

The Healthy Utilization of Brains (The HUB)

1703 N State Road 7 | Margate, FL 33063

954-597-6636 | contactus@thehubsouthfl.com

2020-2021 Registration Form

Today's Date: _____

Student's Last Name	
Student's First Name	
D.O.B. & Grade for enrollment	
Student's Email Address	
Student's Cell Phone	
Parent's Name(s)	
Parent's Phone	
Parent's Email Address	
Address	

Does this student have any medical conditions or allergies? Yes No

Explain:

Emergency Contact (other than Parent): _____

Payment Agreement

Please initial after each item.

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

1. Registration fee is \$75.00 per family. This changes to \$75.00 *per student* after June 1.
2. Tuition is \$900.00 per class (\$450.00 per semester). The elementary block is \$1400 for the school year (\$700.00 per semester). Tuition can be paid in full, per semester, or 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.
3. There is a \$50.00 lab/supply fee per class that covers all science labs, art and cooking supplies, copying costs, etc.
4. There is an optional Chemistry help session available 45 minutes before class. This is an additional \$50.00 per semester or \$10.00 as a drop in session.
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 photograph without expectation of compensation.

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

Total tuition costs for the school year	\$
Total fees	\$
Total due upon registration	\$

I would like to use the following payment schedule:

Year in full Per Semester 9 Payments (Start date _____)

My first tuition payment of _____ is due by _____.

Payment Contract

Please initial after each item.

Once my student has begun classes, there will be a one (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 is 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 fifth (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 fifth (5th), late fees apply.

I understand that if payment is not received by the fifth (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 thirty (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.

Parent Signature

Parent Name

Date

Credit Card to be kept on file:

Name on card	
Credit Card #	
Expiration Date	
CVC Security #	
Zip Code	

State of Florida, County of _____ subscribed to and sworn before me this ____ day of _____, 202__, by _____ who is personally known to me or has produced identification. My Notary Public commission expires _____.

Notary Signature

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, or 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
- Use of phones or headphones in class
- Not abiding the dress code (this includes no hoods up, offensive images or slogans, tank tops, "short shorts")

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/guardian does not keep their tuition payments current. Tuition is due by the fifth (5th) of every month.

Student Signature

Student Name

Date

Parent Signature

Parent Name

Date

Permission Form to Leave Premises

This form is intended for high school students that can provide their own form of transportation beyond a parent/guardian.

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.

Parent Signature

Parent Name

Date

Signed before me on the ____ day of _____, 202__, in the county of _____.

Notary Signature

Notary Printed Name

Date

Notary Expiration

Identification

COVID-19 Liability Release

Due to the 2019-2020 outbreak of the novel Coronavirus (COVID-19), our business is taking extra precautions with the care of every client to include health history review and enhanced sanitation/disinfecting procedures in compliance with CDC guidance.

Symptoms of COVID-19 include:

- Fever
- Fatigue
- Dry Cough
- Difficulty Breathing

I agree to the following:

- I understand the above symptoms and affirm that I, as well as all household members, do not currently have, nor have experienced the symptoms listed above within the last 14 days.
- I affirm that I, as well as all household members, have not been diagnosed with COVID-19 within the past 30 days.
- I affirm that I, as well as all household members, have not knowingly been exposed to anyone diagnosed with COVID-19 within the past 30 days.
- I affirm that I, as well as all household members, have not traveled outside of the country or to any city considered to be a “hot spot” for COVID-19 infections within the past 30-days.
- I understand that The Healthy Utilization of Brains (The HUB) cannot be held liable for any exposure to the COVID-19 virus caused by misinformation on this form or the health history provided by each client.

Our business is following these enhanced procedures to prevent the spread of COVID-19:

- Professionally deep cleaned and sanitized our carpets and bathrooms.
- Wiped down all the walls and surfaces with disinfectant
- Removed as many cloth surfaces (fabric chairs) as possible.
- Replaced community style tables with individual desks to promote social distancing.
- Provided hand sanitizing stations.
- Conducting daily temperature checks for all students before entering the building.

By signing below, I agree to each statement above and release The Healthy Utilization of Brains (The HUB) from any and all liability for unintentional exposure or harm due to COVID-19.

Parent Signature

Parent Name

Date

Final Agreements

The following is a check list of items that need to be reviewed. Please make sure that all items have been addressed. Please initial each item.

- My student has one (1) week to make changes to his/her schedule before committing to the semester.
- My student will have all books and supplies required for class by the end of the second (2nd) week of attendance or books will be purchased by the office and my account charged.
- Classes must have a minimum of three (3) students enrolled by September 1st for the class to continue. At that point, it will be up to the discretion of The HUB staff to determine if the course will be canceled.
- Once the registration process has been completed, I am committed to paying tuition for the semester. Emergency situations will be handled on a case-by-case basis.
- Tuition payments are due the first through fifth (1st-5th) of the month. Any payments received late will incur a 10% late charge.
- All appointments for tutoring and homework help must be arranged, confirmed and canceled through the front office.
- Private tutoring for HUB students can be scheduled for \$40.00 per hour.
- Homework help can be scheduled for \$15.00 per 30 minutes.
- To avoid being charged for a tutoring session, appointments must be canceled 24 hours in advance, even if a session is scheduled for Monday mornings. Emergency situations will be handled on a case-by-case basis.
- Class is scheduled Monday through Friday throughout the school year. The only dates The HUB is closed are Labor Day, one (1) week for Thanksgiving, two (2) weeks for Christmas, and one (1) week for Springs Break. Classes are held on Federal holidays; it is up to the parent's discretion to excuse students from class.
- All students are here on a trial basis and must adhere to the signed behavior contract. Students who are not successful in class may be asked to switch to private tutoring or may be dismissed from the center.
- Excessive tardiness may have academic consequences.