



# The Epic Center

## After School Registration 2021-2022

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

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

City & Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Emergency # \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

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

### Waiver & Release form:

I, \_\_\_\_\_, understand that Dance, Circus Arts, Acting, Acrobatics, Voice and Art may involve physical contact. I understand that the student is engaging in physical exercise instruction. It is always advisable to contact a physician before entering any program of physical fitness. I hereby waive and release any claim or right to sue Amanda's Academy of Dance and Fine Arts Foundation or The Epic Center and it's students, employees, instructors, volunteers and management from and all injuries that may occur on or off the premises, through negligence, or not, while participating in Dance, Circus Arts, Acting, Acrobatics, Voice and Art

Name \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Medical Information Form

**Child's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Name of Parents/Legal Guardians:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City & Zip** \_\_\_\_\_

### Emergency phone numbers:

**Mother Cell:** \_\_\_\_\_ **Father Cell:** \_\_\_\_\_

**Work:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**Special Emergency # & Relation:** \_\_\_\_\_

**Name of Family Doctor (if applicable)** \_\_\_\_\_ **Dr Name:** \_\_\_\_\_

**Medical Insurance for Child:** \_\_\_\_\_

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**Please list everyone authorized to pick up your child. If they are not on the list, they cannot pick up your child.**

**Name**

**Phone Number**

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_



## Consent and Release Form

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

**Initials** \_\_\_\_\_ I hereby give my consent to The Epic Center LLC – its instructors, employees, or any emergency medical personnel to administer necessary treatment to my child (named above) in the event of an emergency and to transport him/her by ambulance if the situation warrants.

**Initials** \_\_\_\_\_ I hereby give my consent to The Epic Center LLC or its authorized agents to transport my child (named above) to and from The Epic Center and other Epic Center authorized activities.

**Initials** \_\_\_\_\_ I understand the Epic Center LLC is an Arts School involving Dance, Art, Drama, Voice, Circus Arts, Roller Skating and Acrobatics and not a day care center. Their intent is to teach Arts, Acrobatics, Dance, Circus, and Drama while building skills and creating lifelong healthy habits.

**Initials** \_\_\_\_\_ I understand The Epic Center LLC is operating under “open access” exemption under Fl. Statute 402.302(6) and all employees, independent contractors, instructors, and emergency medical personnel are screened and approved through the Florida Department of Children and Families Clearinghouse.

By signing the consent and Release Form, I hereby acknowledge and represent that I have read the foregoing, understand its terms, and sign it voluntary. I ALSO ACKNOWLEDGE THAT MY CHILD IS IN EXCELLENT PHYSICAL HEALTH AND IS ABLE TO ENDURE STRENUOUS ACTIVITIES AND PLAY, INCLUDING THE ABOVE-NAMED ACTIVITIES AND OTHER NOT MENTIONED OR STATED.

Date \_\_\_\_\_ Parent's signature \_\_\_\_\_

DL# \_\_\_\_\_



## RULES

Please remember that in addition to our After School we also have Dance, Art and Acting classes. Ask for more details and schedule.

- 1- This is an Arts Afterschool program and every child must do the classes every day. *Initials* \_\_\_\_\_
- 2- Payments are automatic withdraw from your bank account or card. *Initials* \_\_\_\_\_
- 3- If we processed your payment and the card is declined there will be a \$25.00 fee applied to your account. *Initials* \_\_\_\_\_
- 4- If your account is past due and there is no communication with the center your child will not be picked up from the school. *Initials* \_\_\_\_\_
- 5- We provide small daily snacks. Pack extras if your child needs them. *Initials* \_\_\_\_\_
- 6- Pick up time is 6:00pm, Late pick up charge of \$20.00/wk. applied for 2 or more late pick up. *Initials* \_\_\_\_\_
- 7- If your child is not going to be in school or leaves early please call us by 12:30pm to let us know. If we do not get a call it will make us late trying to find your child. IF the school cannot or will not find your child, we must leave and go to our next stop. Please, give us a call! If you don't call there will be a \$15.00 charge. *Initials* \_\_\_\_\_
- 8- If your child would like to take any of our evening, programs you must register them for those programs. *Initials* \_\_\_\_\_
- 9- Please list every person authorized to pick up your child – if they are not in the list, they cannot pick up your child. *Initials* \_\_\_\_\_
- 10- You must provide a written notice to cancel the services two weeks prior to the last day of service. Any outstanding balance must be paid in full. *Initials* \_\_\_\_\_
- 11- There are certain days throughout the school year that school will not be in session (Ex: teacher workdays/ student holidays). On those days, the school will be Closed for transportation. We recommend going to Haines City Sport Karate from 7:00am to 7:00pm. *Initials* \_\_\_\_\_

I have read and understand all of the preceding information. Parent's signature

\_\_\_\_\_



## Discipline Policy Form

TO ALL PARENTS, AND AFTER SCHOOLERS: Please read this discipline (Behavior) Policy and acknowledge your agreement with the terms by signing it and returning it with your registration.

In an effort to bring your child(ren) and the other students a safe and fun experience, it is necessary that all students exhibit proper behavior, self-discipline and self-control. Correcting unsatisfactory behavior is time consuming and distraction from providing quality, safe, educational and fun activities for the rest of the students.

If we are unable to control a situation, we will contact the parent(s) first by telephone at or near the disturbance, so that the parent may reinforce (BY PHONE) the requirement that all students enrolled at the Epic Center after School Program behave satisfactorily and follow instructions fully and promptly.

Students that cannot be controlled by verbal commands or that are constant disciplinary problem will be suspended without a refund after appropriate warnings to their parents.

DISCIPLINE POLICY: When the Epic Center's staff experiences repeated inappropriate behavior from any enrolled child, that child will be given ample verbal warning of their improper actions and instructions to correct it. After being set out of the activity at hand, if the student's behavior is not corrected promptly we will call that parent(s) for assistance (by phone) in parent, we will REQUIRE parents to make arrangements immediately ( in one hour or less) to pick up their child for the rest of the day.

I, \_\_\_\_\_ (child's name printed ) and I,

\_\_\_\_\_ (parent's name printed) hereby acknowledge that we have discussed this policy between us, understand it and agree to abide by all of its terms and conditions.

Date: \_\_\_\_\_ Parent's signature \_\_\_\_\_

Work phone number of primary pick-up parent: \_\_\_\_\_



**The Epic Center LLC 2020-2021  
Video/Picture Release form**

I, \_\_\_\_\_ ("Parent/Legal Guardian") hereby grant permission to The Epic Center LLC to record my child's name, voice, photograph, video, image, likeness, and performance for advertisement and memory-sake on social media. I agree that the video/photograph or derivative video may be edited as desired and used in whole or in part for any and all broadcasting, streaming media, World Wide Web use, audio-visual, and or/ exhibition purposes in any manner or media, in perpetuity, throughout the world. I understand that I have no rights in the video or any benefits derived therefrom, and I acknowledge that there are no promises of compensation for participating in the production of videos/photographs taken this dance year. This consent specifically includes, but is not limited to, The Epic Center LLC use of my child's name, likeness, voice, image, and performance in connection with promotion of The Epic Center LLC activities.

I hereby release The Epic Center LLC and its employees from any and all claims, demands, causes of action, and suits, including, but not limited to, claims for invasion of privacy, defamation, breach of contract, or other breach of duty arising out of my child's appearance in the videos and images that may be used throughout the dance year.

I represent that I have the right to enter into this Agreement and that my performance and the rights I have granted in this agreement will not conflict with or violate any commitment or understanding I have with any other person or entity.

Student's name: \_\_\_\_\_  
Parent/Legal Guardian's Name: \_\_\_\_\_ Date: \_\_\_\_\_

**BILLING:**

**All cards will be charged \$75 EVERY MONDAY. If there is a balance for late pick-up from the week prior, it will be added on to the weekly charge.**

\_\_\_\_\_ I am aware that if I'd like a copy of my statement of tuition, I can email the studio and request one.

**My account is protected and only the studio owners have access to my information. If I wish to cancel my auto-bill payments, I must request cancellation in writing with 10 Days' notice before the next charge occurs. My auto-bill will be cancelled and my card information deleted if my child drops out of his/her pick-up program, which I will notify the owners in writing with 10 Days' notice before the next charge occurs. I understand if my card declines, there is a return payment fee.**

**Parent signature:** \_\_\_\_\_

**Parent Print:** \_\_\_\_\_

**We will keep the following credit card information on file to pay your tuition each month. Please fill in each blank:**

Name on Card: \_\_\_\_\_  
Card #: \_\_\_\_\_ Ex: \_\_\_\_\_ CVV: \_\_\_\_\_  
Type of Card: VISA MC DIS Amount to be charged each month: \$ \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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AFTER SCHOOL ARTS PICK-UP  
AUTHORIZATION

I, \_\_\_\_\_ (PARENT),  
give \_\_\_\_\_  
(Elementary/Middle School) permission  
to let my child,

\_\_\_\_\_  
(Child's Name), leave school by way of  
The Epic Center, LLC pick up van. They  
are currently enrolled at the Epic Center  
after school Art Program. (Parent's  
signature)

\_\_\_\_\_  
(Date) \_\_\_\_\_