



# Imagine Schools at West Melbourne

*Developing Character, Enriching Minds*



## “Imagine Nation” Before and After School Care

**Philosophy:** “Imagine Nation” (before/after school child care) provides a safe, secure, and happy place for children in a before and after school setting. The program is supervised by caring, competent, and qualified staff. Activities include: Afternoon Meeting, Snack, Homework Help, Recess, and Direct Instruction.

**Hours:** Monday-Friday Time: 6:30a.m -6:00p.m

*IMAGINE NATION will be closed: winter break, spring break, and all student holidays unless specified in writing.*

**Snacks:**

*A daily afternoon snack is provided and is included in the weekly fee cost. During early release days please send an additional snack with your child due to the fact that their stay is longer.*

**Tuition:**

Registration Fee \$25.00 per child/ \$50.00 per family (2 or more children)	
Before care: \$40 / per week	Before & After care: \$60.00 / per week
After care: \$55 / per week	Drop in Rate: \$15.00

\*Two or more students: \$90 / per week

*The first weeks’ fees are to be prepaid at the time of enrollment. All subsequent fees are due on the first day of the week (Monday) and are to be paid in advance of services provided. A late fee of \$10.00 per child enrolled will be charged after this due date. There will be a \$30.00 fee for each CHECK RETURNED for insufficient funds.*

**Late Pick-Up Policy**

*After 6:00pm, a **\$2.00 per minute** LATE FEE will be charged up to 30 minutes (please see contract for procedures following 30 minutes). Late fees are based on the center’s clock.*

**Discipline**

*IMAGINE NATION’s discipline policy is in concurrence with the discipline policy of Imagine Schools at West Melbourne which is defined in our handbook.*

**3355 Imagine Way, Melbourne, FL 32904**

**Office: 321.768.6200 Fax: 321.768.6300**

[www.imaginewestmelbourne.com](http://www.imaginewestmelbourne.com)





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## Aftercare Drop-In Registration Form

Print Name of Parent/Guardian \_\_\_\_\_

Child's Name: \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell ( ) \_\_\_\_\_ - \_\_\_\_\_ Home ( ) \_\_\_\_\_ - \_\_\_\_\_

Persons Authorized to Pick-up	Relationship

### Emergency Contact

Name: \_\_\_\_\_ Phone # ( ) \_\_\_\_\_ - \_\_\_\_\_

Child's Allergies:

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

For Office Use

Administrator Signature: \_\_\_\_\_

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

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