



## 2023 – 2024 SCHOOL YEAR

SKY CARE AFTERCARE PROGRAM IS OPEN TO ANY STUDENT FCCS  
FROM KINDERGARTEN - 8th GRADE

We believe in providing students with the right tools that will help them be their  
academic best and also inspire an active, healthy lifestyle.

### OPTION AVAILABLE

Before care : 7:00 AM - 7:45 AM, Monday - Friday; \$5 per day, per student

Aftercare : 3:00 PM - 6:00 PM; except Wednesday, 1:00 PM - 6:00 PM

**Application fee ( one time ) non refundable Due with completed registration**

- Application fee (one time) \$ 45.00 per student
- Monday - Friday \$ 65.00 per student / week
- Wednesday Only \$ 25.00 per student
- Drop-In Fee (Daily) \$ 25.00 per student

### SPECIAL OFFERS

Family of 2 student	\$ 120.00 per week
Family of 3 student	\$ 175.00 per week
Wednesday Only(per student )	\$ 90.00 per month

***Space is limited; please enroll your children as soon as possible.***



## SKY CARE AFTERCARE PROGRAM APPLICATION

Student Name: \_\_\_\_\_

School: \_\_\_\_\_

*Please Print Name*

**Review the following to ensure completion of the application process.**

- ☐ Registration fee (due upon submission of packet)
- ☐ Statement of Cooperation is signed
- ☐ Anti-Bullying Pledge signed
- ☐ Discipline Policy signed
- ☐ Paradise Park Permission Waiver signed
- ☐ SKY CARE transportation
- ☐ SKY ZONE Liability Waiver

OFFICE USE ONLY

**REGISTRATION:**

- ☐ \$45.00 fee paid

Method: Cash \_\_\_\_\_ Credit Card \_\_\_\_\_

Date Paid: \_\_\_\_\_

**CARE PLAN:**

- ☐ Before care    ☐ Monday-Friday    ☐ Wednesday Only

# SKY CARE FINANCIAL RATES

Financial arrangements for Grade \_\_\_\_\_ Age \_\_\_\_\_

(Please Print Student Name) \_\_\_\_\_

The SKY CARE Program is open to any student in the listed schools. We believe in providing students with the right tools that will help them be their academic best.

OPTIONS AVAILABLE:

## SKY CARE STUDENTS

Registration \$45.00 per student

\_\_\_\_\_ Monday - Friday \$ 65.00 per week \_\_\_\_\_ Wednesday Only \$90.00 per month

➤ **Registration:** Each student will be charged a registration fee due with completed application. This deposit is non-refundable. Parents must pay the registration fee when submitting an application.

### ➤ **Care Payments:**

\_\_\_\_\_ **Monthly Plan**

For participation in this plan, payment must be received prior to the beginning of the month in which SKY CARE is required. (i.e., if care is needed for the month of September, payment must be made by the end of August.) A late fee of \$35.00 will be charged for payments made after the required timeframe/date. Rates will be calculated based upon the number of weeks in the month.

\_\_\_\_\_ **Weekly Plan**

For participation in this plan, payment must be received no later than the Wednesday before the week SKY CARE is required. A late fee of \$35.00 per week will be charged for any payments made after this time.

**Late Pick-up Fee – all parents are required to pick up their children at Sky Zone no later than 6pm A Late fee will be charged within the first minutes for each child picked up after 6 p.m., an additional charge of \$2.00 per minute thereafter per child.**

By signing below, I affirm my understanding and agreement to the above financial arrangements.

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

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

**Please return completed application and applicable fees to:**

**Sky Zone 2510 South Highway 27 Clermont, Fl. 34711**

## SKY CARE STUDENT INFORMATION

### STUDENT # 1

Name:

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Last/ First/ Middle

Grade Level Intent: K / 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8

Date of Birth: \_\_\_\_\_ Gender: M / F

### STUDENT # 2

Name:

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Last/ First/ Middle

Grade Level Intent: K / 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8

Date of Birth: \_\_\_\_\_ Gender: M / F

### STUDENT # 3

Name:

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Last/ First/ Middle

Grade Level Intent: K / 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8

Date of Birth: \_\_\_\_\_ Gender: M / F

### STUDENT # 4

Name:

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Last/ First/ Middle

Grade Level Intent: K / 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8

Date of Birth: \_\_\_\_\_ Gender: M / F

## SKY CARE PARENT INFORMATION

**FATHER**

Name:

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Last	First	Middle	Suffix
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Preferred Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Work Phone 1: \_\_\_\_\_ Work Phone 2: \_\_\_\_\_

Work Email: \_\_\_\_\_ Work Fax: \_\_\_\_\_

**MOTHER**

Name:

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Last	First	Middle	Suffix
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Preferred Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Work Phone 1: \_\_\_\_\_ Work Phone 2: \_\_\_\_\_

Work Email: \_\_\_\_\_ Work Fax: \_\_\_\_\_

**Guardian**

Name:

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Last	First	Middle	Suffix
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Preferred Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Work Phone 1: \_\_\_\_\_ Work Phone 2: \_\_\_\_\_

Work Email: \_\_\_\_\_ Work Fax: \_\_\_\_\_

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**SKY CARE FAMILY INFORMATION****FAMILY INFORMATION**

Primary Parent: Mother / Father / Both / Other: \_\_\_\_\_

Address Line 1:

\_\_\_\_\_  
Address Line 2:  
\_\_\_\_\_

\_\_\_\_\_  
City State Zip Code County

EMERGENCY CONTACTS (those who may pick up your child from school in addition to parents)

1) Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

2) Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

3) Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

4) Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

**CHILD'S PASSWORD:** \_\_\_\_\_

**The following people may NOT pick up my child from SKY CARE at any time:**

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

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

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**HOW DID YOU HEAR ABOUT US?**

☐

Church

☐

Newspaper

☐

refer by Friends

☐

Social Media

☐

others

## **AUTHORIZATION FOR EMERGENCY TRANSPORT**

In the event that my child \_\_\_\_\_ becomes ill or is injured while under the supervision of SKY CARE Program, I hereby authorize the SKY CARE administration to take whatever steps necessary to ensure proper medical care is rendered to my child in the event of an emergency.

I authorize consent to transport my child \_\_\_\_\_ by ambulance to the closest available emergency facility when the situation is warranted by the discretion of the SKY CARE administration.

In the event of an emergency that requires SKY CARE to vacate the premises, and I am unable to be reached, I hereby authorize SKY CARE administration to transport my child to an alternate safe environment. I understand that once transported to a designated safe environment, further attempts to contact me will continue until I am reached.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **HEALTH INFORMATION**

Does your child have any health conditions? YES OR NO

If yes, please explain in full detail:

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Current medication(s) prescribed & for what purpose(s):

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**ALLERGY INFORMATION**

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_  
\_\_\_\_\_

Symptoms of this allergy:

\_\_\_\_\_  
\_\_\_\_\_

Describe necessary procedures and medicine after exposure to allergen:

\_\_\_\_\_  
\_\_\_\_\_

CALL 911 \_\_\_\_\_

ENVIRONMENTAL: \_\_\_\_\_  
\_\_\_\_\_

Symptoms of this allergy:

\_\_\_\_\_  
\_\_\_\_\_

Describe necessary procedures and medicine after exposure to allergen:

\_\_\_\_\_  
\_\_\_\_\_

CALL 911 \_\_\_\_\_

**LIST ALL RELEVANT ALLERGENS:**FOODS/EDIBLES: \_\_\_\_\_  
\_\_\_\_\_

Symptoms of this allergy:

\_\_\_\_\_  
\_\_\_\_\_

Describe necessary procedures and medicine after exposure to allergen:

\_\_\_\_\_  
\_\_\_\_\_

CALL 911 \_\_\_\_\_

**STATEMENT OF NON-DISCRIMINATION**



SKY CARE welcomes and admits students of any race, ethnicity, and national origin and grants all the rights, privileges, programs, and activities generally accorded or made available to SKY CARE students.

SKY CARE does not discriminate on the basis of race, ethnicity, national origin, religious beliefs, in the administration of its educational policies, admissions policies or other administered programs.

SKY CARE does reserve the right to use fair and appropriate selection criteria that reflects its stated goals and objectives in order to fulfill its purpose and academic standards. Using these criteria, SKY CARE administration also reserves the right to reject a student applicant for enrollment if for any valid reason the student proves to be inconsistent or incompatible with SKY CARE purpose and standards.

### **EXCEPTIONALITIES**

Does your child have any physical, emotional, or learning disabilities? YES NO

Please explain:

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**\*\*This information will aid in any necessary accommodated means of interaction with your child.**

### **SKY CARE STATEMENT OF COOPERATION**

I recognize that SKY CARE is an educational institution operated as a ministry of Family

Christian Center and staffed by those whose aim is to benefit all children without discrimination and I realize that attendance is a privilege. Therefore, I hereby agree to cooperate with the administration by supporting its policies, procedures and disciplines.

I understand that SKY CARE and its staff and faculty assume no legal responsibilities for my children while on the Sky Zone premises under the care of SKY CARE staff.

I agree to hold SKY CARE and its agents harmless of liability in cases of any actual or alleged injury to my child in cases of routine, SKY CARE-sponsored and supervised activities. I further agree to pay all legal fees (attorney, court, damages or other costs) incurred by SKY CARE arising from any legal action brought against SKY CARE or its agents or employees for which SKY CARE is found to not be at fault.

I will fully cooperate with SKY CARE in the care of my child and to adhere to all SKY CARE plans, policies and regulations. I agree to collaborate with the administration and all SKY CARE employees to quickly resolve any issues or problems. I will not undermine the SKY CARE Program, its employees or programs and I will be careful not to make unconstructive negative comments.

I understand that SKY CARE reserves the right to dismiss a child, after thorough consultation with administration and the child's parents if the child does not make necessary adjustments to fully adhere to all policies, rules of conduct, and academic or behavioral standards. I further agree to read and abide by all SKY CARE policies.

By signing this agreement, I acknowledge that I have read and understand the terms of this contract and I agree to the terms, policies and conditions stated herein. My signature below also indicates that I assume complete responsibility to maintain the financial agreement between my family and SKY CARE.

My signature below will validate this Statement of Cooperation for the entire length of my child's enrollment in the SKY CARE program and it will not expire until my child is formally withdrawn.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Dear SKY CARE Program Families,**

The SKY CARE Program is committed to creating the best environment for personal growth and development. The environment that best produces this is one that would be described as caring, loving, nurturing, safe, and positive.

One of the issues that we take very seriously is our students' attitudes and treatment of each other. Christ is our example of how to do this. Bullying is an attitude and behavior that directly goes against the example and teachings of Christ. Therefore, we believe that it has no place at the SKY CARE program.

**We will not tolerate bullying of any kind - period.**

The Anti-Bullying Pledge on the following page needs to be signed by yourself and your child(ren) and returned to SKY CARE with this application.

Some great resources for you and your family to check out are:

1. [www.StopBullying.com](http://www.StopBullying.com)
2. [www.SchoolFamily.com](http://www.SchoolFamily.com)
3. [www.Speakouthotline.org](http://www.Speakouthotline.org)
4. [http://www.kzoo.edu/psych/stop\\_bullying/resources/websites.html](http://www.kzoo.edu/psych/stop_bullying/resources/websites.html)

As a parent I will support the rules and regulations of the SKY CARE Program and SKY CARE team and administration.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mrs. Nong Remson, Director of SKY CARE Program.

[Skycare@fcclive.com](mailto:Skycare@fcclive.com)

689-243-6053

The SKY CARE program is committed to creating the best environment for personal growth and development. The environment that best produces this is one that would be described as caring, loving, nurturing, safe, and expectant. One of the issues that we take very seriously is our students' attitudes and treatment of each other. Christ is our example of how to do this. Bullying is an attitude and behavior that directly goes against the example and teachings of Christ. Therefore, we believe that it has no place at the SKY CARE program.

Because of this strong belief, we are calling on and expecting each student's and parent's support and commitment to this cause. We are requiring each student and parent to sign this pledge to show their commitment. We the staff of SKY CARE Program agree to join together to stamp out bullying at our program. We believe that everybody should enjoy our program equally and feel safe, secure, and accepted regardless of nationality, race, gender, religion, popularity, intellectual capacities, or physical abilities.

*Bullying can be pushing, shoving, hitting, and spitting, as well as name-calling, teasing, mocking, and excluding someone from an activity or group. Bullying causes pain and stress to victims and it is never justified or excusable as "kids being kids" or "just teasing" or any other rationalization. The victim is never responsible for being a target of bullying.*

By signing this pledge, I agree to:

1. Value student differences and treat others with respect. 2. Not become involved in bullying incidents or be a bully. 3. Be aware of the program's policies and support system in regards to bullying. 4. Acknowledge that whether I am being a bully or see someone being bullied, if I don't report or stop the bullying, I am guilty of supporting bullying. 5. Be alert in places around the program where there is less adult supervision such as bathrooms, walking from room to room, and halls. 6. Support other students who have been bullied or are being subjected to bullying. This includes alerting an authoritative figure of any abusive behavior. 7. Work with other students and faculty, to help the SKY CARE program deal with bullying effectively. 8. Be a good role model for younger students and support them if bullying occurs. 9. As a parent I will support the rules and regulations of the SKY CARE Program and its staff and administration.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# DISCIPLINE POLICY

SKY CARE believes that discipline is a critical component in achieving a safe and positive environment for learning. We encourage our students to make good decisions by the use of positive reinforcement and behavior modification.

Discipline during the SKY CARE program will be the responsibility of the program's overseer. Emphasis will be given to reinforcing positive behavior. Should the student's behavior become too disruptive, a verbal reprimand will be given. Following this, the student will be separated from the others to think about their unwise choices/actions. If the child continues to display disruptive behavior, a parent will be notified to discuss further action.

**First infraction (after 3 warnings) = Time Out and phone call to parents.**

**Second infraction (after 3 warnings) = Time out and parent-conference.**

**Third infraction (after 3 warnings) = Suspension from Extended Care for up to 3 days**

All infractions will be followed up immediately with the child's parent/legal guardian. SKY CARE administration has the right to expel any student at any time due to inexcusable behavior.

All children who attend SKY CARE Program must abide by the guidelines above and below with maximum respect to conduct.

Students will show respect to all staff of SKY CARE. Students will show respect to their peers. Bullying will not be tolerated. Students will show respect for SKY ZONE property. Students will not bring weapons, drugs, alcohol, tobacco products to the program. No fighting, cursing, name calling.

If a child chooses to violate any of the above guidelines, parents will be called to school for immediate discussion with the administrator to discuss appropriate disciplinary measures which could include suspension or expulsion.

**In signing below I hereby acknowledge that my children will abide by the above rules and regulations. I will support whatever decision is made as a result of the meeting with the teacher and administration.**

Parent

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

## PARADISE PARK 2023-2024 PERMISSION FORM

I, the legal parent/ guardian of \_\_\_\_\_ (child's name), grant permission for him/her to go to Paradise Park (located beside Sky Zone) throughout the school year during the SKY CARE Program.

I hereby release SKY ZONE of any and all liabilities in case of any accidents.

I agree to hold SKY CARE and its agents harmless of liability in cases of any actual or alleged injury to my child in cases of supervised activities for which the program has no control. I further agree to pay all legal fees (attorney, court, damages or other costs) incurred by SKY CARE arising from any legal action brought against the school or its agents or employees for which SKY CARE is found to not be at fault.

In the event of an emergency and I am unable to be reached, I hereby authorize SKY CARE administration to transport my child to an alternate safe environment. I understand that once transported to a designated safe environment, further attempts to contact me will continue until I am reached.

By signing below I agree to the above terms and conditions.

Parent Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_