

**ODYSSEY ACADEMY
AFTER CARE ENRICHMENT (A.C.E) PROGRAM
MEMBERSHIP APPLICATION**

APPLICANT INFORMATION

Name:

Date of birth:

Grade:

Phone:

Current address:

City:

State:

Zip Code:

Name:

Date of birth:

Grade:

Phone:

Name:

Date of birth:

Grade:

Phone:

PARENT/GUARDIAN INFORMATION

Name:

Email:

Relationship:

Home Phone:

Cell Phone:

Home address:

City:

State:

Zip Code:

Name:

Email:

Relationship:

Home Phone:

Cell Phone:

Home address:

City:

State:

Zip Code:

EMERGENCY CONTACT

Name of a relative/friend that may be contacted due to an emergency (person must be 18 years of age or older):

Name:

Relationship:

Home Phone:

Cell Phone:

Home address:

City:

State:

Zip Code:

SERVICES REQUESTED

Check services that your child(ren) will participate in: Morning Care A.C.E. All Day Prek 3

A.C.E APPLICATION AGREEMENT

Monthly fee(s) are due by the 1st of each month or services will not be administered.

Init.

It is my understanding that if I wish to cancel I will notify Odyssey Academy within 30 days.

Init.

I acknowledge that Odyssey Academy may terminate or suspend my membership at any time for actions that include but are not limited to, non-payment of fees, failure to follow posted rules, or failure to comply with Odyssey Academy's student conduct.

Init.

I agree that the Odyssey Academy shall not be responsible for any lost or stolen personal property.

Init.

SIGNATURES

I have read and agree to the terms of the ACE Program, and I also authorize my child(ren) to attend and participate in the ACE program.

Signature of parent:

Date:

OFFICE USE ONLY

Category 1 \$175 Category 2 \$125 Category 3 \$100 Morning Care \$20 ALL Day \$200

Signed:

Date: