

The Healthy Utilization of Brains (The HUB)

1703 N State Road 7 | Margate, FL 33063

954-597-6636 | contactus@thehubsouthfl.com

2019-2020 Registration Form

Today's Date _____

Student's Last Name: _____

First Name: _____

D.O.B. and grade for enrollment: _____

Student's Email Address: _____

Student's Cell Phone: _____

Parent's name(s): _____

Address: _____

Parent's Phone: _____

Parent's Email Address: _____

Does this student have any medical conditions or allergies? YES / NO

Explain:

Emergency Contact (other than parent): _____

Payment Agreement

I understand that the following costs are associated with my student enrolling in a class at The HUB:

1. \$75 registration per family. \$75 per student after June 1.
2. \$900.00 per class (\$450 per semester). Elementary block is \$1200 per year (\$600 per semester). Tuition can be paid in full or paid in monthly increments. I understand that tuition is an annual fee and that I am responsible for the full amount whether or not my student attends classes due to illness, vacations, etc. _____ (Please Initial)
3. \$50.00 Lab/supply fee per class (covers all science labs, IXL math access, art/cooking supplies, copying costs. Optional Chemistry help session (45 minutes before class) \$50 per semester or \$10 as a drop-in. _____ (Please Initial)
4. Books must be purchased by the 2nd week of school. If my student does not have his/her books, The HUB will supply them and can charge my account market price. _____ (Please initial)
5. I understand that the HUB classrooms are under surveillance, and that on occasion, my student may be photographed for promotional purposes. I authorize the HUB to use my student's photo without expectation of compensation. _____ (Please initial)

I would like to enroll my student in the following classes:

The total tuition costs for the school year will be:

The total lab/supply/IXL fees will be:

My total due upon registering is:

I would like to use the following payment schedule:

_____ Year in full _____ by semester _____ 9 payments _____ Start date

My first tuition payment of _____ is due by _____.

Payment Contract

Once my student has begun classes, there will be a 1 week “add-drop” period. After that date, I will be expected to make contracted payments through the end of the semester. If my student is unable to complete a class during the semester for which he/she has registered, those funds can be used for “HUB credit,” and applied to private tutoring or homework help. Once payment has been made, even if made in advance, FUNDS ARE NON-REFUNDABLE. Payments received after the 5th will be considered late and are subject to a 10% late fee. **PLEASE NOTE:** If a payment is post-dated for a later date, or a request is made to hold a check beyond the 5th, late fees apply. **Initial** _____

I understand that if payment is not received by the 5th day of the month that my student may not attend class until payment is rendered. If payment is not made, student will be disenrolled from the class and removed from Jupiter Grades. Cancellation Policy: I agree to notify The HUB within 30 days before the semester start date should I choose not to have my student begin classes. I understand that any registration or lab fees paid are non-refundable even if my student does not start classes at The HUB. **Initial** _____

Parent Signature _____

Parent printed name _____

Date _____

Credit Card to be kept on file:

Name as it appears on the card _____

Credit card # _____

Expiration Date _____

CVC Security # _____

Zip code _____

State of Florida, County of _____ subscribed to and sworn before me this _____ day of _____, 20____, by _____ who is personally known to me or has produced identification. Notary Public my commission expires _____.

Notary Signature _____

2019-2020 Behavior Contract

Please be advised that ALL students are here on a probationary status and could be removed from class for inappropriate behavior at the discretion of The HUB staff. Should these behaviors continue, the student could be permanently expelled from the facilities. We have improved our security measures with cameras as an added safeguard to protect our students.

Grounds for removal from the classroom, tutoring rooms or shared spaces, include, but are not limited to, the following:

- Aggression towards an instructor or student
- Inability to follow the teacher’s redirection concerning behavior
- Foul language, rude remarks, inappropriate conversations
- Any disrespectful behaviors towards students or staff
- Any behavior that may be interpreted as bullying
- Refusal to remain academically engaged during down time on site

Grounds for permanent expulsion include, but are not limited to, the following:

- Any type of physical altercation with an instructor or student
- Leaving the premises without a signed permission slip on file
- Theft of any kind
- Pattern of non-compliance concerning appropriate HUB behavior
- Inconsistent attendance or lack of assignments completed

Students will also be removed from classes and Jupiter Grades if the parent does not keep their tuition payments current. Tuition is due by the 5th of every month.

Student Signature _____ Date _____

Printed Name _____

Parent Signature _____ Date _____

Printed Name _____

Effective date: 2019-2020 School Year

RE: Permission for high school student to leave premises

I hereby give permission for my student, _____, to leave the Healthy Utilization of Brains (The HUB), located at 1703 N. State Road 7, Margate, Florida. I will not hold The HUB Corporation, The HUB officers, instructors or tutors responsible for any accidents or incidents involving my student while off site.

I also accept that it will be up to the teacher's discretion as to whether or not my student will be allowed to enter class should they return late.

I have spoken with my student about appropriate behavior in public, and applicable safety measures when crossing busy streets.

Parent Signature _____

Printed Name _____

Date _____

Signed before me on the _____ day of _____, 20____, in the county of _____.

Notary Signature _____

Printed Name _____

Date _____

Notary Expiration _____

Identification _____