



For Each 1 Reach 1 Mentoring Program, Inc.

Reach Academy
Private School K-12

7318 Sunshine Grove Road Brooksville, FL 34613

Office: 352-556-2768 Fax: 877-330-4468

Website: www.foreach1reach1.com Email: helpful@foreach1.org



@ReachAcademyRaptors

PROCARE UP-DATE INFORMATION FORM

STUDENT INFO

FIRST NAME* _____ LAST NAME* _____

ADDRESS: * _____

DATE OF BIRTH* _____ GENDER? * _____ MALE _____ FEMALE _____

ETHNICITY* _____ HEIGHT* _____ WEIGHT* _____ EYE COLOR* _____

HAIR COLOR* _____

DOES YOUR CHILD HAVE ANY MEDICAL CONDITIONS THAT WE NEED TO KNOW ABOUT? *

ALLERGIES* _____

MEDICATION NEEDS* _____

WHAT SCHOOL DOES THE CHILD ATTEND? * _____

WHAT GRADE IS YOUR CHILD COMPLETING* _____

DOES YOUR CHILD HAVE ANY OF THE FOLLOWING: * _____ IEP, _____ 504, _____ Struggling

Academically, _____ behavior problems, _____ behavior plan, _____ NA.

WHAT PROGRAM (S) ARE YOU INTEREST IN? _____

I GIVE PERMISSION FOR MY CHILD TO WATCH PG RATED MOVIES. _____ YES _____ NO

PARENT INFORMATION

FIRST NAME* _____ LAST NAME* _____

EMAIL _____ MOBILE PHONE _____

HOW DID YOU HEAR ABOUT US? * _____

RELATIONSHIP TO CHILD* _____

HOUSEHOLD INCOME* _____

PAYMENT METHOD* _____

WOULD YOU LIKE TO SHARE YOUR GIFT WITH US BY VOLUNTEERING? * _____ YES _____ NO

WOULD YOU LIKE TO BECOME A MONTHLY SPONSOR BY DONATING AS LITTLE AS \$15.00 PER MONTH?

* _____ YES _____ NO

ADDITIONAL PARENT _____

AUTHORIZED PICKUP INFO

FIRST NAME _____ LAST NAME _____

MOBILE PHONE _____ RELATION _____

FIRST NAME _____ LAST NAME _____

MOBILE PHONE _____ RELATION _____

FIRST NAME _____ LAST NAME _____

MOBILE PHONE _____ RELATION _____

ADDITIONAL AUTHORIZED PICKUP INFO _____



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LATE PICK-UP FEE

There is a late pick-up fee for any youth being picked up late from the program. The late fee starts 1 minute past the closing hours for the program that the youth is participating in. The parents should communicate with us through the ProCare app, to let us know your expected time of arrival. You will be required to sign your child out and you will be billed on Friday for the late fee. The late fee is \$15.00 for the first fifteen minutes and \$1.00 every minute after until the child is picked up.

I have read and agree to pay the late fees according to the above statement if I am late picking up my child. *

INITIALS _____

PHOTO RELEASE

I hereby grant and authorize For Each 1 Reach 1 Mentoring Program, Inc./Reach Academy the right to take, edit, copy, publish, distribute, and make use of any and all pictures or video taken of my child(ren) to be used in and/or for legally promotional materials and digital communications. This authorization shall continue indefinitely unless I otherwise revoke said authorization in writing. I understand and agree that these materials shall become the property of For Each 1 Reach 1 Mentoring Program, Inc. and will not be returned.

I've read the above photo release agreement and I agree to the terms of the agreement. *

INITIALS _____

CANCELLATION & REFUND POLICY

SUMMER PROGRAM has no cancellation, the full amount must be paid even if the youth stop attending, unless you enrolled as part-time.

BEFORE & AFTER SCHOOL We require a **TWO-WEEK** pay period cancellation notice prior to ending your commitment for before & after school services, and you are responsible for payment even if your child stops attending during this time.

If you wish to cancel your services, please do so by emailing helpful@foreach1.org in the subject line add the word **CANCELLATION NOTICE**. In the body state the child's name, document the reason for canceling, and the last day in attendance. **NOTE The payment will continue for 2 FRIDAYS after proper cancellation has been given.** This also includes cancellation of one service, and you wish to keep the other.

BOOT CAMP, there is a thirty-day cancellation period even if the youth stop attending.

If you wish to cancel your services, please do so by emailing helpful@foreach1.org in the subject line add the word **CANCELLATION NOTICE**. In the body state the child's name, document the reason for canceling, and the last day in attendance. **NOTE The payment will continue for the next month after proper cancellation has been given.**

PHOTOGRAPHY CLUB - has no cancellation, the full amount must be paid even if the youth stop attending.

COOKING CLUB has not cancellation, the full amount must be paid even if the youth stop attending.

TUTORING- there is a 12-session minimum required to start tutoring, you can do more bur you cannot do less. There is a pre-test and a post-test fee. The post-test fee must be paid after the 10th session. If the pre or posttest is not completed in one session, there is an additional fee to complete the test.

I HAVE READ THE CANCELLATION POLICY FOR THE PROGRAM OF INTERESTS

INITIALS _____



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SAFETY POLICY

- I will slow down when driving in the parking lot to prevent injuries.
- I agree to park my vehicle in a parking spot if I need to enter the building for any reason.
- I agree to be considerate of others and keep my child home if he/she is sick to avoid spreading germs. If my child has anything that is contagious, I understand that I must have a doctor’s note to bring him/her back to the program.
- I will make sure that my child wears closed toe shoes to avoid injury while participating in the activities.
- Throwing anything out of your car such as cigarettes, trash, bottles, gum etc. is prohibited and if done, you will be banned from the property.
- We are setting an example for our youth therefore, cursing, loud music, making out in your car, inappropriate conversations are prohibited and if done, you will be banned from the property.
- I agree to read all documents when enrolling my child and address any concerns up-front.
- If there is ever a situation, we ask that you give us an opportunity to hear both sides before you make any decision to move. It is our goal to provide excellent customer service.
- If I need to speak with someone pertaining to my child, I will schedule an appointment with the Admin.
- I understand that For Each 1 Reach 1 Mentoring Program, Inc. does not carry accident insurance.
- I realize that the responsibility for payment of an injury requiring medical care is mine.
- I agree to provide For Each 1 Reach 1 Mentoring Program, Inc. with a copy of my child’s report card for as long as they are enrolled in the program.
- I agree to participate in completing For Each 1 Reach 1 Mentoring Program, Inc. assessments, surveys and or testimonials.
- If my child damages or break anything, I understand that I am responsible for repairing or replacing the items.

SUBMIT THE FOLLOWING TO HELPFUL@FOREACH1.ORG

IMMUNIZATION RECORD, MOST RECENT REPORT CARD, PHOTO OF YOUTH

Print Name: _____ Date _____

Signature _____