

AFTER-SCHOOL ALL-STARS

REGISTER NOW

**Space is Limited*

After School All Stars will be your
Before & After-School provider for the
2025-2026 school year!



Program Offers:

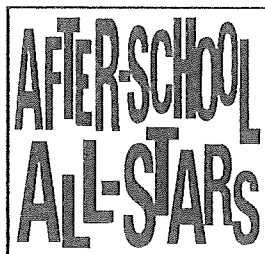
- ★ Homework Help
- ★ Arts & Crafts
- ★ Healthy Snacks
- ★ Critical Thinking Games
- ★ Physical Activities
- ★ Following CDC & State Guidelines



Registration Fee: \$60.00 per child
Bi-Weekly Rate: \$120.00 per child



FOR MORE INFORMATION, CONTACT US BETWEEN 7:00 AM-6:00 PM
786-517-2868 OR 305-502-3310
OR EMAIL US CRISTINA@SFASAS.ORG OR SARAH@SFASAS.ORG



2025-2026
Parent & Student Handbook

Program Structure:

The program begins with a secure process to assemble students in the cafeteria where attendance is taken and a healthy snack is provided. Students in grades K-1 will be escorted by a SFASAS staff member to the cafeteria following dismissal each day. Students are accounted for as they arrive. Students in grades 2-8 are responsible for reporting to the cafeteria within five (5) minutes of the school's dismissal and are also accounted for as they arrive. A list of participating students who are not in attendance is immediately forwarded to the after-school Lead Counselor for verification that the student was absent from school or released to their parents before the regular dismissal time. Parents need to remind their children to go directly to the school cafeteria following dismissal.

Students are grouped according to grade. Each student will have 45 minutes of homework help. If a student does not complete their homework, you will be notified.

After homework, the student will follow the activity scheduled for the remainder of the day. The weekly activity schedule will be displayed on the front desk board.

Release of Students:

Students may only be released to their parents or a previously designated adult whose name is on file with SFASAS and provides the appropriate photo identification. If a situation arises in which a parent is unable to pick up their child and desires to send a substitute adult whose name is not on file, the parent must call in advance and use a predetermined password. The Lead Counselor will document the name and request photo identification before the child is released.

Days and Hours of Operation:

The program operates on all regular school days, including early release days from the close of school until 6:00 pm, unless otherwise determined. Any student picked up after 6:00 pm will be assessed a late pickup fee. SFASAS also provides opportunities for before school, teacher planning days, winter/spring breaks and summer programs. Please contact your school's Lead Counselor for further information.

Personnel:

All employees of SFASAS must provide written documentation of education, training and health screenings as required by law. They must successfully complete the required "Level 2" screening and background check, inclusive of fingerprinting as specified by Miami-Dade County Public Schools and pursuant to Florida Statute 1012.465, the Jessica Lunsford Act.

All employees are required to meet certification standards and attend the SFASAS employee orientation program. This program provides an overview of our mission statement, beliefs, and work ethics. This orientation will also include topics such as: Appropriate Child Practices, Behavior Techniques, Guidance and Prevention Programs. All staff are required to take a 45-hour childcare training course and provide documentation of completion.

SFASAS ensures that there is sufficient staff on site to meet all required after-school program guidelines for health and safety. At least two program staff members are available at the close of each day.

Enrollment:

Any child enrolled at this school may participate in the after-school program. A completed registration form must be on file for each child before they can attend the program. You must fill out your registration forms completely and update your information when necessary with the school's Lead Counselor.

There is a \$65.00 non-refundable registration fee per child, which includes the cost of the required M-DCPS school insurance for participation in our program. It is mandatory for a student's parent(s)/guardian(s) to obtain the student accident insurance issued through the District. No child may participate in or attend the before and after school care program and select community education classes without this insurance. Students without the HSR Student Accident Insurance will not be able to participate or attend the program.

Program Fees

Registration Fee	\$65.00
Before Care	\$65.00/bi-weekly
After Care	\$120.00/bi-weekly
Sibling After Care	\$110.00/bi-weekly
Story Hour	\$60.00 (PK-1 st Grade only for ONE hour) /bi-weekly
Before and After Care	\$170.00/bi-weekly
Sibling Before and After Care	\$160.00/bi-weekly
School Site Teacher	50% off services
MDCPS Employee	25% off services

Payment Procedures:

Fees must be paid in advance based on the enclosed payment schedule. If parent fails to make payment, a \$10 late fee will be assessed on the Tuesday immediately after. I understand that there will be NO refunds, credits, or reductions for absences. Failure to pay in advance will result in a child's **non-participation** in the program and immediate dismissal.

Bi-Weekly rates will not be pro-rated for any reason. This includes any days your child is absent.

If your child does not attend our program for **three weeks**, it is important that you communicate the reason to the school's Lead Counselor in order to retain your child's slot within the program. If we do not receive any communication from you within that time, your child will be removed from our program to provide another child the opportunity to enroll.

There are NO refunds or credits made to your account for any reason, including absences. A doctor's note is needed if a child is absent for three or more consecutive days. (only School Readiness)

Payments may be made in cash, check, money order or credit card. A receipt will be issued to you as proof of payment.

Payment Methods:

Paying by CASH:

All cash payments must be in exact change as our staff is not able to provide you with change.

Parent Phone Number

School Name /Week #

SFASAS

Paying by CHECK:

Check should be made payable to **South Florida After-School All-Stars or "SFASAS"**. Please make sure your child's full name, school name, week and a valid telephone number appear on the check. Below is an example of the check format:

J. DOE		1234
123 MAIN ST		
ANYTOWN, ST 00000-0000		
(555) 555-1212		DATE _____
PAY	_____	\$ _____
TO THE	_____	
YOUR FINANCIAL INSTITUTION		DOLLARS
ANYTOWN USA		
FOR _____	_____	MP
⑆ 123456789⑆ 123456789025⑈ 1234		

Returned Check Policy:

If a check is returned by your bank for any reason, you will be assessed a fee of **\$25.00**. BY. By writing a check in our program you accept this policy. Checks returned for any reason must be paid in full within 24 hours of notice, along with a fee. If payment is not received in this period, your child will be suspended from the program until payment is received. If payment is not received within 10 days of notification, then your child will be withdrawn from the program.

AFTER ONE RETURNED CHECK, ALL FUTURE PAYMENTS MUST BE MADE IN CASH.

Paying by CREDIT CARD:

You may choose to fill out a credit card authorization form at the school to have your credit card charged. When completing this form, you may choose to be charged one time or you can request to have your payment automatically deducted from your credit card. If the credit card is declined, you will be assessed a **\$5.00 fee**. Payment must be made in full within 24 hours of notice, along with the credit card fee. If payment is not received in this period, your child will be suspended from the program until payment is received. If payment is not received within 10 days of notification, then your child will be withdrawn from the program. **AFTER ONE DECLINED CREDIT CARD, ALL FUTURE PAYMENTS MUST BE MADE IN CASH.**

* Automatic payments scheduled through credit cards or checking accounts will be charged on the due date listed on the payment schedule. The only way to be charged on different days is if you pay in advance.

Emergency Contacts:

Parents are asked to identify at least one emergency contact, but preferably two. This is an individual(s) who is a relative or family friend who can act on the parents' behalf in times when the parents cannot be reached. Their assistance may range from picking up the child to providing additional direction in case of illness or injury. Be thoughtful when selecting an emergency contact. Consider a person who has a vehicle and is available during after-care hours. Also, be sure to select an individual(s) with knowledge of key medical information that may be requested by the program or attending emergency support.

Late Pick Up Policy:

SFASAS after-care program ends promptly at 6:00 pm each day. All parents are expected to pick up their children on time. If you are unable to do so, it is your responsibility to notify the Lead Counselor that you will be late or are sending someone else to pick up your child. If the person you are sending is not listed as an authorized person to whom your child can be released, they will be asked to provide the predetermined password and show a valid picture identification.

If at 6:00 pm your child has not been picked up, the Lead Counselor will attempt to contact you or the emergency contact person by telephone. If a child remains for an hour after the program closes without any communication from the parents or guardians, the local police department will be contacted and the child will be released to the appropriate law enforcement agency.

A late fee of \$5.00 will be charged for every 15 minutes, or portion thereof that each child remains after the close of the program. This fee is due upon arrival and must be paid in CASH. **Please note that three late pick-ups may result in your child being dismissed from the program.**

Program Cancellation:

In the event that the program must be canceled due to weather or other unforeseeable situations, SFASAS will follow M-DCPS school closing procedures. We will contact and notify you of the situation.

Health, Safety & Medications:

All SFASAS locations are equipped with a first aid kit. There are at least two staff members at each location that are certified in CPR and First Aid. The Lead Counselor will notify parents of any injury or illness. A written record will be kept of all injuries and accidents requiring first aid. A copy of the accident report will be provided to the parent/guardian upon release to the parent, and a copy will be kept on file. In case of emergency, illness, or injury to a child, the parent or guardian will be notified immediately. If the parents/guardian cannot be reached immediately, we will attempt to contact the emergency contact you have identified, by phone and/or email.

In the event of an emergency warranting medical attention or considered life threatening, the Lead Counselor will call Emergency Response (911) or take other necessary emergency procedures inclusive of immediate notification of parents, guardians, and/or emergency contacts.

Discipline:

Discipline guidelines are enforced to ensure the safety of all students and staff, and to create an environment conducive to a learning and enriching program. SFASAS believes that students have

the right to be treated with respect. Students have the right to privacy. Students have the right to a safe and orderly program. To ensure these rights, students also have responsibilities.

- 1) Students have the responsibility to respect the rights of others
- 2) Students have the responsibility to treat school property and the property of others with respect
- 3) Students have the responsibility to act in a way that does not interfere with the rights of others and is not harmful to the health and safety of others or self

If a student exhibits continual behavioral problems and is not responding to program staff, the Lead Counselor will complete a Behavior Report. This report will be discussed with the parent at time of pickup and placed in the student file.

If the problem persists, a parent conference will be scheduled to discuss the concerns and the steps which will be taken to help improve the child's behavior. If the situation does not improve, the child may be suspended or dismissed from our program.

In extreme cases of behavior such as running away, fighting, extreme disruption, stealing, threats of violence, or destruction of school property, the parent and/or guardian may be called to pick up their child immediately and the child may be immediately suspended or dismissed from the after school program with notification to school authorities.

Students with Special Needs:

SFASAS's program reflects accommodations for students with disabilities and students with 504 plans. Prior to enrolling a student with a disability, a pre-enrollment conference will take place to determine what accommodations are needed to meet the child's specific needs. This conference shall include the parent/guardian of the child, the child (if possible), and the SFASAS Lead Counselor.

If the SFASAS program supervisor or designee agree that the child's needs for aftercare can be met in an inclusive setting within the aftercare program, the child may then be placed in the program. This decision is based upon the level of support needed to meet the child's needs, as well as the available program resources to meet the unique needs of each child. (Note: The IEP requirements for the school day do not need to be met for the aftercare program regarding educational support but will help guide the individualized needs of each child). The Lead Counselor will notify the parents that their child may complete registration for the aftercare program.

If the special needs of the child cannot be met in the program and every attempt has been made to find appropriate alternatives, a referral for an appropriate alternative program placement will be made.

Parent Responsibilities:

Parents/guardians are responsible for:

- 1) Reading and adhering to the guidelines of the Parent Handbook
- 2) Adhering to the payment schedule for the program
- 3) Picking up child by 6:00 pm or the close of the program
- 4) Update any changes in address or contact information

- 5) Provide doctor's note if child is absent for three or more consecutive days, (only school readiness)
- 6) Advise Lead Counselor if there is a change in daily departure routine
- 7) Advise Lead Counselor if withdrawing from the program
- 8) Advise Lead Counselor if child has any special concerns or needs.

A child may be withdrawn from the program if a parent does not meet the above responsibilities on a consistent basis.

Personal Property:

All personal belongings including, but not limited to sweaters, jackets, backpacks, lunch boxes, etc. should be clearly labeled with the student's name. A Lost and Found is available in each school for the purposes of securing lost articles.

It should be noted that students are not permitted to bring items otherwise excluded from the regular school program to after care. Items such as hand-held electronic games, trading cards, iPods or mp3 players should not be brought to the aftercare program.

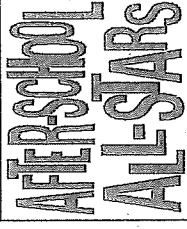
SFASAS IS NOT RESPONSIBLE FOR ANY LOST, DAMAGED OR STOLEN PROPERTY.

Contact Information:

Please refer to your child's Lead Counselor for any issues. The phone number for each school will be provided to you by them.

In the event you are not able to contact your lead counselor, please contact the main office at:

**SFASAS
7600 W 20 Avenue, Suite 214
Hialeah, FL 33016
786-517-2868 or 305-502-3310**



SFASAS 2025-2026 PAYMENT SCHEDULE

Bi-Weekly Payment Due Date	Service Period	Weeks	# of Days	Before Care	Story Hour	After Care	Sibling After Care	Before/ After Care	Sibling Before/After Care
	Registration	One-Time Fee		\$65.00	\$65.00	\$65.00	\$65.00	\$65.00	\$65.00
Thursday, August 14	Aug 14 - Aug 22	Week 1-2	7	\$42.00	\$42.00	\$84.00	\$77.00	\$119.00	\$112.00
Monday, August 25	Aug 25 - Sept 5	Week 3-4	9	\$54.00	\$54.00	\$108.00	\$99.00	\$153.00	\$144.00
Monday, September 8	Sept 8 - Sept 19	Week 5-6	10	\$60.00	\$60.00	\$120.00	\$110.00	\$170.00	\$160.00
Monday, September 22	Sept 22 - Oct 3	Week 7-8	8	\$48.00	\$48.00	\$96.00	\$88.00	\$136.00	\$128.00
Monday, October 6	Oct 6 - Oct 17	Week 9-10	10	\$60.00	\$60.00	\$120.00	\$110.00	\$170.00	\$160.00
Monday, October 20	Oct 20 - Oct 31	Week 11-12	10	\$60.00	\$60.00	\$120.00	\$110.00	\$170.00	\$160.00
Tuesday, November 4	Nov 3 - Nov 14	Week 13-14	8	\$48.00	\$48.00	\$96.00	\$88.00	\$136.00	\$128.00
Monday, November 17	Nov 17 - Dec 5	Week 15-16	10	\$60.00	\$60.00	\$120.00	\$110.00	\$170.00	\$160.00
Monday, December 8	Dec 8 - Dec 19	Week 17-18	10	\$60.00	\$60.00	\$120.00	\$110.00	\$170.00	\$160.00
Monday, January 5	Jan 5 - Jan 16	Week 19-20	9	\$54.00	\$54.00	\$108.00	\$99.00	\$153.00	\$144.00
Tuesday, January 20	Jan 19 - Jan 30	Week 21-22	9	\$54.00	\$54.00	\$108.00	\$99.00	\$153.00	\$144.00
Monday, February 2	Feb 2 - Feb 13	Week 23-24	10	\$60.00	\$60.00	\$120.00	\$110.00	\$170.00	\$160.00
Tuesday, February 17	Feb 16 - Feb 27	Week 25-26	9	\$54.00	\$54.00	\$108.00	\$99.00	\$153.00	\$144.00
Monday, March 2	Mar 2 - Mar 13	Week 27-28	10	\$60.00	\$60.00	\$120.00	\$110.00	\$170.00	\$160.00
Monday, March 16	Mar 16 - Apr 3	Week 29-30	8	\$48.00	\$48.00	\$96.00	\$88.00	\$136.00	\$128.00
Monday, April 6	Apr 6 - Apr 17	Week 31-32	10	\$60.00	\$60.00	\$120.00	\$110.00	\$170.00	\$160.00
Monday, April 20	Apr 20 - May 1	Week 33-34	10	\$60.00	\$60.00	\$120.00	\$110.00	\$170.00	\$160.00
Monday, May 4	May 4 - May 15	Week 35-36	10	\$60.00	\$60.00	\$120.00	\$110.00	\$170.00	\$160.00
Monday, May 18	May 18 - June 4	Week 37-39	13	\$78.00	\$78.00	\$156.00	\$143.00	\$221.00	\$208.00
	TOTAL		180	\$1,145.00	\$1,145.00	\$2,225.00	\$2,045.00	\$3,125.00	\$2,945.00

Make Checks Payable to SFASAS

Registration Fee is \$65.00 Per Child Inclusive of the required M-DCPS Student Insurance

FOR COUNSELOR USE ONLY

Date Payment Received: _____

Payment Amount Received: _____

Counselor Signature: _____

2025-2026**Registration Form**

School Name: _____ Start Date: _____

Home Address: _____ Apt#: _____ City: _____ Zip Code: _____

Mother's Name: _____ Cell Phone #: _____

Email Address: _____ Work Phone #: _____

Driver's License #: _____ Home Phone #: _____

Father's Name: _____ Cell Phone #: _____

Email Address: _____ Work Phone #: _____

Driver's License #: _____ Home Phone #: _____

Student 1**Program Type:** ☐ After-school Care ☐ Before Care ☐ Story-Hour

Full Name: _____ Grade: _____

Teacher: _____ Room #: _____

Sex: ☐ Female ☐ Male Hair Color: _____ Eye Color: _____Child's Last 4 SSN#: XXX-XX-_____ Date of Birth: ____/____/____ Age: _____
(Ex.MM/DD/YYYY)

Medical Concerns/Allergies: _____

Insurance Carrier: _____ Policy #: _____

Is your child currently in an ESE program during the regular school day? ☐ YES ☐ NO*If yes, you MUST complete the Part II Special Needs Pre-Enrollment Application.***Student 2****Program Type:** ☐ After-school Care ☐ Before Care ☐ Story-Hour

Full Name: _____ Grade: _____

Teacher: _____ Room #: _____

Sex: ☐ Female ☐ Male Hair Color: _____ Eye Color: _____Child's Last 4 SSN#: XXX-XX-_____ Date of Birth: ____/____/____ Age: _____
(Ex.MM/DD/YYYY)

Medical Concerns/Allergies: _____

Insurance Carrier: _____ Policy #: _____

Is your child currently in an ESE program during the regular school day? ☐ YES ☐ NO*If yes, you MUST complete the Part II Special Needs Pre-Enrollment Application.*

Student 3

Program Type: ☐ After-school Care ☐ Before Care ☐ Story-Hour

Full Name: _____ Grade: _____

Teacher: _____ Room #: _____

Sex: ☐ Female ☐ Male Hair Color: _____ Eye Color: _____

Child's Last 4 SSN#: XXX-XX-_____ Date of Birth: ____/____/____ Age: _____
(Ex.MM/DD/YYYY)

Medical Concerns/Allergies: _____

Insurance Carrier: _____ Policy #: _____

Is your child currently in an ESE program during the regular school day? ☐ YES ☐ NO

If yes, you MUST complete the Part II Special Needs Pre-Enrollment Application.

Student 4

Program Type: ☐ After-school Care ☐ Before Care ☐ Story-Hour

Full Name: _____ Grade: _____

Teacher: _____ Room #: _____

Sex: ☐ Female ☐ Male Hair Color: _____ Eye Color: _____

Child's Last 4 SSN#: XXX-XX-_____ Date of Birth: ____/____/____ Age: _____
(Ex.MM/DD/YYYY)

Medical Concerns/Allergies: _____

Insurance Carrier: _____ Policy #: _____

Is your child currently in an ESE program during the regular school day? ☐ YES ☐ NO

If yes, you MUST complete the Part II Special Needs Pre-Enrollment Application.

Emergency Contacts/Other people **AUTHORIZED** to collect your child:

We do not accept Email, Notes, Fax or Phone Calls to add or delete any Emergency contact person. Parent must come to the aftercare program in order to make any changes to the emergency contact section.

**Must provide proper identification in order to sign-out the child.*

Name	Relationship	Phone Number
* _____	/ _____	/ _____
* _____	/ _____	/ _____
* _____	/ _____	/ _____
* _____	/ _____	/ _____
* _____	/ _____	/ _____

Please list, if any, ALL persons who are **NOT AUTHORIZED** to collect your child from aftercare:

Name	Relationship
_____	/ _____
_____	/ _____



PAYMENTS:

Fees must be paid in advance based on the enclosed payment schedule. If parent fails to make payment, a \$10 late fee will be assessed on the Tuesday immediately after. I understand that there will be NO refunds, credits, or reductions for absences. Failure to pay in advance will result in a child's **non-participation** in the program and immediate dismissal.

Parent Initials: _____

SERVICES:

CATEGORY	FEE	# of Students	Total
Registration	\$65 (one-time fee)		\$
Sibling Registration	\$65 (one-time fee)		\$
Before Care	\$60/bi-weekly (\$6/school day)		\$
Sibling Before Care	\$60/bi-weekly (\$6/school day)		\$
After Care	\$120/Bi-weekly (\$12/school day)		\$
Sibling After Care	\$110 (each sibling) \$11/bi-weekly		\$
Story Hour	\$60/bi-weekly (\$6/school day)		\$
Before and After	\$170/bi-weekly (\$11/school day)		\$
Sibling Before and After	\$160 (each sibling)/bi-weekly		\$
School Site Employee	50% off (excludes registration)		\$
M-DCPS Employee Discount	25% off (excludes registration)		\$
Late Payment Fee	\$10/wk		\$
Late Pick-up Fee	\$5 every 15 minutes or portion thereof after 6:00 pm		\$
Total Due per Week (Sum of total less the Registration)			\$
Total Amount Received			\$

Parent Initials: _____

Counselor Initials: _____

RETURNED CHECKS:

I understand that if my check is returned for insufficient funds, or for any other reason, I will be charged the amount of the check PLUS any additional bank service fees. **ALL PAYMENTS MADE THEREAFTER WILL HAVE TO BE MADE IN CASH FOR THE REMAINDER OF THE SCHOOL YEAR.** There will be no exceptions.

LATE PICK UP:

Parent Initials: _____

I understand that if I collect my child after 6:00 P.M. I will be charged a fee of \$5.00 for every 15 minutes, or portion thereof, per child. If a child is not collected by 7:00 P.M., the proper authorities will be contacted.

Parent Initials: _____



MEDICAL:

- SFASAS will **not** be responsible for any injuries that might occur **during** the regular school day hours. (Examples: scratched knee, cuts, bruises, bites, etc.)
- Parents are responsible for notifying SFASAS of any health concerns for their child at the time of registration in any program.
- SFASAS personnel shall **not** administer or dispense any kind of medication to any student.
- In case of an emergency, SFASAS will attempt to contact either parent/guardian or the Emergency Contacts given by the parent on the Registration Form. If for any reason, none of these parties are available, **I authorize SFASAS to have my child(ren) transported to the closest medical facility by Emergency Medical Services (EMS) and grant permission to perform any emergency procedure deemed necessary by that medical facility.**

Parent Initials: _____

MDCPS Insurance Purchased for After Care is:
Health Special Risk, Inc.
P.O. Box 957824
St. Louis, MO 63195-7824
Toll-free: 866.409.5733
Fax: 972.512.5819
www.healthspecialrisk.com

DISCIPLINE POLICY:

The following are the steps taken to correct inappropriate behavior in our programs and to ensure the safety and well-being of all children enrolled:

- 1) Counselors will first take your child aside and quietly speak to him/her about their behavioral concern. If the inappropriate behavior warrants, the counselor will either re-direct the child (appropriate to their age), or, if necessary, have the Lead Counselor speak to the child. The child will receive a verbal warning and a behavior report requiring the parent's signature.
- 2) A child's second serious behavior incident will result in a phone call to the parent as well as a written behavior report which the school will receive a copy of.
- 3) A child's third serious behavior incident will result in a phone call to the parent from the Lead Counselor, and possible suspension or termination from the SFASAS program.

Parent Initials: _____



Parent Consent:

1. I understand that completion of this application and payment of registration fee does not guarantee placement in the program until application has been fully processed by our main office.
2. The registration fee is due upon the signing of this agreement and is NON REFUNDABLE.
3. I understand that the registration fee will include M-DCPS Student Accident Insurance.
4. I acknowledge receipt of the payment schedule to be paid by me for my child's attendance in the chosen program. I understand that payment for before & afterschool care and Day Camp on Teacher Planning Days will be made in advance of my child receiving services.
5. I understand that if I fail to pay these fees in a timely manner, I will be held responsible for ALL fees and collection costs on all unpaid charges.
6. I understand that if my check is returned for any reason, I will be charged for ALL banks fees and acknowledge that payments thereafter will have to be made in cash.
7. I understand that it is my responsibility to keep my own records and receipts for income tax purposes.
8. I understand that there will be NO refunds, credits, or reductions in fees for absences for any reason.
9. I understand that it is necessary to collect my child(ren) up by 6 p.m. Failure to do so will result in a late fee per child for every 15 minutes or portion thereof.
10. I understand that SFASAS is not responsible for any injuries that my child might have had inflicted or occurred during the regular school day.
11. I understand that my child will be expected to behave in accordance with the Code of Student Conduct for M-DCPS and all SFASAS programs.

I have read, understand and agree to abide by the above policies and conditions of services:

Parent/Guardian's Signature: _____ Date: _____

AUTHORIZATION FOR MEDIA RELEASE

I acknowledge that SFASAS is a private aftercare provider and understand that my child's photograph and/or name may appear in print, television, or the internet as part of a media publication on behalf of SFASAS.

I have read the above and hereby give my consent:

Signature of Parent / Guardian: _____ Date: _____

PASSWORD: _____

*Password is mandatory and is required to be able to identify the parent/guardian when speaking to them via telephone. Anyone other than those listed as parent or guardian, who is not listed as "authorized" to pick up the child, will **not** be able to do so unless the parent is contacted and the correct password is given. This is for your child's safety in the event that you cannot pick up and need to send a person whom you have not included on your list.*

Parent Initials: _____

Student Accident Insurance Program

Voluntary School Time Accident or 24-Hour Accident Coverage (Excluding Interscholastic Football)

PROPOSED INSURED'S INFORMATION

Last name: _____ First name: _____ M. I.: _____

Date of Birth: _____ Grade: _____ Student ID number: _____

Home address: _____

City: _____ State: _____ ZIP: _____

Email address: _____ Telephone number: _____

Name of school: _____

By signing below, I acknowledge that I have read, understand and agree to the terms and conditions of this coverage as detailed in this Student Accident Insurance Program brochure. There is no obligation to purchase this insurance plan.

Signature of parent/guardian: _____

Date: _____

Email address of parent/guardian: _____

ANNUAL PREMIUM

Please check desired Covered Activity. See page 2 for Covered Activity details. Only select one option.

Covered Activities	Annual Premium
<input type="checkbox"/> Voluntary 24 Hour Plan (Grades: PreK-12)	<input type="checkbox"/> \$63.00
<input type="checkbox"/> Voluntary School Time Plan (Grades PreK-6)	<input type="checkbox"/> \$13.00
<input type="checkbox"/> Voluntary School Time Plan ((Grades 7-12)	<input type="checkbox"/> \$14.00

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS. MAKE MONEY ORDER OR CHECK PAYABLE TO:

Health Special Risk, Inc.

Total enclosed: _____ Check number: _____

CUT ALONG DOTTED LINE AT RIGHT, AND MAIL TO:

Health Special Risk, Inc.

P.O. Box 957824

St. Louis, MO 63195-7824

For more information or assistance regarding all Student Insurance,
contact our Customer Service Department at 1-866-409-5733

IF YOU WISH TO PAY WITH MASTERCARD OR VISA**:

Go to www.K12StudentInsurance.com

**A 5% administrative charge will be added for Credit Card Orders



Programa de seguro de accidentes para estudiantes

Cobertura voluntaria de accidentes para horario escolar o de 24 horas (excluido el fútbol interescolar)

INFORMACIÓN DE LA ASEGURADA PROPUESTA

Apellido: _____ Nombre: _____ Inicial del segundo nombre: _____

Fecha de nacimiento: _____ Grado: _____ Número de identificación del estudiante: _____

Dirección de domicilio: _____

Ciudad: _____ Estado: _____ Código postal: _____

Dirección de correo electrónico: _____ Número de teléfono: _____

Nombre de la escuela: _____

Al firmar a continuación, reconozco que he leído, entendido y aceptado los términos y condiciones de esta cobertura tal y como se detalla en este folleto del Programa de seguro de accidentes para estudiantes. No hay obligación de adquirir este plan de seguro.

Firma del padre/tutor: _____

Fecha: _____

Dirección de correo electrónico del padre/tutor: _____

PRIMA ANUAL

Marque la Actividad cubierta deseada. Consulte la página 2 para obtener información detallada sobre las Actividades cubiertas. Seleccione solo una opción.

Actividades cubiertas	Prima anual
<input type="checkbox"/> Plan voluntario de 24 horas (Grados: PreK-12)	<input type="checkbox"/> USD 63,00
<input type="checkbox"/> Plan voluntario para horario escolar (Grados: PreK-6)	<input type="checkbox"/> USD 13,00
<input type="checkbox"/> Plan voluntario para horario escolar (Grados: 7-12)	<input type="checkbox"/> USD 14,00

CONSERVE UNA COPIA DE ESTE FORMULARIO PARA SUS ARCHIVOS. HAGA UN GIRO POSTAL O UN CHEQUE A NOMBRE DE:

Health Special Risk, Inc.

Total incluido: _____ Número de cheque: _____

CORTE POR LA LÍNEA DE PUNTOS DE LA DERECHA Y ENVÍE POR CORREO A:

Health Special Risk, Inc.

P.O. Box 957824

St. Louis, MO 63195-7824

Para obtener más información o asistencia en relación con todos los seguros para estudiantes, comuníquese con nuestro Departamento de Atención al Cliente llamando al 1-866-409-5733

SI DESEA PAGAR CON MASTERCARD O VISA**:

Vaya a www.K12StudentInsurance.com

** Se agregará un 5 % de gastos administrativos para los pedidos con tarjeta de crédito



Helpful Information About Child:

- Section 65C-22.006(2), F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
- Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24); or
Section 65C-20.11(2)(c)(1), F.A.C., requires that parent(s) receive a copy of the family day care home brochure, "Selecting A Family Day Care Home Provider" (CF/PI 175-28).
- Section 65C-22.006(3)(c)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility, or
Section 65C-20.010(6)(c), F.A.C., requires that a written a copy of the family day care provider's discipline policy be available for review by the parent(s).

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate.

Signature of Parent/Guardian

Date

Child Discipline Policy

I, _____, parent/guardian of
(printed name of parent/guardian)

_____, have received and
(name of child)

reviewed the following:

- (1) Children shall NOT be subjected to discipline that is severe, humiliating, or frightening.
- (2) No cruel, harsh, physical, or unusual punishments shall be permitted.
- (3) No child shall be delegated or permitted to discipline another child.
- (4) No physical restraints, equipment, devices, or furniture shall be used to confine a child, including, without limitation, swings, walkers, and spinners.
- (5) No child shall be confined in an enclosed area, such as a closet, locked room, box, or bathroom.
- (6) No child shall be subjected to profane language, threats, derogatory remarks, or other verbal abuse.
- (7) No child shall be punished for failure to eat or sleep, or for toileting accidents.
- (8) No child shall be punished by with-holding food, rest, or use of the toilet.
- (9) No physical punishment shall be used, such as, but not limited to, spanking, hitting, striking, biting, or pinching.
- (10) No child shall be threatened with any punishment that is prohibited by this paragraph.

Signature: _____

Date: _____

What is the influenza (flu) virus?

Influenza ("the flu") is caused by a virus which infects the nose, throat, and lungs. According to the US Centers for Disease Control and Prevention (CDC), the flu is more dangerous than the common cold for children. Unlike the common cold, the flu can cause severe illness and life threatening complications in many people. Children under 5 who have the flu commonly need medical care. Severe flu complications are most common in children younger than 2 years old. Flu season can begin as early as October and last as late as May.

How can I tell if my child has a cold, or the flu?

Most people with the flu feel tired and have fever, headache, dry cough, sore throat, runny or stuffy nose, and sore muscles. Some people, especially children, may also have stomach problems and diarrhea. Because the flu and colds have similar symptoms, it can be difficult to tell the difference between them based on symptoms alone. In general, the flu is worse than the common cold, and symptoms such as fever, body aches, extreme tiredness, and dry cough are more common and intense. People with colds are more likely to have a runny or stuffy nose. Colds generally do not result in serious health problems, such as pneumonia, bacterial infections, or hospitalizations.



THE FLU

A Guide for Parents

My signature below verifies receipt of the brochure on Influenza Virus, The Flu, A Guide to Parents:

Name: _____

Child's Name: _____

Date Received: _____

Signature: _____

Please complete and return this portion of the brochure to your child care provider, in order for them to maintain it in their records.



For additional information, please visit www.myflfamilies.com/childcare or contact your local licensing office.

This brochure was created by the Department of Children and Families in consultation with the Department of Health.



What should I do if my child gets sick?

Consult your doctor and make sure your child gets plenty of rest and drinks a lot of fluids. Never give aspirin or medicine that has aspirin in it to children or teenagers who may have the flu.

Call or take your child to a doctor right away if your child:

- Has a high fever or fever that lasts a long time
- Has trouble breathing or breathes fast
- Has skin that looks blue
- Is not drinking enough
- Seems confused, will not wake up, does not want to be held, or has seizures (uncontrolled shaking)
- Gets better but then worse again
- Has other conditions (like heart or lung disease, diabetes) that get worse



How can I protect my child from the flu?

A flu vaccine is the best way to protect against the flu. Because the flu virus changes year to year, annual vaccination against the flu is recommended. The CDC recommends that all children from the ages of 6 months up to their 19th birthday receive a flu vaccine every fall or winter (children receiving a vaccine for the first time require two doses). You also can protect your child by receiving a flu vaccine yourself.



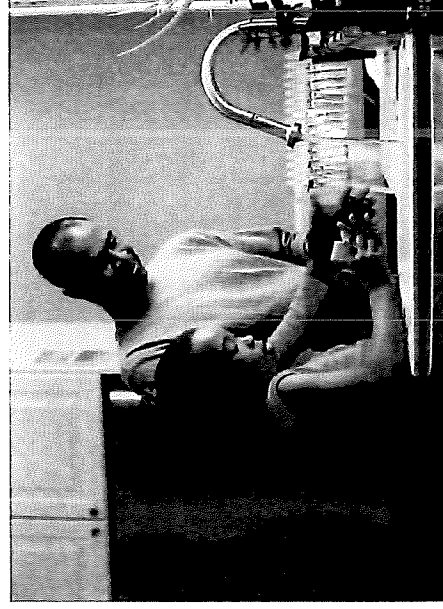
What can I do to prevent the spread of germs?

The main way that the flu spreads is in respiratory droplets from coughing and sneezing. This can happen when droplets from a cough or sneeze of an infected person are propelled through the air and infect someone nearby. Though much less frequent, the flu may also spread through indirect contact with contaminated hands and articles soiled with nose and throat secretions.

To prevent the spread of germs:



- Wash hands often with soap and water.
- Cover mouth/nose during coughs and sneezes. If you don't have a tissue, cough or sneeze into your upper sleeve, not your hands.
- Limit contact with people who show signs of illness.
- Keep hands away from the face. Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.



When should my child stay home from child care?

A person may be contagious and able to spread the virus from 1 day before showing symptoms to up to 5 days after getting sick. The time frame could be longer in children and in people who don't fight disease well (people with weakened immune systems). When sick, your child should stay at home to rest and to avoid giving the flu to other children and should not return to child care or other group settings until his or her temperature has been normal and has been sign and symptom free for a period of 24 hours.



During the 2009 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes provide parents with information detailing the causes, symptoms, and transmission of the influenza virus (the flu) every year during August and September.

For additional helpful information about the dangers of the flu and how to protect your child, visit: www.cdc.gov/flu/ or www.immunizeflorida.org/

A change in daily routine,
lack of sleep, stress,
fatigue, cell phone use, and
simple distractions are some
things parents experience and
can be contributing factors as
to why children have been left
unknowingly in vehicles...



WHEN LIFE HAPPENS... DON'T BE A DISTRACTED ADULT

My signature below verifies receipt
of the Distracted Adult brochure

Parent/Guardian:

Child's Name:

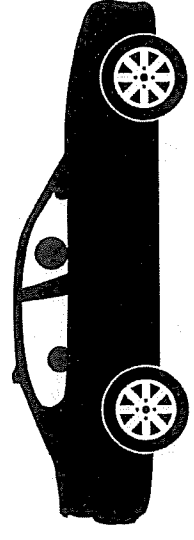
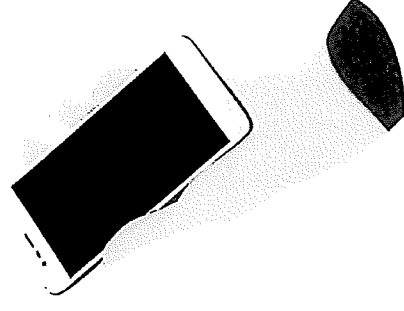
Date:

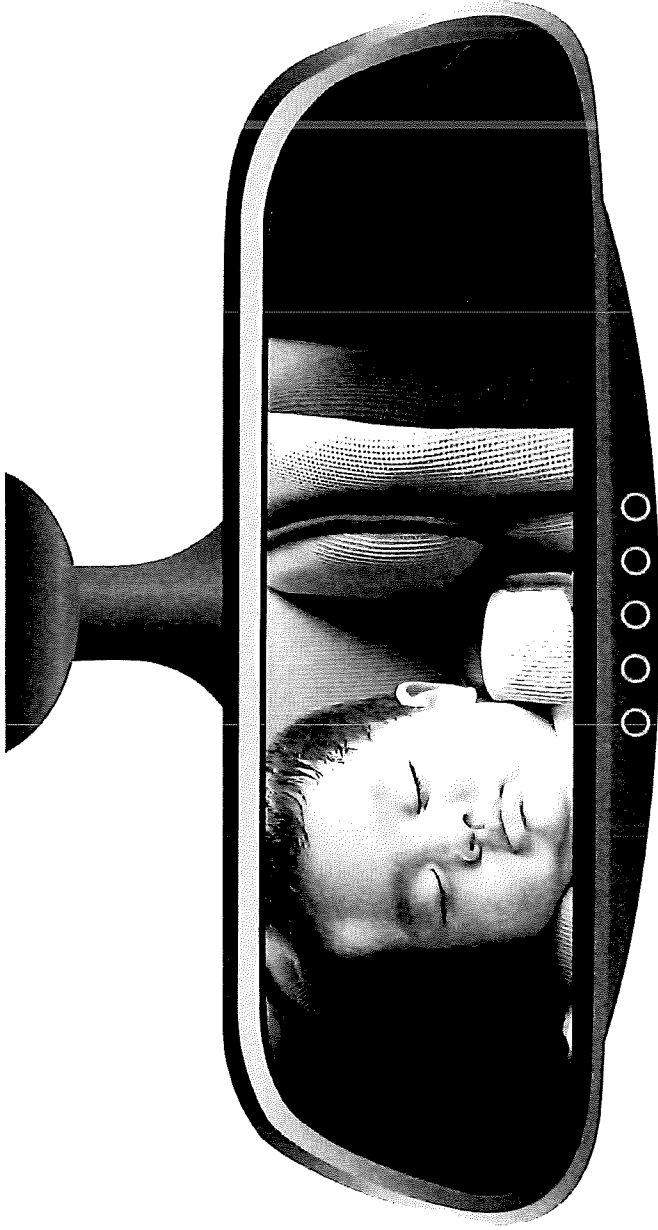
Please complete and return this portion of the
brochure to your child care provider, to
maintain the receipt in their records.



For additional information, please visit
www.myflfamilies.com/childcare or contact
your local licensing office.

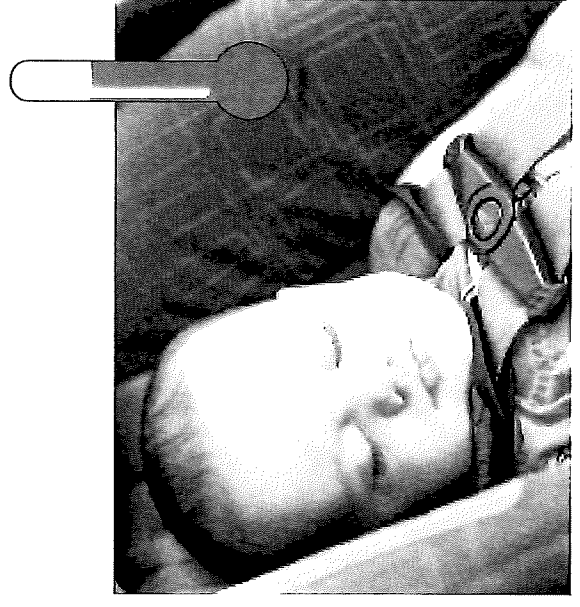
This brochure was created by the
Department of Children and Families in
consultation with the Department of Health.





Facts About Heatstroke:

- ⚠ It only takes a car **10 minutes** to heat up 20 degrees and become deadly.
- ⚠ Even with a window cracked, the **temperature inside a vehicle** can cause heatstroke.
- ⚠ The body temperature of a child increases **3 to 5 times faster** than an adult's body.



Distraction Prevention Tips:

- **Never** leave your child alone in a car and **call 911** if you see any child locked in a car!
- **Make a habit** of checking the front and back seat of the car before you walk away.
- **Be especially mindful** during hectic or busy times, schedule or route changes, and periods of emotional stress or chaos.
- **Create reminders** by putting something in the back seat that you will need at work, school or home such as a briefcase, purse, cell phone or your left shoe.
- **Keep a stuffed animal** in the baby's car seat and place it on the front seat as a reminder when the baby is in the back seat.
- **Set a calendar reminder** on your electronic device to make sure you dropped your child off at child care.
- **Make it a routine** to always notify your child's child care provider in advance if your child is going to be late or absent; ask them to contact you if your child hasn't arrived as scheduled.

During the 2018 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes to provide parents, during the months of April and September each year, with information regarding the potential for distracted adults to fail to drop off a child at the facility/ home and instead leave them in the adult's vehicle upon arrival at the adult's destination.

Rilya Wilson Act

Pursuant to s. 39.604, Florida Statutes, a child from birth to the age of school entry, who is under court-ordered protective supervision or in out-of-home care and is enrolled in an early education or child care program must attend the program 5 days a week unless the court grants an exemption. A child enrolled in an early education or child care program who meets the requirements of this act may not be withdrawn from the program without prior written approval of the Department or community-based care lead agency. If a child covered by this act is absent, the program shall report any unexcused absence or seven excused absences to the Department or the community-based care lead agency by the end of the business day following the unexcused absence or seventh consecutive excused absence.

Educational stability and transition are key components of this act to minimize disruptions, secure attachments and maintain stable relationships with supportive caregivers of children from birth to school age. Successful partnerships are imperative to ensure that these attachments are not disrupted due to placement in out-of-home care or subsequent changes in out-of-home placement. A child must be allowed to remain in the child care or early education setting that he/she attended before entry into out-of-home care, unless the program is not in the best interest of the child. If a child from birth to school-age leaves a child care or early education program, a transition plan needs to be developed that involves cooperation and sharing of information among all persons involved, respects the child's developmental stage and associated psychological needs, and allows for a gradual transition from one setting to another.

This law provides priority for child care services for specified children who are at risk of abuse, neglect, or abandonment. These children are also known as Protective Services children.

Rilya Wilson Act Requirements:

- ✓ Protective services children **MUST** be enrolled to participate 5 days per week.
- ✓ Protective services children **MAY NOT** be withdrawn without prior written approval from the Department of Children and Families (DCF) or Community Based Care (CBC).
- ✓ If a Protective Services child has 7 consecutive excused or any unexcused absence, the child care provider **MUST** notify the appropriate community based care staff.
- ✓ The Department and child care providers **MUST** follow local protocols set up by the CBC to ensure continuity.
- ✓ If it is not in the best interest of the child to remain at the child care or early education program, the caregiver **MUST** work with the Case Manager, Guardian Ad Litem, child care and educational staff, and educational surrogate, if one has been appointed, to determine the best setting for the child.

Community-Based Care Lead Agencies Contact Information:

<http://www.dcf.state.fl.us/programs/cbc/docs/leadagencycontacts.pdf>

** If you have concerns regarding any child that you may care for, please contact the Florida Abuse Hotline at 1-800-96-ABUSE**

My signature below verifies receipt of the Flyer on the Rilya Wilson Act from the Department of Children and Families.

Name: _____

Child's Name: _____

Date Received: _____

Signature: _____

Please complete and return this portion of the flyer to your child care provider, in order for them to maintain it in their records

Rilya Wilson Act

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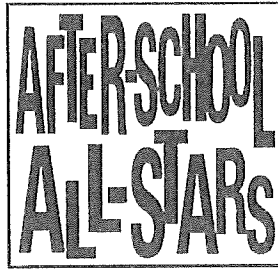
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**Parental Acknowledgement
Of Documents Received**

Influenza Flyer _____
Parent Handbook _____
Payment Schedule _____
Insurance Information (HSR) _____
Rilya Wilson Act _____
Distracted Adult Brochure _____

I affirm that I will read the policies and procedures set forth in the handbook and the above listed documents in the South Florida After-School All-Stars, Inc. (SFASAS) program. I understand that these policies have been developed to ensure the safety and well being of all children attending the afterschool program.

I will discuss the rules of the program with my child(ren) including program discipline and procedures.

Signature: _____ Date: _____

Child #1 Name: _____ Grade: _____

Child #2 Name: _____ Grade: _____

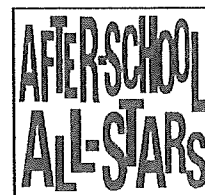
Child #3 Name: _____ Grade: _____

Child #4 Name: _____ Grade: _____

School _____

This acknowledgement must be signed and returned to the Lead Counselor with the registration form.

Office Use Date Processed: _____



2025-2026
Credit Card / Checking Account
Automatic Payment Authorization Form

School Name: _____ **Date** _____

Parent Information:

Name: _____ **E-Mail:** _____

Address: _____ **Apartment #** _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **Cell Phone:** _____ ***License #:** _____

Student Information:

Student #1: _____ **Week(s) being paid:** _____ **Amount: \$** _____

Student #2: _____ **Week(s) being paid:** _____ **Amount: \$** _____

Student #3: _____ **Week(s) being paid:** _____ **Amount: \$** _____

Student #4: _____ **Week(s) being paid:** _____ **Amount: \$** _____

Total Amount to be charged: \$ _____

Payment Information:

_____ Credit Card Payment

Name on Card: _____ **Credit Card Type:** _____

Credit Card #: _____ **Credit Card CVV/CVC#** _____

Expiration Date: _____ **Billing Address:** _____

_____ Checking Account (A voided check must be attached)

Name on Account: _____ **Account Type:** _____ **Checking** _____ **Savings**

Bank Name: _____ **Routing #** _____ **Account #** _____

Total Amount above to be charged: _____ **One-Time Only** _____ **Weekly** _____ **Bi-Weekly** _____ **Monthly**

Credit Card / Bank Account Holder's Signature: _____

