

The Healthy Utilization of Brains (The HUB)

1703 N State Road 7, Margate, FL 33063

954-597-6636 | contactus@thehubsouthfl.com

2024-2025 FES-UA/PEP Scholarship Agreement

All pages of this form must be completed to register your student for classes.

Today's Date: _____

Student's Last Name	
Student's First Name	
Date of Birth & Grade	
Student's Email Address	
Student's Cell Phone	
Parent/Guardian's Name(s)	
Parent/Guardian's Phone	
Parent/Guardian's Email Address	
Home Address	

Emergency Contact (**other than Parent/Guardian**):

Student has FES-UA or PEP scholarship, with a confirmed ID number.

FES-UA/PEP ID# _____

My student has the following allergies/medical conditions/unique abilities: _____

Scholarship Payment Agreement

Please read and initial next to each statement:

_____ Payment policy: I agree to pay The HUB \$70.00 per hour of tutoring (\$80 for AP or college level courses). I understand that payment is due upon services rendered.

_____ Pick up policy: I agree to pick up my student 60 minutes from drop off. I understand that if I cannot be reached within 15 minutes after expected pick up, that I will be charged an additional \$5.00 per quarter hour. If my emergency contact must be contacted, I give that person permission to pick up and transport my student and release The H.U.B. of all liability.

_____ Cancellation policy: No charge will be made if appointment is canceled 24 hours prior to the scheduled time. If an appointment is canceled with less than 24 hours' notice, for any reason, or is otherwise considered a "no show," the account on file will be charged 100% of the required fee. All bookings and cancellations must be made through the office by calling 954-597-6636.

_____ Registration fee: I understand that there is a registration fee of \$275 that includes enrollment fees plus bookkeeping expenses.

_____ I understand that it is my responsibility to have a confirmed usable student ID number. I understand that if my student's ID number is not active, my student does not have available funds, or if there is any situation where my scholarship does not cover the cost of the invoice, I am responsible for paying the full amount of the invoice. Failure to pay that invoice within five (5) days of receipt, will result in a 10% late fee.

_____ Scholarship Invoices: Invoices will provided based on the student's scholarship submittal requirements.

PEP: Services will be rendered for two weeks. An invoice will be provided for purchasing items on the EMA system. I understand that I am responsible for purchasing items and submitted the provided invoice within five (5) days of receipt of the invoice. If I do not upload these items within the allotted time, I will incur a ten percent (10%) late fee.

FES-UA: Invoices will be uploaded every two weeks for services rendered. Invoices must be approved within five (5) days. Invoices not approved within five (5) days, will incur a ten percent (10%) late fee to your following invoice. If an invoice needs to be resubmitted because it was not approved with 30 days, an additional ten percent (10%) fee will be added to that invoice. I understand that if I chose to pay upfront and request my own reimbursement, that a paid invoice will be provided.

_____ I understand that I will be placing a card on file (form below) for processing in the event that my student does not have the proper funds to cover my invoice.

Parent/Guardian Signature

Printed Name

Date

The Healthy Utilization of Brains (The HUB)

Debit/Credit Card to be kept on file:

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

Class Selection

Please initial after each item.

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

_____ Registration fee is \$275.00 per student.

_____ Tuition is \$1,100.00 per class (\$550.00 per semester). The elementary block is \$1800 for the school year (\$900.00 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.

_____ There is a \$60.00 lab/supply fee per class that covers all science labs, art supplies, inclusion on Jupiter Ed System, and access to classes virtually via Zoom. There is a \$150.00 (\$75.00 per semester) supply fee for the cooking class.

_____ 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.

_____ My student will have all books and supplies required for class by the end of the second (2nd) week of attendance or books and supplies will be purchased by the office and my account charged.

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

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

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 behavior 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, gang affiliation, offensive prints on tops, tank tops, “short shorts”)
- Sick students are required to stay home; Middle and High School students may attend class virtually via Zoom.

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 be removed from classes and Jupiter Ed 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/Guardian Signature

Parent/Guardian 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/Guardian Signature

Parent/Guardian Name

Date

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