

# AFTER SCHOOL PROGRAM 2011-2012

## MOSI SCHOOL ENDS *Cool Begins*

***Just don't tell them it's still educational!***

Now your kids can spend the after school hours  
in an exciting hands-on program at MOSI.

It's a great place that lets them explore science,  
show off their creative side, play games and  
make new friends all in the safe and stimulating  
environment of the MOSI After School Program.



- Hours: 2 - 6 p.m.  
extended hours on early release days
- Location: MOSI Center for Learning  
(Pick up child at MOSI)
- Ages: Kindergarten through 5th grade  
(ages 5 and up)
- Program fee: \$50 per week, unless otherwise noted
- Registration date: Preregistration with payment is  
required the Friday prior to program date
- School Holidays: Optional, full-day programs are  
available on most school holidays for a \$10 daily fee

### **DAILY PROGRAM FEATURES**

- Students escorted by MOSI staff from  
Pizzo Elementary, USF/Patel School,  
and MOSI Partnership School
- Homework assistance
- Organized recreational games and outdoor play
- Interactive science, technology, and art activities
- Guided access to MOSI exhibits
- Fun, knowledgeable, and caring staff
- Snack provided

### **PAYMENT AND REGISTRATION**

**Fees** - A nonrefundable registration fee of \$50 per child  
is required at the time of registration. The \$50 weekly  
fee is due in advance and must be received prior to the  
week of care. Late payments may result in dismissal  
from the program.

A late pick-up fee of \$5 is assessed per child for  
every 15 minutes (or any part thereof) if a child  
is not picked up by 6 p.m. A fee of \$25 is assessed  
for each returned check.

The MOSI After School Program participates in the  
School Readiness Program, Federal Employee  
Education Assistance Fund, and Vocational  
Rehabilitation Program.

Payments can be made by check, cash, or credit  
card at the MOSI Box Office. All major credit cards  
are accepted. The MOSI Box Office is open  
seven days a week, 9 a.m. - 6 p.m.

Automatic monthly deduction is available to credit  
card users who pay on a monthly basis.

Affordable + **FUN** = MOSI

**Call 813-987-6000 and reserve your spot today!**

MOSI.ORG • 4801 E. FOWLER AVE., TAMPA, FL

**MOSI**



## After School Program 2011 - 2012

### Monthly Payment Schedule

<u>Program Date</u>	<u>Due Date</u>	<u>Amount</u>
Aug 23 – Sept 2	Upon Registration	\$100
Sept 6 – 30	Sept 2	\$200
Oct 3 – 28	Sept 30	\$200
Oct 31 – Nov 18	Oct 28	\$150
Nov 28 – Dec 16	Nov 25	\$150
Jan 2 – 27	Dec 30	\$200
Jan 30 – Feb 24	Jan 27	\$200
Feb 27 – Mar 30	Feb 24	\$200
Apr 2 – 27	Mar 30	\$200
Apr 30 – May 25	Apr 27	\$200
May 29 – Jun 8	May 25	\$100

### Weekly Payment Schedule

- The \$50 weekly fee is due in **advance** and must be received prior to the week of care. A late payment fee of \$5 per day is assessed if payment is not received before the due date. First week's payment is due upon registration. If payment is not made by Friday prior to the week of care, your child will not be picked up.
- Payments can be made by check, cash, or credit card. Make checks payable to MOSI. MOSI accepts Mastercard, Visa, American Express, and Discover.
- The MOSI Box Office is open seven days a week, 9 a.m. – 6 p.m. for in-person registration and payments.

<u>Program Date</u>	<u>Payment Due Date</u>	<u>Payment Amount</u>	<u>Program Date</u>	<u>Payment Due Date</u>	<u>Payment Amount</u>
Aug 23 – 26	At Registration	\$50	Jan 30 – Feb 3	Jan 27	\$50
Aug 29 – Sept 2	Aug 26	\$50	Feb 6 – 9	Feb 3	\$50
Sept 6 – 9	Sept 2	\$50	Feb 13 – 17	Feb 10	\$50
Sept 12 – 16	Sept 9	\$50	Feb 20 – 24	Feb 17	\$50
Sept 19 – 23	Sept 16	\$50	Feb 27 – Mar 2	Feb 24	\$50
Sept 26 – 30	Sept 23	\$50	Mar 5 – 9	Mar 2	\$50
Oct 3 – 7	Sept 30	\$50	<b>Mar 12<sup>th</sup> – 16<sup>th</sup> Spring Break</b>		
Oct 10 – 14	Oct 7	\$50	Mar 19 – 23	Mar 16	\$50
Oct 17 – 20	Oct 14	\$50	Mar 26 – 30	Mar 23	\$50
Oct 24 – 28	Oct 21	\$50	Apr 2 – 5	Mar 30	\$50
Oct 31 – Nov 4	Oct 28	\$50	Apr 9 – 13	Apr 6	\$50
Nov 7 – 10	Nov 4	\$50	Apr 16 – 20	Apr 13	\$50
Nov 14 – 18	Nov 11	\$50	Apr 23 – 27	Apr 20	\$50
<b>Nov 21<sup>st</sup> – 25<sup>th</sup> Thanksgiving Break</b>			Apr 30 - May 4	Apr 27	\$50
Nov 28 – Dec 2	Nov 25	\$50	May 7 – 11	May 4	\$50
Dec 5 – 9	Dec 2	\$50	May 14 – 18	May 11	\$50
Dec 12 – 16	Dec 9	\$50	May 21 – 25	May 18	\$50
<b>Dec 19<sup>th</sup> – 30<sup>th</sup> Winter Break</b>			May 29 – Jun 1	May 25	\$50
Jan 2 – 6	Dec 30	\$50	Jun 4 – 8	Jun 1	\$50
Jan 9 – 13	Jan 6	\$50			
Jan 18 – 20	Jan 13	\$50			
Jan 23 – 27	Jan 20	\$50			



# Registration Form for MOSI After School Program '11-'12

(Use a separate form for each child.)

MOSI offers three ways to register:

1. Drop-off at MOSI Box Office 9 a.m. to 6 p.m. daily
2. Fax to (813) 987-6060 (credit card payments only)
3. Mail to MOSI After School Program, 4801 E Fowler Ave, Tampa, FL 33617 (credit card and check payments only)

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

Date Child will begin attendance in MOSI After School Program: \_\_\_\_\_

DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ School Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Custodial Parent: (circle one)      Mother      Father      Joint

**Mother's Name:** \_\_\_\_\_ **Father's Name:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Emergency Contact** (other than parent): \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

**Persons Authorized to Pick Up Child** (identification required):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Registration Payment:** (Please check one below)

- Cash (At the MOSI Box Office Only) in the amount of \$50
- Check (Payable to MOSI Foundation) # \_\_\_\_\_ in the amount of \$50
- Visa / Master Card / American Express / Discover:

Account #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

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

**Payment Options**  
*Choose one of the following plans:*

I will pay monthly by check or cash

I will pay monthly by credit card  
Charge the card listed on the left on a monthly basis.

I will pay weekly by the scheduled payment due date.

Office Use Only: Registrar's Initials: \_\_\_\_\_  
Processing Date: \_\_\_\_\_

### Alternate Nutrition Plan Agreement

I understand and approve the use of the Alternate Nutrition Plan. I agree to provide the following meals and/or snacks to meet my child's nutritional and dietary needs.

Indicate special dietary requirements: \_\_\_\_\_

Check one :        \_\_\_\_\_ MOSI Provides PM Snack        \_\_\_\_\_ Parent Provides PM Snack

Hillsborough County Ordinance requires that parents must receive a copy of "Know Your Child's Day Care Facility Brochure/FDCH Brochure," and the parents are notified in writing of the "Disciplinary Practices" used by the child-care facility. The parent's or legal guardian's signature certifies receipt of the child-care facility brochure/FDCH brochure, discipline policies, and agreement of the alternate nutrition plan.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

### Medical Information

Medical Alert Information (i.e., allergies, medical conditions): \_\_\_\_\_

List any additional information that would be beneficial for the child-care staff to know about your child: \_\_\_\_\_

Preferred Physician: \_\_\_\_\_

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

Preferred Hospital: \_\_\_\_\_

### Authorization for Participation and Emergency Medical Treatment

If my child, \_\_\_\_\_, should become ill or injured at the MOSI After School Program,  
Child's Full Name

I understand that MOSI will contact me immediately or contact the person(s) I have designated if I cannot be reached. Should the facility be unable to reach me and/or the contact person(s) designated, they are authorized to contact my child's physician and/or arrange for immediate medical treatment. The physician and/or medical facility are authorized to administer emergency medical treatment necessary to ensure the health and safety of my child. I grant permission for my child to participate in all activities in and around the Museum of Science & Industry as part of the After School Program as included in the program description. Further, I agree to assume all risks and liabilities associated with my child's participation in said programs and to hold the Museum of Science & Industry harmless from all claims which may arise as a result of such participation.

I will accept responsibility for payment of medical services rendered.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date

**Photo Release for (Name of Child)** \_\_\_\_\_

Participants in MOSI educational programs may be photographed or video taped by the media or by MOSI staff for promotional purposes. By signing this photo release you understand that there is a possibility that your child will be photographed or video taped while participating in a MOSI program.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date