DISCOVERY MONTESSORI ACADEMY

14112 SW 288th St, Homestead, FL • office@dmasouth.net • 8:30 AM – 3:30 PM

Aftercare Program Registration Form

2026–2027 School Year

STUDENT INFORMATION

Student Name: _____ **Grade / Room:** _____

Date of Birth: _____ **Homeroom Teacher:** _____

PARENT / GUARDIAN INFORMATION

Parent/Guardian Name: _____

Phone Number: _____ **Email Address:** _____

EMERGENCY CONTACT (IF DIFFERENT FROM ABOVE)

Name: _____ **Relationship:** _____ **Phone:** _____

AFTERCARE SCHEDULE

Monday – Friday, 3:30 PM – 5:30 PM • Snack provided daily

Days attending (check all that apply):

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Start Date: _____

REGISTRATION & PAYMENT

Registration Fee: $60.00 per child (due at time of registration)

All payments are final and nonrefundable. No deductions or credits are given for missed days, including if your child misses one or more scheduled days in a given week.

AUTHORIZED PICK-UP PERSONS (BESIDES PARENT/GUARDIAN)

1. _____ **2.** _____

ALLERGIES / MEDICAL NOTES

_____

LIABILITY WAIVER & CONSENT

Payment: I understand that aftercare fees are nonrefundable and are due at the time of registration, with no deductions or credits for missed days.

Pick-Up & Medical Care: I authorize DMA staff to release my child to any person listed above and to seek emergency medical care on my child's behalf if I cannot be reached.

Release of Liability: I release Discovery Montessori Academy, its owners, staff, and volunteers from any and all liability for injury, illness, loss, or damage arising during participation in the aftercare program, except where caused by the gross negligence or willful misconduct of school staff.

Photo/Media Consent: I consent to my child being photographed or recorded during aftercare activities, and to DMA's use of those photos or videos for promotional, social media, and educational purposes.

☐ *I do NOT consent to my child being photographed/recorded for promotional use.*

Parent/Guardian Signature: _____ **Date:** _____