#### BRANDON ACADEMY EXTENDED DAY REGISTRATION

Our Extended Day program includes before school care from 7:00-7:45 am, and after school care from 3:30-6:00 pm. The program is available for students in grades PK through High School.

#### **Before Care**

Students can be dropped off at the gym as early as 7 am. Teachers will supervise the students from 7 am until 7:45 am. Upon release, the younger students will be escorted to their classrooms. Before care is billed at \$6 a day, per student, on the days used.

### After Care

Once carline has ended at 3:30 pm, the JK - 1st grade students will be escorted to the small playground next to the basketball courts for after care. The 2nd - 12th grade students will go to the larger playground near the front office. A snack is provided to the after care students after 4 pm. Students can be picked up at any time from 3:30-6:00 pm by authorized adults listed on the after care registration form. Identification is required to pick up all students. If someone other than an authorized person listed on the registration form will be picking up your students, please notify the extended care staff in writing. On bad weather days, after care will be moved inside the High School Building.

After care is billed at the hourly rate of \$7 per hour, per student, on the days used. Although after care begins at 3:30 pm, billing does not begin until 4 pm. The hours of 3:30 - 4:00 pm are courtesy of Brandon Academy. Starting at 4 pm, after care is billed on the hour, for a full 60 minutes. Therefore, if your student is picked up at 5:06, they will be billed for two hours. Any students who are not picked up from after care promptly at 6:00 pm will be billed at a rate of \$1 per minute, per student.

All Extended Day charges will be billed monthly via ACH, separate from tuition and requires a separate ACH form for payment, even if the information is the same as your tuition ACH Billing statements will be sent out on or about the 1st of the month via email with a summary of dates billed.

To enroll your students into the Extended Day program, you will need to complete the attached forms and pay the one time \$50 registration for your family. Extended Care paperwork needs to be turned into the front office no later than the first day of school.

If you have any questions, please do not hesitate to contact us at 813-689-1952.

Brandon Academy Extended Day Staff

## Direct Deposit (ACH)

Dear Parents,

Please complete the form below, <u>include a voided check</u> and return both to the business office.

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

| Company Name: Brandon Academy, LLC                                                                                                                                                                                                                                                                                                                                                                                                     |                 |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--|
| I (We) hereby authorize <u>Brandon Academy, LLC</u> , to initiate credit entries to my (our) <u>Checking Account/</u> Savings Account (select one) as indicated below at the depository financial Institution named below, hereinafter called <b>DEPOSITORY</b> , and to credit the same to such account. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. |                 |  |
| Depository: *Attach voided check* Name:                                                                                                                                                                                                                                                                                                                                                                                                | Branch:         |  |
| ivanio.                                                                                                                                                                                                                                                                                                                                                                                                                                | Dianon.         |  |
| City: State:                                                                                                                                                                                                                                                                                                                                                                                                                           | Zip:            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                        |                 |  |
| Routing Number:                                                                                                                                                                                                                                                                                                                                                                                                                        | Account Number: |  |
| This authorization is to remain in full force and effect until Brandon Academy, LLC has received written notification from me (or either of us) of termination in such time and in such a manner as to afford Brandon Academy, LLC and DEPOSITORY a reasonable opportunity to act on it.                                                                                                                                               |                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                        |                 |  |
| Parent Name(s):                                                                                                                                                                                                                                                                                                                                                                                                                        | Child's Name:   |  |
| (Please Print)                                                                                                                                                                                                                                                                                                                                                                                                                         |                 |  |
| Date: Signature:                                                                                                                                                                                                                                                                                                                                                                                                                       | у 🔊             |  |
| NOTE: WRITTEN CREDIT AUTHORIZATIONS <b>MUST</b> PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.                                                                                                                                                                                                                                                  |                 |  |

# ${\bf BA}_{\mid}$ quality education in a community of respect

| Student Name(s) and Grades: 1. | 2.                                           |
|--------------------------------|----------------------------------------------|
| 3.                             | 4.                                           |
|                                |                                              |
| Parent's Names:                | Email Address (where bills should be sent):  |
|                                |                                              |
| Mailing Address:               | Allergies:                                   |
|                                |                                              |
| Mother's Cell Phone:           | Father's Cell Phone:                         |
|                                | , - w                                        |
| Emergency Contact:             | Persons authorized to pick up child(ren): 1. |
| a e                            |                                              |
| 2.                             | 3.                                           |
|                                |                                              |
| 4.                             | Office Use Only:                             |
|                                | ACH Form Attached                            |
|                                |                                              |

801 Limona Road | Brandon, florida 33510 | P. 813.689.1952 | F. 813.651.4278