



How did you hear about our school? \_\_\_\_\_

Pick up Time: \_\_\_\_\_

Pick up Location: \_\_\_\_\_

### After Care Registration Form

2016-2017

#### STUDENT INFORMATION

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Gender:  Male  Female

#### PARENT/GUARDIAN INFORMATION

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Tel: \_\_\_\_\_ Home Tel: \_\_\_\_\_ Other Tel: \_\_\_\_\_

E-mail Address (please print clearly):

\_\_\_\_\_

Name / emergency contact information for any other person authorized to pick up your child (if applicable):

\_\_\_\_\_  
Name Phone

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardia

Please Note: If intending to enroll more than one student, please complete separate forms for each one.

**Inna's Hall Of Fame – Performing Arts Conservatory**

Tel: 954-237-6021 🎵 Fax: 954-543-5188

8685 Stirling rd. Cooper City, FL 33328



How did you hear about our school? \_\_\_\_\_

Pick up Time: \_\_\_\_\_

Pick up Location: \_\_\_\_\_

### **Consent/Waiver Form**

**(Please sign and return the form below)**

I have received a copy of the Rules and Regulations and the Tuition Information (also available on our website) for INNA'S HALL OF FAME PERFORMING ARTS CONSERVATORY. I acknowledge that it is my responsibility to read and understand these rules and regulations and the tuition information. It is also my responsibility to read and explain the rules and regulations to my child/children. I understand and acknowledge that the director and/or the instructors of the INNA'S HALL OF FAME PERFORMING ARTS CONSERVATORY may remove my child/children from class for not meeting and/ or following these rules and regulations.

I hereby certify that my child is fully capable of participating in the physical activities offered at INNA'S HALL OF FAME PERFORMING ARTS CONSERVATORY and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as made known to the school director or instructors at INNA'S HALL OF FAME PERFORMING ARTS CONSERVATORY.

I further agree on behalf of myself and my child listed below, that I shall hold harmless and fully indemnify the parties hereby released from any and all claims, damages, costs including attorney fees, and causes of action which may arise from any cause of action made by me or by, through or on behalf of my child, even if the damages, injuries or death are caused in whole or in part by any of the persons or entities hereby released.

In case of accident or serious illness, I request INNA'S HALL OF FAME PERFORMING ARTS CONSERVATORY to notify the emergency contact listed on the registration form. If personnel are unable to make contact, I hereby authorize INNA'S HALL OF FAME PERFORMING ARTS CONSERVATORY personnel to contact a physician or hospital for medical services and treatment. It is understood and agreed that I will assume responsibility for payment of any rendered medical services and treatment.

In addition, I hereby authorize INNA'S HALL OF FAME PERFORMING ARTS CONSERVATORY to take photographs and/or videotape of any and all activities for which my child/children are registered for. The photographs and/or videos may be used for the sole purpose of promoting INNA'S HALL OF FAME PERFORMING ARTS CONSERVATORY.

**Parent Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Student Name(s):** \_\_\_\_\_

**Inna's Hall Of Fame – Performing Arts Conservatory**

Tel: 954-237-6021 🎵 Fax: 954-543-5188

8685 Stirling rd. Cooper City, FL 33328



How did you hear about our school? \_\_\_\_\_

Pick up Time: \_\_\_\_\_

Pick up Location: \_\_\_\_\_

## **2016-2017 AFTER CARE TUITION POLICY**

**Tuition is due ON or BEFORE the 1<sup>st</sup> DAY OF EACH MONTH\*. Please fill out the credit card authorization form attached for our records.** Payments prior to the 5<sup>th</sup> of each month can be made through credit card, personal checks, or cash at reception. Checks should be made out to INNA'S HALL OF FAME PERFORMING ARTS CONSERVATORY. **Effective August 22nd, 2016 for all outstanding accounts as of the 5<sup>th</sup> of the month: we will automatically charge the tuition fee, as well as an additional \$25.00 late fee to the credit card provided.**

**PLEASE NOTE: If we are unable to process a payment by the 5<sup>th</sup> of the month, we will not be able to pick up your child from their school. Until the account is paid in full, he/she will not be able to participate in the aftercare program.**

*I understand and agree to the above payment policy: \_\_\_\_\_*

There will be an additional fee of **\$35.00** charged for any **returned checks (NSFs)**. This amount must be paid with a money order or a cashier's check when paying the balance. You may resume using checks the following month.

*I understand and agree to the above NSF policy: \_\_\_\_\_*

In the event you need to withdraw you child/children from the program, you must submit a "Withdrawal Form" to INNA'S HALL OF FAME PERFORMING ARTS CONSERVATORY by the 5<sup>th</sup> of the month in order to close your account and receive a refund for that last month's tuition. **Parents that are unable to submit a "Withdrawal Form", on time, are liable for the month's tuition.** Since we are reserving a space for your child, once a month has begun, the monthly payment cannot be refunded for any reason.

*I understand and agree to the student withdrawal policy: \_\_\_\_\_*

\* Payment plans are available for families with multiple children. Please inquire at reception.

**Inna's Hall Of Fame – Performing Arts Conservatory**

Tel: 954-237-6021 🎵 Fax: 954-543-5188

8685 Stirling rd. Cooper City, FL 33328



How did you hear about our school? \_\_\_\_\_

Pick up Time: \_\_\_\_\_  
Pick up Location: \_\_\_\_\_

## CREDIT CARD AUTHORIZATION FORM

Cardholder's Name: \_\_\_\_\_  
(as it appears on the card)

Credit Card Billing Address:

\_\_\_\_\_  
Apt # Street Number  
\_\_\_\_\_  
Zip Code State City

Telephone: \_\_\_\_\_

Contact Name: \_\_\_\_\_  
(if different from one above)

### CREDIT CARD INFORMATION

**Credit Card Type:**

- Visa
- MasterCard
- Discover
- Dinners Club

**Credit Card Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**Security Code:** \_\_\_\_\_

I, the undersigned cardholder, hereby authorize my credit card, as listed above, to be used as a guarantee of/for payment for all outstanding charges.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Inna's Hall Of Fame – Performing Arts Conservatory**  
Tel: 954-237-6021 🎵 Fax: 954-543-5188  
8685 Stirling rd. Cooper City, FL 33328



How did you hear about our school? \_\_\_\_\_

Pick up Time: \_\_\_\_\_

Pick up Location: \_\_\_\_\_

### RULES for students

Students must be courteous and respectful at all times.

Students must stay in their assigned classroom, unless they are taking other classes.

Students must keep all their belongings in their assigned cabinet.

Students must be responsible to bring their own homework from school, or bring quiet reading material.

Students must clean up after themselves before they leave the premises.

### IMPORTANT INFORMATION

Health considerations for both the individual child and for the group dictates that sick children be at home, rather than in after care. As per the Social Service Division Care Ordinance No. 89-21, #7-6.06, if your child has a fever, general body rash, recurrent diarrhea, symptoms of conjunctivitis (pink eye), impetigo, head lice, or other communicable diseases or conditions, i.e., chicken pox or colds, you will be called and will be expected to pick up your child WITHIN ONE (1) HOUR OF BEING NOTIFIED. Your child should not return to INNA'S HALL OF FAME PERFORMING ARTS CONSERVATORY until he/she is without signs and symptoms for at least 24 hours. If any child contacts any kind of communicable disease, i.e., conjunctivitis (pink eye), chicken pox, etc., we must be notified as soon as a diagnosis is made so that we may notify other parents.

For your child's sake, as well as for the sake of other children, we ask that you keep your child home when he/she is ill. In an effort to preserve everyone's good health, we will be forced to send home any children who come to aftercare ill. During the course of the day, if your child becomes ill, you will be called and asked to pick him/her up.

### Illness or Injury

Any MEDICATION that needs to be administered to your child must be sent in with the AUTHORIZATION FOR MEDICATION form, available at the front desk. This form must be completed in full and signed. ALL MEDICATIONS SENT TO INNA'S HALL OF FAME PERFORMING ARTS CONSERVATORY MUST BE SENT IN THE ORIGINAL CONTAINER. DO NOT SEND ANY MEDICATION IN YOUR CHILD'S AFTER SCHOOL BAG.

Medication and Authorization form must be given directly to the front desk.

Aspirin and/or Tylenol will not be given to any child.

In case of emergency After Care Program will call the parent(s) or guardian(s). If they cannot be reached, the emergency phone numbers and/or personal physicians will be called. If the parents or emergency numbers cannot be reached, and emergency attention is required, 911 will be called and your child will be taken to the nearest hospital that is best equipped to handle the particular emergency. While the situation is being handled, we will continue to try to contact you and keep you fully informed.

**Inna's Hall Of Fame – Performing Arts Conservatory**

Tel: 954-237-6021 🎵 Fax: 954-543-5188

8685 Stirling rd. Cooper City, FL 33328



How did you hear about our school? \_\_\_\_\_

Pick up Time: \_\_\_\_\_

Pick up Location: \_\_\_\_\_

## Inna's Hall of Fame - After School Program

***Inna's Hall of Fame After School Program*** follows the Broward County public school calendar, which might be different from your school's calendar so please make the arrangements accordingly.

### Your child can look forward to:

- Supervised homework help
- Child-safe computer access
- Snack option for additional charges

### Transportation:

Our after schools program provides transportation from the following schools:

- Cooper City Elementary
- Embassy Creek Elementary
- Griffin Elementary
- Lycee Franco-Americain
- Pembroke Lakes Elementary
- Pioneer Middle
- Renaissance Charter School
- Silver Ridge Elementary
- Stirling Elementary

For all students enrolled in music, dance, and/or acting classes but not in aftercare, individualized after-school pick-up service is available from the above-mentioned schools for a flat daily fee of \$7.00/pick-up.

## REGULAR HOURS

Monday-Friday 2:30-6:30 p.m.

## EXTENDED HOURS

**Available Monday-Thursday 6:30-8:00 PM (\$30.00/30 min). Must be paid at time of pick-up. There will be NO extended hours on Fridays.**

**Inna's Hall Of Fame – Performing Arts Conservatory**

Tel: 954-237-6021 🎵 Fax: 954-543-5188  
8685 Stirling rd. Cooper City, FL 33328



How did you hear about our school? \_\_\_\_\_

Pick up Time: \_\_\_\_\_

Pick up Location: \_\_\_\_\_

**TUITION POLICY**

**Sibling Discount:** A 10% discount is offered for each additional child.

**Snack Option:** For an additional **\$2.00/day**, give your child a snack (fruit, cereal bars, etc.)

Members of Inna’s Hall of Fame After School Program are billed every month on the 1st. **If payment is not received by the 5th of each month, a late fee of \$25.00 will be charged.** Adjustments may be possible if a serious financial need occurs.

This is a monthly commitment. Days of attendance must be selected at time of registration and must remain consistent for the given month. All changes must be made in writing by the 20th day of the previous month.

**LATE PICK UP:** There will be a charge of **\$30.00/30 min/DAY** for extended hours and need to be paid at the time of pick-up. \_\_\_\_\_

<b>MONTHLY FEE SCHEDULE 2015-2016</b> Days Per Week	After School Program with 2 group classes per day
5 days	\$350* (includes 10 group classes per week)
4 days	\$340* (includes 8 group classes per week)
3 days	\$330* (includes 6 group classes per week)
2 days	\$320* (includes 4 group classes per week)
1 day	\$300* (includes 2 group classes per week)

**GROUP CLASS PRICES FOR AFTER CARE STUDENTS 2016-2017\***

Classes must be selected at time of registration and must remain consistent for the given month. Many classes have limited spaces. It is strongly recommended to stay with the selections made at the time of registration. All changes must be made in writing by the 20th day of the previous month.

\*Please refer to our group class schedule for class selection. Please see our front desk or call 954-237-6021 for availability.

**Inna’s Hall Of Fame – Performing Arts Conservatory**  
 Tel: 954-237-6021 🎵 Fax: 954-543-5188  
 8685 Stirling rd. Cooper City, FL 33328



How did you hear about our school? \_\_\_\_\_

Pick up Time: \_\_\_\_\_

Pick up Location: \_\_\_\_\_

## SPECIAL PROGRAMS

The following programs require separate registration and payment.

### Vacation Days:

The Vacation Day program is a fun and exciting way to spend your child's day off from school. This program features fun-filled activities in our studio, organized by our talented **music, dance, and acting teachers**.

### Mini Camps:

Inna's Hall of Fame is the ideal place to be during the Thanksgiving and Spring breaks. The mini-camp will allow your child(ren) to fully expand in any area of the arts, while making new friends and learning from our talented **music, dance, and acting teachers**. It's a fun, exciting and an educational way to spend their breaks.

### Vacation Days / Mini Camp Fees (Daily Rates):

Children already enrolled in our After School Program: \$50/day

Children currently registered for any class at Inna's Hall of Fame: \$55/day

**Inna's Hall Of Fame – Performing Arts Conservatory**

Tel: 954-237-6021 🎵 Fax: 954-543-5188

8685 Stirling rd. Cooper City, FL 33328