



2020-2021

**REGISTRATION
FORMS**





Required

All Registration Forms must be emailed to acc@archimedean.org

STUDENT INFORMATION

(One registration form per child)

Student's Name _____ Gender _____ Grade Level _____

Parent/Guardian's Name _____

Cell Phone _____ Email _____

Parent/Guardian's Name _____

Cell Phone _____ Email _____

EMERGENCY CONTACT INFORMATION

The following people are authorized to pick up the child listed above and may be contacted in the event of an emergency.

AUTHORIZED PERSON TO PICK-UP MUST BE 18 YEARS OR OLDER

Contact 1 _____ Relationship _____

Cell Phone _____ Email _____

Contact 2 _____ Relationship _____

Cell Phone _____ Email _____

Contact 3 _____ Relationship _____

Cell Phone _____ Email _____

MEDICAL INFORMATION

List or describe below if your child has any medical or physical concerns we should know about

[Empty box for medical information]

Name of Parent/Guardian

Signature of Parent/Guardian

Date



Required

Student's Name _____

Please enter your initials below in the program(s) and the elective activities your child will be participating in. Electives are only offered to ACC students.

MAIN PROGRAMS	INITIALS	MONTHLY
Before School Care Program (Breakfast Included)	Add	Cost: \$80
After School Care Program – 2 Days – M T W T F	Add	Cost: \$95
After School Care Program – 3 Days – M T W T F	Add	Cost: \$140
After School Care Program – 5 Days	Add	Cost: \$185

Registration Fee **\$50**
(one time fee in addition to the monthly fee, non-refundable)

ADD ON ELECTIVE ACTIVITIES	INITIALS	MONTHLY
Individual Greek Tutoring	Add	Cost: \$195
Small Group Greek Tutoring	Add	Cost: \$65
Individual Tutoring – Daily Homework	Add	Cost: \$95
Small Group Tutoring – Daily Homework	Add	Cost: \$65
Spanish	Add	Cost: \$65
French	Add	Cost: \$65
Piano	Add	Cost: \$95
Guitar	Add	Cost: \$95
Basketball	Add	Cost: \$65
Soccer	Add	Cost: \$65

i Important Notes

- Before School Care**
Hours of operation: PreK 7-8:00am, Academy 7-7:45am, AMC 7-8:00am
- After School Care**
Hours of operation: PreK 3:30-6:30 pm, Academy 3-6:30 pm, AMC 4-6:30 pm, Fridays: Academy 2-6:30 pm, AMC 3-6:30 pm
- Daily charges if not registered**
\$5 for Before School Care and \$15 for After School care
- Elective Activities**
Offered only to ACC students. 2 sessions a week for 40 minutes on agreed days
- Cancellations will be effective the 1st day of the following month. Modifications are not valid without full payment**

Name of Parent/Guardian

Signature of Parent/Guardian

Date



Required

Financial and Enrollment Agreement

- Child is not registered until full balance including registration fee is received.
- Registration fees are per child.
- All fees are non-refundable and non-transferable.
- There is no credit and no make-ups for student absences or illnesses or weather.
- Any outstanding balance must be paid before child may attend program.
- Payments are applied to the oldest charges first.
- 10% Sibling Discount will be applied to sibling with the lesser charge.
- Sibling Discount is not applied to Registration Fee.
- \$20 Late Payment Fee will be applied if payment is not received by the 1st of the month.
- \$35 NSF Check Fee will apply when your check is returned.
- \$25 Late Payment Fee will be applied if the credit card on file is declined.
- If payment is not received by the 10th day of the month the child will be withdrawn.
- Schedules are subject to change. Elective activities are subject to closure due to low enrollment.
- The ACC nor Archimedean Schools will be responsible for any lost or damaged personal property.
- August fee: 1/4 of the monthly rate, December fee: 3/4 of the monthly rate, June fee 1/3 of the monthly rate.

I opt to make recurring monthly payments via credit card in the amount of this agreement.
 Credit card authorization has been submitted to the Archimedean Cashier at the time of this registration

Parent/Guardian Initials _____

Media Authorization & Release Form

I authorize Archimedean Community Center (ACC) and its employees to take and use photos and/or videos of my child in promotional, marketing and educational literature and publications.

I release the ACC from any and all liability arising out of the use of my child's photos and videos. I am participating on a voluntary basis and no compensation, fees or royalties will be paid for this use.

Parent/Guardian Initials _____

Authorization for Emergency Medical Treatment

I hereby give permission to the ACC Staff to take whatever emergency measures are judged necessary for the care and protection of my child(ren) while under ACC supervision. In case of a medical emergency I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment, if the local emergency deems necessary. I understand that in some medical situations the ACC Staff will need to contact the local emergency resources before the parent/guardian. I understand that the incurred expenses will be borne by the child's family.

Parent/Guardian Initials _____

Name of Parent/Guardian

Signature of Parent/Guardian

Date



12425 Sunset Dr. | Miami, FL 33183 | USA 

Tel (305) 279-6572 

[archimedean.org/acc](https://www.archimedean.org/acc) 

acc@archimedean.org 