



**4901 W. Linebaugh Ave. Suite #2.
Tampa, FL 33624
Phone: 813 506 1498**

CONTRACT BETWEEN PARENTS AND GARDEN OF TALENTS AFTER SCHOOL 2024-2025

*The purpose of this contract is to define the terms that we agreed to for the care of your child or children.
It is your responsibility to confirm any changes in the following information offered.*

Name of Parent/Guardian: _____

Name of child (children): _____

Address: _____

Phone number (home or cell): _____ (work): _____

Email: _____

Please name any other person that can be contacted in case of emergency: name and phone number:

Name	Relationship	phone

The After School services last a time period of one school year, unless it is agreed to another period of time by written contract.

Days of function: Monday – Friday

Weekly tariff: **\$95 (Arts & Crafts Material and snack).**

Date and type of payment: cash, check, credit card or Zelle. **The payments will be made in weekly advance.** For more convenience they will be made on **FRIDAYS.**

An amount of **\$25.00** will be charged for late (**Monday**) payments. **\$35.00** will be charged for NSF checks.

An amount of \$1.00 will be charged for every 1 minute, the child is brought before or picked up after function hours.

On holidays service will not be presented and the payment will be made for the full week.

No discounts are made in the event of a child's absence from the program (sick days, family activities, or family vacations...). The payment will be made for the full week. (reservation of the space in the program).

On days when schools are closed for special events, (i.e. Teacher planning day) full-day service is available for a \$45.00 extra charge.

Please notify GardenOf Talents After School, when your child will be absent.

To cancel the contract a written notification must be made with two weeks of anticipation.

If the parents do not follow the agreements or if the child's wellbeing is in danger, GARDEN of TALENTS AFTER SCHOOL can nullify the contract without anticipation.

Cancellation of contract:

- . If the child does not follow the rules continuously.
- . If the parent/guardian disrespects the provider or any of the staff members.
- . If the parent/guardian does not follow the agreements and does not supply the child's supplements continuously (food, payments for extra activities, dress code for special activities, etc.).

If schools are officially closed due to the prognostics of time our services will be canceled as well.

Under no circumstance will any child be let out of GARDEN Of TALENTS AFTER SCHOOL with a person under the influences of alcohol or drugs, or an automobile without safety.
I accept the terms in the present contract as well as the norms passed by the provider of GARDEN of TALENTS.

It is also of my knowledge that this contract can be nullified if I fail to complete my responsibilities.

Signature of parent/guardian Date

Signature of GARDEN of TALENTS AFTER SCHOOL Date

Notary signature Date



GARDEN OF TALENTS
Registration/Information Form

Name of parent/guardian: _____

Name of child (children): _____

Child's Date of Birth: _____

Child's Age: _____

Child's Grade: _____

Child's School: _____

Home Address of Student: _____

Mother's Name	Phone
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Father's Name	Phone
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Custodial Parent (circle one) : Mother Father Joint

Persons authorized to remove children from GARDEN OF TALENTS AFTER SCHOOL (other than parents, identification required).

Name	Relationship	Phone
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Name	Relationship	Phone
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Preferred Physician: _____

Address: _____

Phone Number: _____

Preferred Hospital: _____

Medical Alert Information (allergies, medical and/ or handicap conditions)

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

If my child, _____, should become ill or injured at
_____. I understand that the Facility will:

Contact me immediately and (2) contact the person(s) designated if I cannot be reached.

Should the facility be unable to reach me and/or the person(s) designated, they are authorized to contact my child's physician and/or arrange for immediate medical treatment.

The physician and/or medical facility are authorized to administer emergency medical treatment necessary to ensure the health and safety of my child.

I will accept responsibility for payment of medical services rendered.

Parent/guardian signature

Date



TRANSPORTATION / FIELD TRIP PERMISSION AGREEMENT

I _____, give permission to GARDEN of TALENTS AFTER SCHOOL to take my child _____ From her/him school and on short trips as part of the GARDEN of TALENTS AFTER SCHOOL.

Parent/Guardian

Date



WAIVER FORM

[photos | video | artwork | profiles | stories]

GARDEN OF TALENTS AFTER SCHOOL has my permission to use my child _____ Photograph, video and audio recordings, likeness, artwork, profile and/or story in this and suture publications, web pages and other promotional materials produced, used by and representing GARDEN of TALENTS AFTER SCHOOL. I understand the circulation of the material could be worldwide and that there will be no compensation to me for this use.

Parent/Guardian signature

Date

Parent/Guardian Print Name

Phone Number