



**BRILLIANT MINDS  
AFTER SCHOOL PROGRAMS  
CAMP OMEGA  
2018-2019**



**2015 S. Monroe Street  
Tallahassee, FL 32301  
Ph: 850/562-6148**



**Brilliant Minds Tallahassee  
BEFORE & AFTER SCHOOL PROGRAMS**

**CAMP OMEGA**

The after school program offers a well-supervised, educational, nurturing and fun-filled environment for school-age children.

**SCHEDULE & COST:**

After School.....2:50 p.m. – 6:00 p.m.

After School Cost.....\$300/month or

.....\$75.00/week

.....\$25.00/day (daily rate)

Registration Fee.....\$65.00 per child

Beyond the Bell.....\$30.00/week

(6:00 p.m. – 6:30 p.m.) .....\$9.00/day

Payment is due on the first of each month. A 5% discount is available for enrollment of additional children to the after school program. A \$25.00 late fee will be assessed for any payment received after the 5<sup>th</sup> of each month.

Parents must contact us 24 hours in advance in order to enroll in Beyond the Bell for the week or day. Parents of children who are not picked up by closing time and are not enrolled in Beyond the Bell will be assessed a late fee of \$1.00 per minute late.



**AUTHORIZATION TO PICK UP CHILD(REN) FROM THE CENTER:**

If you need a friend, co-worker, or relative to pick up your child and you know that they are not listed on the registration form, call us at **850-562-6148**. The person will be required to show a photo ID unless personally known by the check-out staff. This is for the protection of your child and will be strictly enforced.

The After School program at Brilliant Minds Tallahassee, LLC **will be closed** on the following days:

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Labor Day	September 3 <sup>rd</sup>
Veterans Day	November 10 <sup>th</sup>
Thanksgiving	November 21 <sup>st</sup> - November 23 <sup>rd</sup>
Christmas	December 24 <sup>th</sup> -31 <sup>st</sup>
New Year's Day	January 1, 2019
Dr. Martin Luther King Day	January 21 <sup>st</sup> 2019
Presidents Day	February 18 <sup>th</sup> 2019
Memorial Day	May 27, 2019

Brilliant Minds **will be open** for all Early Release Days, Teacher Planning Days, and Fall Holiday.

On Teacher Planning Days we are open from 7:30 a.m. until 6:00 p.m. at a cost of \$35.00/day for those already attending After-school, \$40.00/day for drop-in students...(unless enrolled in our Frequent Camper Program)

**PLEASE NOTE:** Early Release Days students are picked up from school at 12:20 p.m....cost of camp \$25.00/day on early release days...(unless enrolled in our Frequent Camper Program or Seasonal Camper Program)

Spring Break Camp is available at a cost of \$150.00 for the week of camp...(unless enrolled in our Frequent Camper Program)



## CAMP OMEGA

“After-school with a purpose”

2018-2019

<b>Time</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>2:50 - 3:10</b>	<b>Pick up from schools</b>	<b>Pick up from schools</b>	<b>Pick up from schools</b>	<b>Pick up from schools</b>	<b>Pick up from schools</b>
<b>3:15 - 3:20</b>	<b>Snack &amp; Relax</b>	<b>Snack &amp; Relax</b>	<b>Snack &amp; Relax</b>	<b>Snack &amp; Relax</b>	<b>Snack &amp; Relax</b>
<b>3:20 - 4:20</b>	<b>Homework Heroes</b>	<b>Homework Heroes</b>	<b>Homework Heroes</b>	<b>Homework Heroes</b>	<b>Homework Heroes</b>
<b>4:20 - 5:00</b>	<b>PUBLIC SPEAKING</b>	<b>MUSIC LAB</b>	<b>CREATIVE WRITING</b>	<b>SPANISH</b>	<b>ARTS &amp; CRAFTS/ HIP HOP DANCE</b>
<b>5:00 - 5:30</b>	<b>Outdoor Play</b>	<b>Outdoor Play</b>	<b>Outdoor Play</b>	<b>Outdoor Play</b>	<b>Outdoor Play</b>
<b>5:30 - 6:00</b>	<b>Wrap Up &amp; Dismissal</b>	<b>Wrap Up &amp; Dismissal</b>	<b>Wrap Up &amp; Dismissal</b>	<b>Wrap Up &amp; Dismissal</b>	<b>Wrap Up &amp; Dismissal</b>

\* Schedule may vary depending on how much time the students need to complete homework \*



## **AFTER SCHOOL CURRICULUM:**

**Homework Heroes:** Students are assisted by Brilliant Staff with homework assignments. Students in need of additional assistance with Reading & Math are encouraged to apply for our private tutoring sessions.

**Public Speaking:** By improving public speaking skills, students will build self-confidence, increase participation in activities, become responsible leaders, and enhance their ability to vocalize their thoughts and opinions.

**Music Lab:** Music promotes improvement in academic, physical, and social skills. It helps increase discipline, patience, and self-confidence while introducing students to other cultures. Students desiring additional piano instruction are encouraged to apply for private music lessons offered at Brilliant Minds.

**Creative Writing:** Creative writing has proven to develop social skills, reading comprehension, problem solving in mathematics, self identity, and confidence. It also helps students welcome diverse cultures.

**Spanish:** Research shows that a child is able to learn a foreign language faster the earlier he/she is exposed to that language preferably before the age of 15. In camp Omega, Spanish is a fun language that our kids have enjoyed...they hear it in their cartoons and now we are using it in our daily lives.

**Arts & Crafts:** Arts and crafts help develop fine motor skills, conflict resolution skills, critical thinking capacity, and spatial awareness while being creative and having fun.

**Hip Hop Dance:** While busting a move, hip hop dance and rhythm contributes to social development, physical fitness, and self-confidence.



## **DISCIPLINE PLAN**

As a program that offers a safe and enjoyable environment for your children we will not tolerate inappropriate behavior.

We take pride in making our program a safe and pleasant atmosphere for both children and staff members. **IMPORTANT: ALL STAFF MEMBERS HAVE CLEARED THE LEVEL II CRIMINAL BACKGROUND CHECK AS REQUIRED BY LEON COUNTY SCHOOLS.**

In the event that rules are broken, suspension and/or expulsion from the program may be employed.

### **THE FOLLOWING BEHAVIORS ARE NOT ACCEPTABLE:**

- DEFIANCE OF INSTRUCTOR'S AUTHORITY
- LEAVING BMT GROUNDS WITHOUT PERMISSION
- FIGHTING, (PUSHING, SHOIVING, NAME CALLING)
- FIGHTING (STRIKING WITH FISTS, REFUSING TO STOP FIGHTING, DRAWING BLOOD, ETC.)
- STEALING, THEFT
- THREATS/INTIMIDATION TOWARDS STUDENTS/STAFF
- SEXUAL HARASSMENT/INAPPROPRIATE TOUCHING
- POSSESSION OF WEAPONS

**All children must be potty trained in order to attend camp.**

Children are prohibited from being subjected to discipline which is severe, humiliating, frightening, or associated with food, rest, or toileting. Spanking or any other form of physical punishment is prohibited for all child care personnel.

Children may not be denied active play as a consequence of misbehavior.

**THESE ACTIONS ARE IN ACCORDANCE WITH THE STUDENT CODE OF CONDUCT BOOKLETS AND LEON COUNTY SCHOOL POLICIES**



## PARENT CONTRACT

In completing this registration for my child I understand and agree that:

1. I must pay the cycle fees on or before the due dates regardless of whether my child is in attendance on the due date.
2. A \$25.00 late fee will be assessed for any payment received more than 5 business days after the indicated due date.
3. Parents of children who are not picked up by closing time will be assessed a late fee of \$5.00 for every 5 minutes you are late; this fee will be assessed in 5-minute increments according to program clock beginning with the first minute. The late fee will be paid in full before your child will be allowed back into the program.

Please do not ask for an exception to this rule. If you are unable to make it by 6:00 please enroll in the Beyond the Bell Program ahead of time...you CANNOT enroll in Beyond the Bell at the time of your tardiness.

4. I must sign my child out every day and that failure/refusal to do so may result in immediate dismissal from the After School Program.
5. I must notify CAMP OMEGA by phone, email or both by 1:00 p.m. daily to report if my child will be absent from the program each time he/she is absent. This assists us so that we are not held up at the school looking for your child when he/she is absent. As stated before, even though your child is absent that space has been held for you and you cannot receive a credit for that day of absence.
6. I have read, understand and agree with the Discipline Plan outlined in Camp Omega's Policy.
7. I have read the contract and agree to all of the payment and procedure requirements for the program.

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Parent/Guardian

Date

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Parent/Guardian

Date



# Camp Omega 2018-2019

Student Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade in Fall 2018: \_\_\_\_\_

School Attending Fall 2018: \_\_\_\_\_

## HOUSEHOLD/FAMILY INFORMATION

Mother's Name: \_\_\_\_\_

Work#: \_\_\_\_\_ Home#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Employer: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

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

Father's Name: \_\_\_\_\_

Work#: \_\_\_\_\_ Home#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Employer: \_\_\_\_\_

Email Address: \_\_\_\_\_

Street Address (if different): \_\_\_\_\_

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





**EMERGENCY CONTACT INFORMATION (In addition to names listed above)**

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Name	Relationship	Phone
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Name	Relationship	Phone
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Name	Relationship	Phone
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**WAIVER OF LIABILITY**

Brilliant Minds recommends that all youth have an examination by a licensed physician prior to participating in Brilliant Minds –sponsored activities. The purpose is to discover any condition which would make it dangerous for the child to participate in strenuous Brilliant activities and to protect other participants from communicable diseases.

I hereby waive any liability that Brilliant Minds, its agents, contractors, staff, volunteers, owners, director, manager, employees might have for and agree that said Brilliant Minds, its agents, contractors, staff, volunteers, owners, director, manager, employees shall not be liable for any bodily injury to me or my child incurred while practicing, playing any sport or activity, contest or exhibition of an athletic or sports nature sponsored by Brilliant Minds.

I hereby give my permission for my child to participate in the full Brilliant Minds-sponsored program, and, to the best of my knowledge, my child(ren) has/have no physical conditions which will make it dangerous for him/her to participate in Brilliant Mind sponsored program activities. In consideration of admittance I authorize Brilliant Minds to arrange for a medical examination and/or treatment for my child should an emergency arise at Brilliant Minds. It is understood that a conscious effort will be made by the Director to contact me at the emergency number provided before any medical action is taken.

X \_\_\_\_\_

**Parent/Guardian Signature**

X \_\_\_\_\_

**Parent/Guardian Signature**

Please be aware that the signatures on this application are the only persons authorized to make changes to this application including adding and deleting pick-up names.



## 2018-19 CAMPER HEALTH HISTORY

My child is currently taking the following medication(s): Please indicate dosage needed and initial.

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List any and all allergies or limitations your child may have:

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**Please circle any allergies that your child has experienced.**

**Allergies:**

Bees                  Peanuts                  Tree Nuts                  Sea Food                  Hay Fever                  Poison Ivy  
Gluten                  Antibiotics                  Poison Oak                  Other Allergies: \_\_\_\_\_

**Please circle any conditions that your child has experienced.**

**Conditions:**

Frequent Ear Infections                  Heart Defect/Disease                  Convulsions                  Diabetes  
Bleeding/Clotting Disorders                  Hypertension                  Mononucleosis                  Asthma  
Psychiatric Disorders                  Seizures                  Other: \_\_\_\_\_

**Diseases:**

Chicken Pox                  German Measles                  Other: \_\_\_\_\_

This health history is correct, as far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted. I hereby give permission to the medical personnel selected by the camp director to order routine tests, x-rays, treatment and necessary transportation for the individual named above. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to secure and administer treatment, including hospitalization, for my child named above.

X \_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date



**THE FOLLOWING PEOPLE ARE ALLOWED TO PICK UP MY CHILD FROM CAMP OMEGA:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Ph#: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Ph#: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Ph#: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Ph#: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Ph#: \_\_\_\_\_

**TRANSPORTATION PERMISSION:**

I understand that all children will be transported from school to the center on the Brilliant Minds van. My child has my permission to ride The Brilliant Minds van for the purpose of transportation to the center for after school.

X \_\_\_\_\_

**Parent/Guardian Signature**

\_\_\_\_\_

**Date**



BRILLIANT MINDS TALLAHASSEE, LLC

### CAMP ENROLLMENT AGREEMENT

**In completing the registration and initialing on each line below for my child(ren), I understand and agree that:**

\_\_\_\_\_ The registration and weekly fees are non-refundable.

Initial

\_\_\_\_\_ I will be responsible for payment for the weekly camp fee on or before **MONDAY** morning of camp week before my child can be picked up by Brilliant Minds.

Initial

\_\_\_\_\_ I will be responsible for payment for the monthly camp fee on the 1<sup>st</sup> of each month and understand that services will be suspended after the 5<sup>th</sup> of each month until payment is made in full.

Initial

\_\_\_\_\_ I understand that I am responsible to pay any portion of weekly fees unpaid by a third party agency (ex. ELC), if I use one. I agree to fill out any required paperwork in a timely manner and pay any fees required by the third party.

Initial

\_\_\_\_\_ The registration fee of \$65.00 must be paid at the time of the registration to guarantee a space for my child.

Initial

\_\_\_\_\_ I understand that if two checks are returned for insufficient funds, etc. that I will be required to pay by money order or credit card only.

Initial

\_\_\_\_\_ **Credit will not be applied due to absences from camp.** Per DCF policy, your child has reserved a space that cannot be sold to another individual.

Initial

\_\_\_\_\_ I understand that if my child remains at Camp past the scheduled closing, I will be charged, and I agree to pay \$1.00 for each minute per child, after closing. Any more than three late pick-ups may be cause for enrollment in our Beyond the Bell extended hour program.

Initial

\_\_\_\_\_ I understand that a Medication Release Form must be filled out if medication is required. The only medication allowed at camp must have the following: a doctor's label with the name of the child, name of medication, time/dosage to be administered, and an expiration date. **We will only dispense medication that is authorized in writing from a parent. The medication must also be age-appropriate.**

Initial

\_\_\_\_\_ I understand that if camp staff are unsuccessful in contacting any authorized person(s) to pick up my child one hour after closing, local law enforcement will be contacted.

Initial



\_\_\_\_\_ I understand that I must sign my child in and out of the program daily and that I  
Initial must provide a valid picture ID in order to do so. Any other authorized person sent to pick up my child must be listed on the child's application and must be able to furnish a picture ID. Those persons listed must be at least 18 years of age.

\_\_\_\_\_ I understand that there is no refund or credit for time missed (intentional or  
Initial unintentional) due to behavioral problems, absences, etc. Your child's spot has been sold and cannot be sold to anyone else. Therefore, payment is expected for the entire time that you have reserved a seat in camp. Your cooperation is appreciated.

\_\_\_\_\_ I understand that the Camp Director may discontinue care for any of the following  
Initial reasons:

1. Parent has not submitted required paperwork or paperwork is inaccurate;
2. Payment is late or unpaid;
3. Child is determined to be dangerous (physically, sexually, or verbally aggressive or threatening) to other children or staff;
4. Child is determined to have medical, developmental, or emotional condition that is beyond the scope of the camp program's licensed ability to care for the needs of the child.

### **SOCIAL MEDIA/PHOTOGRAPHY**

**Brilliant Minds takes photographs of its students throughout the day and frequently posts pictures on its Website, Facebook page, Instagram, Twitter and other social media sites to advertise its program. Brilliant Minds also utilizes paper ads that feature our students. Brilliant Minds does not disclose students' names, schools, or any personal information.**

\_\_\_\_\_ I give permission for Brilliant Minds to use my child's likeness  
(photo) in its social media ads, website, paper ads, etc.

\_\_\_\_\_ I do **not** give permission for my child 's likeness (photo) to appear in  
any of Brilliant Minds' advertisements.



**Student Attendance Schedule**

Child's Name/Children's Names

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Attendance is Daily \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_

**Please mark the scheduled days your child/children will be attending Camp Omega.**

Mon \_\_\_\_\_ Tue \_\_\_\_\_ Wed \_\_\_\_\_ Thur \_\_\_\_\_ Fri \_\_\_\_\_

\_\_\_\_\_  
Child's Name Date of Birth

X \_\_\_\_\_  
Parent/Guardian Signature Date



## BRILLIANT MINDS 2017-2018 CAMP MONTHLY DRAFT AUTHORIZATION

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

### ACCOUNT INFORMATION

\_\_\_\_\_ I choose to utilize the Credit Card option:

\_\_\_\_\_ MC    \_\_\_\_\_ VISA    \_\_\_\_\_ AMEX    \_\_\_\_\_ DISC

Name on Account \_\_\_\_\_

Last 4 Digits on Account: \_\_\_\_\_

\_\_\_\_\_ I choose to utilize the Electronic Funds Transfer option using my checking account:

\_\_\_\_\_ I have attached a copy of a voided check

Name on Account \_\_\_\_\_

Last 4 Digits on Account \_\_\_\_\_

1. All financial information is confidential and used for camp payments only.
2. Payments will be drafted 7 days prior to each camp week per the above schedule. If your payment is declined or returned this will affect your child's enrollment.
3. Drafts will continue throughout the duration of program participation or until Brilliant Minds is notified in writing of your request to terminate the draft. All cancellations and withdrawals must comply with camp refund policy.

I authorize my bank to honor pre-authorized Electronic Funds Transfers (or credit card charges) against my account for camp payments as indicated above. When the bank honors that EFT (or credit card) by charging my account, such transfer shall constitute notice of payment due and my receipt for the payment.

Should any pre-authorized EFT not be honored by said bank when received by them, then it is understood that the payment will be claimed for processing by our third party agency. In addition to the original transaction amount, a \$25 non-refundable non-sufficient funds fee will be assessed and to your account.

This payment will continue as scheduled or until the authorized payee submits cancellation in accordance with the cancellation policy.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Authorized Party \_\_\_\_\_ Date \_\_\_\_\_