



7127 N. PINE ISLAND ROAD  
TAMARAC, FL 33321  
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WWW.ALLSPORTSKIDS.COM

## CHILD CARE FOR SCHOOL AGED CHILDREN

THE AIMS OF THE PROGRAM IS TO KEEP KIDS ACTIVE BOTH PHYSICALLY & MENTALLY THROUGH INSTRUCTIONAL SPORTS ACTIVITIES.

NAME OF CHILD(REN) \_\_\_\_\_ AGE(S) \_\_\_\_\_ D.O.B. \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

MOTHER/GUARDIAN \_\_\_\_\_ DAY PHONE # \_\_\_\_\_

FATHER/GUARDIAN \_\_\_\_\_ DAY PHONE # \_\_\_\_\_

MOTHER EMAIL \_\_\_\_\_ FATHER EMAIL \_\_\_\_\_

HOW DID YOU HEAR ABOUT ALL SPORTS? \_\_\_\_\_

PLEASE CHECK (u) THE PROGRAM YOUR CHILD WILL BE ENROLLED IN:

ARE YOU ELC  OR PRIVATE PAYER

**OPTION 1**

- FULL DAY CARE FROM 7AM-7PM
- FREE FOOD INCLUDED
- E-LEARNING ASSISTANCE PROVIDED
- SPORTS/CHEER PROGRAM
- \$155 PER WEEK, DISCOUNT AVAILABLE FOR ELC CLIENTS

**OPTION 2**

- DAILY OPTION (IF SPACE IS AVAILABLE)
- \$37.50 PER DAY

**OPTION 3**

- YEAR AROUND PROGRAM
- AFTER SCHOOL CARE
- EARLY RELEASE & SCHOOL DAYS OFF
- FREE FOOD INCLUDED
- HOMEWORK ASSISTANCE PROVIDED
- SPORTS/CHEER PROGRAM
- \$100 PER WEEK, ONLY AVAILABLE TO ELC CLIENTS. SUBJECT TO ONE YEAR CONTRACT WITH TWO WEEKS VACATION.

TRANSPORTATION IS INCLUDED.  
IF YOU ARE ELC CLIENT, THERE WILL BE ADDITIONAL FEES (CO-PAY, DIFFERENCE BETWEEN PRIVATE PAID AND ELC REIMBURSEMENT).  
PRICES SUBJECT TO CHANGE





# POLICIES

## REGISTRATION POLICY:

At registration, a \$35 non-refundable fee + two weeks tuition (first and last) per child is due. Second child, same family will receive a 10% discount on tuition. Each additional child of the same family will receive a 20% discount on tuition. Registration must be paid each time you register your child (after school, summer camp, winter break, spring break). However for those who sign up for the year around program, you must pay registration fees once a year only upon renewal of your contract.

INITIALS \_\_\_\_\_

## TUITION POLICY:

All tuition must be kept current and must be paid prior to your child's attendance. Tuition is due on Monday of each week as the Centre is completely dependent upon the tuition payments for its operation. A \$25 late fee will be added to your account if payment is not received by the end of Tuesday, and an additional \$5 each day after. If payment is not made by the end of the week, arrangements must be made before your child may return to the Center. Late tuition may result in your child's suspension from the program. Returned checks will be charged an additional fee of \$30. If a child withdraws from the program for any reason a written notice of two weeks must be given. The student will be charged for the remainder of the two weeks. If a child withdraws from the year round program, they will be charged for the remaining weeks in the program. While the year around program benefits from 2 weeks vacation time, no vacation time is given to the plus or basic program.

INITIALS \_\_\_\_\_

## REFUND POLICY:

Registration fees, tuition fees, and supplies fees will not be refunded. All tuitions are based upon the total yearly cost of the program. The weekly fee is a breakdown of this yearly cost to facilitate parent payment. It is understood that the full tuition will be charged each week whether or not my child is in attendance, regardless of scheduled school closings, as indicated in our early calendar, severe weather conditions (hurricanes), vacations and or illness. There are no exemptions to this policy. No refunds will be given for registration fees, and for days absent.

INITIALS \_\_\_\_\_

## PERSONAL BELONGINGS:

All Sports, and their employees, are not accountable for children's personal belongings, including electronics.

INITIALS \_\_\_\_\_

## DAMAGE TO ALL SPORTS EQUIPMENT

If your child intentionally breaks All Sports equipment, parent or guardian may be asked to pay for the damage caused to the equipment.

INITIALS \_\_\_\_\_

## ATTENDANCE/SIGN IN PROCEDURES

Attendance is taken daily and recorded in the attendance/bus route sheets by All Sports staff. If a student does not report to the program, or the parent or guardian has not notified his/her absence to all sports, the parent, guardian or emergency contact will be notified to verify the student's absence. If a student is not going to attend the program for any reason, it is the parent's responsibility to inform the administrator by calling All Sports and leaving a message prior to the program's start



## POLICIES CONT'D

time. These procedures are in place to ensure the safety of all students attending the program, and prevent unnecessary delays in All Sports bus routes. Consistently failing to personally notify the administrator of your child's absence may result in the student being dismissed from the program. Parents or guardians whose children are registered under the daily program are responsible to call All Sports if they want their children to be picked.

INITIALS \_\_\_\_\_

### DISMISSAL/SIGN OUT PROCEDURES

Students may be signed out of the program to leave for the day only by those persons indicated on the registration form as having authorization to do so and producing a photo ID for verification. If for some reasons a person who is not listed as authorized on the authorization form needs to pick-up the student, the registering parent must call and give the alternate's name to the Administrator. The parent will identify himself or herself on the phone to the Administrator by using the password system. Students may be signed out of the program by an authorized person for a designated period of time and return at a later time to rejoin their groups. This privilege will only be allowed once daily, and should be abused. Students may not sign themselves out and walk/ride back home. The person signing a student out must sign legibly and note the time on the sign out log. Parents/guardians must wait at the sign out desk for the child and directly supervise their exit from the facility. Every effort will be made by the staff to make the pick-up process timely. Please stay in the sign out desk area; parents or guardians are not allowed to go beyond this point.

INITIALS \_\_\_\_\_

### DISCIPLINE

All students attending the program are expected to follow the "Code of Student Conduct" for Broward County Public Schools (BCPS), and SBBC Anti-Bullying Policy 5.9 Inappropriate behaviors, including but not limited to, bullying and cyberbullying, are not acceptable. Students who cannot follow the daily acceptable behaviors will be placed on a behavior plan. The consequences for misbehaviors will vary from a time out, missing an activity, suspension, or being exited from the program. If a student's behavior endangers or injures another individual, the student may be immediately exited from the program. Students, who have been suspended from the program due to behavior, may not attend until the Director or the person in charge has had a conference with the student and parent. Fees will not be refunded for absences due to suspension. After three referral incidents, of which the parent has been notified, a student may be asked to leave the program. Students suspended from school may not attend the program during their suspension. Fees paid for those days will not be refunded.

INITIALS \_\_\_\_\_

### DURATION OF THE PROGRAM

Our program duration for each is from 7AM to 7PM per day.

INITIALS \_\_\_\_\_



## POLICIES CONT'D

### LATE PICK-UP POLICY

All Sports closes at 7 pm. Late pick-up will result in the following penalties:

- Pick-up between 7:01 - 7:10 pm: \$5
  - 7:11 - 7:20 pm: \$10 (total \$15)
  - 7:21 - 7:30 pm: \$20 (total \$35)
  - 7:31 - 8:00 pm: \$25 (total \$60)
- \*All Fees are due at the time of pick-up\*

After 8 pm All Sports will be forced to contact the proper authorities. INITIALS \_\_\_\_\_

### COLLECTION:

In the event that there is a breach of the contract, the responsible party whose name is signed below, agrees to reimburse us the fees of any collection agency, which may be based on a percentage at a maximum of 33% of the debt, and all costs, and expenses, including reasonable attorneys' fees, we incur in such collection efforts.

INITIALS \_\_\_\_\_

I agree to abide by all the rules of the program as detailed in this registration form.  
I have read the above terms and agree to the condition.

RESPONSIBLE PARTY \_\_\_\_\_ DATE \_\_\_\_\_

For further information on our program and policies, please consult our parents' handbook available online.



## PICK UP LIST

FOR YOUR CHILD'S SAFETY, HE OR SHE WILL ONLY BE RELEASED TO A PARENT OR OTHER PERSONS LISTED ON THIS PICK UP FORM. **NO EXCEPTIONS WILL BE MADE.**

Anyone removing a child from All Sports will be asked to show I.D. such as a Florida driver's license. Permanent changes or additions to this list must be made in person and only by the registering parent or parents. You may add as many name as you wish to this form.

CHILD(REN) NAME(S): \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE # \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE # \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE # \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE # \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE # \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE # \_\_\_\_\_

**NOTE: PLEASE PICK A PASSWORD YOU WILL REMEMBER TO BE USED FOR THE PURPOSE OF PHONE IDENTIFICATION (DO NOT GIVE OUT YOUR PASSWORD, IT IS NOT CONSIDERED A FORM OF I.D. OR FOR THE PURPOSE OF PICK UP. IT IS STRICTLY FOR ALL SPORTS TO IDENTIFY A CHILD'S PARENT ON THE PHONE.)**

PASSWORD: \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_



# RELEASE OF LIABILITY

CHILD(REN)'S FULL NAME \_\_\_\_\_

SCHOOL CHILD(REN) ATTEND: \_\_\_\_\_

In consideration of (child's name) \_\_\_\_\_, my minor child/ward being allowed to participate in all ways in the All Sports program related to events activities, clinics, field trips, practices, competitions and classes the undersigned acknowledges appreciates and agrees that:

I understand by taking part in this or any sports I dance I cheerleading program there is a possibility of injury or sickness to my daughter/son therefore with this knowledge I give permission for my child to participate fully in all the programs at All Sports and due hereby grant authorization of treatment to my child should she/ he become injured or ill.

I for myself, my spouse, my child, agree to hold harmless All Sports of Pine Islands LLC, All Sports (DBA), All Sports Kids, JLP Education and Athletics Inc, their respective officers, directors, employees, agents, contractors, subsidiaries, affiliates, and parent companies for any injury occurred as a result of my child's participation in the All Sports programs, even if it shown that they are negligent.

For myself, my spouse and child I knowingly and freely assume all risk both known and unknown, even if arising from the negligence or the releases or others, and assume full responsibility for my child's participation.

I willingly agree to comply with the programs stated and customary terms and conditions for participation. If I observe any unusual significant concerns in my child's readiness for participation and I or in the program itself I will remove my child from participation and bring such to the attention of the director immediately.

I give All Sports the right to film, photograph, or video tape my child for any reproductions associated or in any way connected with said television or film event in particular reproduction for use in any form of advertisement for All Sports promotional purpose.

I have read this release of liability and assumption of risk agreement, and fully understand its terms and understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without an inducement.

MY CHILD(REN) \_\_\_\_\_

**DOES**

**DOES NOT**

(please circle one)

**HAVE PERMISSION TO BE TRANSPORTED BY ALL SPORT'S  
ON FIELD TRIPS AND/OR FOR AFTER SCHOOL PICK UP.**

PARENT/GUARDIAN \_\_\_\_\_

HEALTH INSURANCE CO. NAME \_\_\_\_\_ POLICY # \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_



# MEDICAL RELEASE FORM

Child's Name \_\_\_\_\_ Home Phone # \_\_\_\_\_ D.O.B. \_\_\_\_\_ M F  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Mother/Guardian \_\_\_\_\_ Day Phone # \_\_\_\_\_ Cell# \_\_\_\_\_  
Father/Guardian \_\_\_\_\_ Day Phone # \_\_\_\_\_ Cell# \_\_\_\_\_  
Add'l Emergency Contact \_\_\_\_\_ Day Phone # \_\_\_\_\_ Cell# \_\_\_\_\_  
Date of Last Physical Exam \_\_\_\_\_ Do You Carry Family Medical/Hospital Insurance? Yes No  
Carrier \_\_\_\_\_ Policy# \_\_\_\_\_ Group # \_\_\_\_\_

## HEALTH HISTORY Check and give appropriate dates when applicable.

Measles \_\_\_\_\_ Chicken Pox \_\_\_\_\_ Frequent Ear Infections \_\_\_\_\_ Heart Defect/Disease \_\_\_\_\_  
Bleeding/Clotting disorder \_\_\_\_\_ Diabetes \_\_\_\_\_ Convulsions \_\_\_\_\_ Asthma (on Inhaler?) \_\_\_\_\_

## ALLERGIES Check all that apply

Penicillin \_\_\_\_\_ Insect stings \_\_\_\_\_ Poison Ivy \_\_\_\_\_ Hay fever \_\_\_\_\_

Food Allergies (list foods) \_\_\_\_\_

Other (please describe) \_\_\_\_\_

## Immunization Record required if child is not registered in a Broward County Public School

Broward County School \_\_\_\_\_ Immunization Records Provided \_\_\_\_\_

## MEDICAL INFORMATION

Operations or Serious Injuries \_\_\_\_\_

Chronic or Recurring Illness or Medical Condition(s) \_\_\_\_\_

Dietary Restrictions \_\_\_\_\_

Current Medication(s) \_\_\_\_\_

**RELEASE** This statement must be signed for attendance. This health history is correct as far as I know and the person herein described has permission to engage in all prescribed activities as noted.

## PARENT AUTHORIZATION FOR EMERGENCY MEDICAL AND FIRST AID

In the event of any extreme medical situation, as deemed necessary by the Owner and/or Director, paramedics or medical personnel will be notified immediately to escalate medical attention for the child. All efforts will be made to notify the parents or guardians. HOSPITAL INSURANCE

1. Upon immediate need for medical attention for your child, the undersigned gives consent to any x-ray examination, anesthetics, medical or surgical diagnosis or treatment, and hospital care to be rendered to \_\_\_\_\_ (child's name) upon the advice of a physician and/or surgeon licensed under the provisions of the Medical Practice Act.
2. All Sports will not be held responsible for any medical expenses due to an emergency
3. The undersigned further authorized All Sports to have \_\_\_\_\_ (child's name) released into the custody of its representative, should hospital care no longer be required.
4. The undersigned further authorizes All Sports staff and/or director to perform CPR/First Aid on \_\_\_\_\_ (child's name) in the event of an emergency.

MEDICAL AUTHORIZATION FOR \_\_\_\_\_ (CHILD'S NAME)

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_