



GO TIGERS Before & After Care Program  
2024 - 2025

Contact Information: [aftercare@discoveryacademy.info](mailto:aftercare@discoveryacademy.info)  
727-330-2424 ext. 101

**Mission Statement:** Go Tigers (DAS) provides academic enrichment and recreational activities in a safe and caring environment to all students.

**Program Description:** Children are provided with a well-rounded aftercare experience. Each afternoon includes the opportunity for snack, dedicated homework time, a variety of enrichment activities, and outdoor play, ensuring a balance of learning and fun.

**Days/Times**

Program will be held every school day, including any early release days.

- Before Care: Begins at 7:00 am
- After Care: Pick up by 6:00 pm

**Tuition**

For the 2024 - 2025 school year:

- Before Care: \$65.00 a month
- After Care: \$265.00 a month
- Both: \$330.00 a month

A non-refundable registration fee of \$40.00 is due at the time of registration.

**\*Sibling Discount:** Each additional child receives a 30% discount on the additional registration fee.

**NO DROP IN's or part-time registrations allowed. You must sign up for the full month.**

**Initial Below**

\_\_\_\_\_ I understand that before care begins at 7:00 am and aftercare ends promptly at 6:00 pm.

\_\_\_\_\_ I understand that a non-refundable registration fee of \$40.00 is due at the time of registration.

\_\_\_\_\_ I understand that tuition will be automatically withdrawn from my account the first Friday of the month and that I must have a valid credit card or checking account on file.

\_\_\_\_\_ I understand that if I fail to pick up my child(ren) by 6:00 pm I will be charged a fee of \$1.00 per minute. Payment must be made via cash or check by the end of that month. If not received by the end of the month, my child(ren) will not be able to attend aftercare until the late pick up fee is paid in full.

\_\_\_\_\_ I understand that tuition will not be prorated or credited for missed days. Holidays, school breaks, and non-school days will not be prorated or credited.

## **Policies & Procedures**

**Daily Sign-Out:** Child(ren) must be signed out from aftercare every morning using the school's attendance procedure. Children are not permitted to sign themselves out.

**Bathroom Accidents:** If your child has a bathroom accident, you will receive a call informing you to arrange for pickup as soon as possible and within one hour. Our staff are not permitted to help in the restroom.

**Illness:** You will be called and expected to pick up your child promptly if they are to become ill during aftercare.

**Photographs and Video:** Your child(ren) can be photographed or videotaped for the purpose of DAS newsletters, social media, and other communications.

**Movies:** Every so often, movies will be shown during aftercare. The movies may be rated PG. By signing below, you agree for your child(ren) to be allowed to watch such rated movies.

**Behavior:** There is not always an administrator on campus during before and aftercare hours to handle behavior issues. If the aftercare personnel find your child to be uncontrollable and have used all reinforcement techniques at their service, you will be contacted to pick-up your child immediately. If your child is consistently disruptive and breaking our rules, they may be permanently removed from the program.

**Safety:** All external building doors will be locked. Staff will let your child(ren) into the building in the morning. Do not drop off your child in the morning until they are let in by a staff member. In the afternoon, a staff member will let you in to sign out your child. Staff will communicate with each other to inform your child that they are being picked up.

**Code of Conduct:** In fairness to all students, we expect appropriate behavior in our program. Disciplinary measures will be taken when necessary. DAS students are upheld to the same code of conduct during aftercare as they are during school hours.

**Communication:** To contact aftercare personnel if you are running late or a different adult may be picking up your child, please call 727-330-2424 ext. 101. You may also email [aftercare@discoveryacademy.info](mailto:aftercare@discoveryacademy.info) if you are able to give enough notice.

**Weather:** We follow Pinellas County School's decision to close schools due to hurricanes and other weather related emergencies.

### **PARENT/GUARDIAN:**

I, \_\_\_\_\_, have read the policies and procedures above. By signing below, I agree to the above mentioned policies. I agree to encourage my child(ren) to follow the rules stated above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Go Tigers Before/Aftercare Family Registration Form



- Before School Care  
 After School Care  
 Before & After School Care

Please select your program above

Registration Date \_\_\_\_\_

## 1st Child

Last Name		First Name		M.I.	Nickname
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Entering grade	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date	Birth City/State	
			City:	State:

Existing medical conditions, medications and/or special attention your child may require

Allergies

Pediatrician's Name	Phone	Address
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Photos: May we take and maintain a photo of your child for security purposes?  
 Yes  No

## 2nd Child

Last Name		First Name		M.I.	Nickname
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Entering grade	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date	Birth City/State	
			City:	State:

Existing medical conditions, medications and/or special attention your child may require

Allergies

Pediatrician's Name	Phone	Address
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Photos: May we take and maintain a photo of your child for security purposes?  
 Yes  No

## 3rd Child

Last Name		First Name		M.I.	Nickname
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Entering grade	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date	Birth City/State	
			City:	State:

Existing medical conditions, medications and/or special attention your child may require

Allergies

Pediatrician's Name	Phone	Address
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Photos: May we take and maintain a photo of your child for security purposes?  
 Yes  No

Additional Comments & Information: \_\_\_\_\_

## Primary Guardian Information

Name(s) of person(s) with whom child is living

1st Primary Guardian					
Last Name		First Name		M.I.	Relationship to Child
Email Address		Work Phone		Cell Phone	
Occupation	Employer		Work Address		Work Hours
2nd Primary Guardian					
Last Name		First Name		M.I.	Relationship to Child
Email Address		Work Phone		Cell Phone	
Occupation	Employer		Work Address		Work Hours
Which Guardian Should be Called First?		Home Phone		Preferred language for written communication:	
Home Resident Street Address			Apt #	City	Zip Code
Mailing Address (if different than above)			Apt #	City	Zip Code

## Second Guardian Information

Non-primary custodial parent

1st Non-primary Guardian					
Last Name		First Name		M.I.	Relationship to Child
Email Address		Work Phone		Cell Phone	
2nd Non-primary Guardian					
Last Name		First Name		M.I.	Relationship to Child
Email Address		Work Phone		Cell Phone	
Which Guardian Should be Called First?		Home Phone		Should mailings be sent to this household also? [ ] Yes [ ] No	
Second Household Mailing Address		Apt #	City	State	Zip Code

Additional Comments & Information: \_\_\_\_\_



## Emergency Contacts and Authorized Pickups

1st Contact/Pickup			
Last Name	First Name	Relationship to Child	
Home Phone	Cell Phone	<input type="checkbox"/> Able to pick up all children in the family <input type="checkbox"/> Not able to pick up the following children: _____	
2nd Contact/Pickup			
Last Name	First Name	Relationship to Child	
Home Phone	Cell Phone	<input type="checkbox"/> Able to pick up all children in the family <input type="checkbox"/> Not able to pick up the following children: _____	
3rd Contact/Pickup			
Last Name	First Name	Relationship to Child	
Home Phone	Cell Phone	<input type="checkbox"/> Able to pick up all children in the family <input type="checkbox"/> Not able to pick up the following children: _____	

## Additional Comments and Information

*Is there is any other information that that would be helpful to our management and teaching staff?*

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## Signature

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

\_\_\_\_\_  
Date



We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

**ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT and CREDIT CARD**

I (we) hereby authorize (business name) \_\_\_\_\_ to initiate credit card charges to the below-referenced credit card account (**Section A**) OR, initiate debit entries to my (our) checking or savings account, indicated below (**Section B**). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

**COMPLETE ONE SECTION ONLY**

**SECTION A (Credit Card)**

Cardholder Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Cardholder Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION B (Bank Account)**

Your Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Bank or Credit Union Name \_\_\_\_\_ Bank or Credit Union Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Routing Transit Number (see sample below) \_\_\_\_\_ Account Number (see sample below) \_\_\_\_\_  Checking  Savings

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

**For Official Use Only**

Date Received
Employee Signature



A service of

