate fully in academy activities including P.E. with the restrictions listed below.

Student Health and Medical Information

*****Parent / Guardian must contact the academy if his/her student has a health condition*****

Name of child's physician: _____ Phone Number: _____

Name of Child's Dentist: _____ Phone Number: _____

Does your child have any health condition(s) that the staff members should be aware of? Yes No

If yes, please briefly describe the condition(s) and any assistance needed at the academy.

Does your child have any allergies? Yes No If yes, list _____

Does the allergy require lifesaving medication? Yes No If yes, what are the medications? _____

A separate medication must be provided to the Program.

Describe symptoms and treatment(s): _____

Does your child have any heart conditions? Yes No If yes, please describe _____

Does your child have medication or emergency medication required for the Program? If yes, please indicate below and provide the medication and emergency action plan directly to the academy.

Yes No If yes, specify _____

**A completed and signed Medication Authorization Form must be submitted to the academy
before medications may be administered.**

Section I. Child Identified:

If your child requires routine or emergency medication during the Program, you must provide written documentation to the academy. A parent or guardian is responsible for completing the necessary training to administer emergency medication.

Section II. Parent/Guardian Consent:

By signing below, I acknowledge my responsibility to notify the academy of any changes to my contact information. I understand that EMS (911) will be called in the event of an emergency requiring medical evaluation or transport, and I accept full responsibility for any associated costs. If my child experiences an illness or injury that does not require immediate emergency treatment but prevents them from remaining at the academy, the academy will contact the parent(s) or guardian(s) listed above. If a parent or guardian cannot be reached, an emergency contact listed on the enrollment application will be notified to pick up and/or care for my child.

Section III. Parental Certification and Responsibilities:

I certify that the medical information provided above is true and accurate to the best of my knowledge. If my child has a medical condition that may require assistance or management while in the Program, I understand that it is my responsibility to inform the academy and discuss a plan of care.

By signing this document, I acknowledge and agree that the information contained herein may be shared with appropriate academy staff, Program staff, and healthcare professionals on a need-to-know basis, in accordance with the Health Insurance Portability and Accountability Act (HIPAA), to ensure the health and safety of my child.

Parent / Guardian Signature

Date of Signature

**Golden Path Academy
Before Care & After Care Program
Food Consumption Form**

Permission to participate in food-related activities:

I, _____
Parent / Guardian

Decline Give permission for my child _____

Please check one (1) box First Name MI Last Name

to participate in food related activities and special occasions wherein food is consumed.

Please initial only one (1) that applies:

_____ My child does NOT have a food allergy or dietary restriction and MAY participate in all food-related activities.

_____ My child does NOT have a food allergy or dietary restriction but MAY NOT participate in food-related activities for the reasons listed below.

_____ My child HAS a food allergy or dietary restriction and MAY participate in activities but MAY NOT eat, drink, or handle the following items:

_____ My child HAS a food allergy or dietary restriction and MAY NOT participate in any food-related activities.

Helpful information about your child.

I understand that I am required to complete a Food Consumption Form each year my child is enrolled in the Program. By signing below, I accept responsibility for informing the academy of any changes to my decision regarding my child's participation.

Parent / Guardian Signature

Date of Signature

Golden Path Academy
Before Care & After Care Program
Discipline and Expulsion Policy

Code of Student Conduct

Discipline will be administered in accordance with the standards outlined in the Family Handbook and the academy's disciplinary procedures.

Program services are designed to benefit all students by fostering a positive and structured environment. A successful program relies on student behavior that is respectful, socially appropriate, and conducive to both learning and teaching. Any behavior that disrupts this environment or infringes on the rights of others will not be tolerated.

Parents and guardians should understand that participation in the Program services is a **privilege, not a right**. The Program reserves the right to discontinue childcare services at any time and for any reason.

Student Expectations:

Students are required to:

- Demonstrate socially acceptable behavior.
- Respect others and their property.
- Maintain an orderly environment that supports effective learning and instruction.
- Honor the rights of others.

Expulsion:

If a student's behavior does not improve, they may be suspended from the Program services for 1 to 3 days. If a student receives three (3) Behavior Referral Reports within one academy calendar year, they may be withdrawn from the Program.

Regardless of attendance, **tuition fees will continue to be billed weekly** and must be paid promptly.

Withdrawal:

If a student is withdrawn after payment has been made for the current week, no refund will be issued for unused days. However, any excess payments will be refunded within **10 business days** of withdrawal.

Please note: The annual enrollment/registration fee is **non-refundable**.

Parent / Guardian Signature

Date of Signature

**Required document*

Golden Path Academy
Before Care & After Care
Open Door Policy and Photo-Video Media Release*

Open Door Policy

We have an open-door policy that allows parents, guardians, and caregivers access to their child (children) during operating hours. However, the safety of the children is our priority. Although we have an open- door policy and welcome parents and guardians to visit their child(ren), we also have a commitment to the parents of the other children in the Program. Unauthorized person(s) not listed on the Emergency Contact and Departure Form will not be allowed to visit your child. In a custody situation, please note that the same procedure will be followed as outlined in the Pick-up Procedures section in the Family Handbook. Parents and guardians are encouraged to pre-arrange opportunities to visit their child’s (children) facility with the approval and supervision of the Site Supervisor/Designee.

Photo-Video Media Release

We need parent permission to use a child’s photograph, voice, and/or name in various media projects. Please read the following, then date and sign where indicated.

Yes – I consent. I grant permission for my child to participate and appear in video or audio recordings, films, photographs, written articles, or on websites and social media sites. This consent includes the use and editing of my child’s image, voice, and name in media projects by the academy to print, broadcast, Internet media outlets, such as newspapers, radio and television stations, and news websites. In consideration of the opportunity for my child to participate, I release the academy including its employees and contractors, from all claims resulting from the use and editing of my child’s image, voice, or name, and the use, sale, editing, and release to media outlets.

No – I do not consent to non- academy use of my child’s photograph, voice and/or name in various media projects.

Your selection remains valid for all media projects occurring during the academic year in which this form is signed. You may change your selection at any time by completing a new form at the academy.

Student’s First Name	Middle	Last	Nickname
----------------------	--------	------	----------

Parent / Guardian Signature

Date

**Open door policy is required*

Golden Path Academy
Before Care & After Care Program
Parental Custody and Financial Responsibility

Program personnel will not participate in custody disputes between parents. To avoid confusion, the parent or guardian who enrolls the child in the Program is responsible for ensuring that weekly tuition fees are paid based on the child's enrollment. **Tuition fees will be billed weekly and must be paid, regardless of attendance.** Any changes in Program participation require **written notification by Tuesday of each week** for the following week's schedule. Program staff must remain neutral in custody matters. They should not take sides, make discretionary judgments favoring one parent over the other, or engage in parental conflicts.

Handling Parental Disagreements

If parents provide conflicting or irreconcilable instructions regarding their child, the following procedures will apply:

A. Encourage Parental Resolution

Program staff will encourage parents to resolve their differences and provide a single, consistent set of instructions to the Program.

B. Follow Court Orders

If parents cannot reach an agreement and continue to provide inconsistent instructions, the Program will follow the specific directions outlined in a certified court order from a Florida court that clarifies parental rights on the disputed issue. If conflicting court orders are presented, the most recent court order recorded with the Collier County Clerk's Office will be followed.

C. Equal Parental Rights in the Absence of a Court Order

If no court order exists or if the order does not specifically address the issue in question, both parents will be granted:

- Equal access to their child's academy records and reports.
- Equal physical custody of the student during Program hours.

Is there a Certified Court Order or Restraining Order? Yes No If yes, please provide documentation.

Print Child's Name

Print Name of Parent / Guardian

Parent / Guardian Signature

Date of Signature

**Required document*

Golden Path Academy Before Care & After Care Program Acknowledgment of Program Guidelines

Student ID #: _____ Grade: _____

Student's Name: _____
First Middle Last (Nickname)

By signing below, I acknowledge that I understand and will adhere to the Program guidelines outlined below.

Child Custody

Program personnel will not engage in custody disputes between parents. To avoid confusion, the parent or guardian who enrolls the child in the Program is responsible for ensuring weekly tuition payments based on the child's enrollment.

Annual Registration Fee (Non-Refundable)

\$75 per family per academic calendar year (July–June).

Tuition

Tuition is structured by **full week, partial week, and single-day rates** and must be paid accordingly. **Tuition is billed weekly and remains due regardless of attendance.** Payment must be made **in advance by Friday** of each week before services are rendered for the following week.

Late Payment Policy

A **\$10 late payment fee** per family will be applied to accounts if payment is not received by **6:00 p.m. on Friday** of the previous week.

Returned Check and Credit Card Decline Fees

If a personal check or credit card payment is declined, the Program will **not** reprocess the transaction. The parent or guardian must submit payment in full via **money order or cashier's check** within **24 hours of notification**. After two (2) declined payments, **only money orders or cashier's checks** will be accepted for future payments.

Absences

Prepaid tuition is **non-refundable** except in cases of **health-related absences**. If a student is absent for **two or more consecutive days** due to a documented medical reason (doctor's note required), prepaid tuition will be adjusted to the **partial week or daily rate**, and any excess funds will be credited toward the following week.

Late Pick-Up Policy

The Program services close **promptly at 6:00 p.m.** A **\$15 late fee per family** will be charged for every **15-minute increment (or portion thereof)** past closing time. Late pick-up fees **must be paid by Friday** of the same week they are incurred.

Change of Enrollment (COE)

Any **changes to Program participation**, including **sick leave, vacation requests, or Program withdrawal**, require **written notification by Tuesday** for the following week. Requests must be submitted via **email; verbal notifications will not be accepted**. Refunds for overpayments will be processed within **10 business days** of the request.

Withdrawal Without Notification

If a student is absent for **five (5) consecutive days** without prior notification, tuition will still be billed based on the student's enrollment. The student will be **automatically withdrawn**, and no refund will be issued. Parents or guardians remain responsible for any **unpaid balances**.

Parent / Guardian Signature

Date of Signature

Golden Path Academy
Before Care and After Care Program
Parent Acknowledgment Form

Student ID #: _____ Grade: _____

Student's Name: _____
 First Middle Last (Nickname)

By placing my initials and signature on this form, indicates that I am the parent/guardian of the child listed above. Also, I am confirming that I acknowledge the Program guidelines and policies set forth. Moreover, I understand the Parent Acknowledgement Form will be kept in my child's file as an official document.

_____ **Child Custody Policy**

_____ **Discipline and Expulsion Policy**

I acknowledge that the Program provided a copy of the Before Care and After Care Program Discipline and Expulsion Policy.

_____ **Open Door Policy**

I acknowledge that the Program provided a copy of the Before Care and After Care Program Open Door Policy.

_____ **Photo-Video Media Release**

I acknowledge that the Program provided a copy of the Before Care and After Care Program Photo-Video Media Release Form.

_____ **Calendars**

I acknowledge that the Program provided a copy of the calendars.

Print Name of Parent / Guardian

Signature of Parent / Guardian

Date of Signature

Golden Path Academy
Before Care and After Care Program
Insufficient Funds and Returned Credit Card Fees

Accepted Payment Methods

We accept the following payment methods:

- Cash App
- Venmo
- Paypal
- Money Order
- No Cash Accepted

Returned Payments Policy

If a credit card transaction or a check is returned or dishonored by the banking institution for any reason, we will not attempt to redeposit it. The parent, guardian, or caregiver must provide full payment via money order or cashier's check within 24 hours of notification.

After two returned payments, future payments will only be accepted via money order or cashier's check.

Returned Payment Fees

Fees for returned checks or credit card transactions will be applied as follows:

- First Occurrence:
 - Full repayment is required within 24 hours of notification (no additional charge).
- Second Occurrence:
 - A returned payment fee will be added.
 - Full repayment is required within 24 hours of notification (money order or cashier's check only).
 - Future payments will be restricted to money order or cashier's check.

Fee Structure (per Florida Statutes §68.065)

- \$25 for returned payments up to \$50
- \$30 for payments over \$50 but less than \$300
- \$40 for payments between \$300 and \$800
- 5% of the payment amount (whichever is greater)

Parent / Guardian Signature

Date of Signature