



**2025-2026 School Year**

**Parent Handbook**

# **Welcome Parents and Students to the 2025-2026 School Year!**

The Funplex's Mission is to inspire children to thrive, promote extended learning, and foster collaboration by listening, working together, and effectively communicating.

Our Vision is that youth experience quality care during after-school hours, summer, and other opportunities that allows for intellectual, creative, and healthy developmental growth.

## **The Funplex of Gulf Breeze**

**3123 Gulf Breeze Parkway,**

**Gulf Breeze, FL 32563**

**Phone: (850) 932-2297**

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**Website: [www.the-funplex.com](http://www.the-funplex.com)**

## **Statement of Services:**

- The After School Activities Program (ASAP) offers
  - Care for school aged children attending VPK – 8<sup>th</sup> grade.
    - After School Care- pickup by 6:00pm.
      - Transportation offered ONLY from Oriole Beach Elementary.
      - Parents of Gulf Breeze Middle School students wanting their children to attend ASAP are responsible for notifying the school so that their child rides the appropriate bus. The bus drops off directly in front of the Funplex (students do NOT cross Highway 98).
      - Drop-in rates are available for students not being transported by the Funplex.
        - Space is limited and daily drop ins are NOT guaranteed a spot if you do not register at least 24 hours in advance.

## **Enrollment and Tuition:**

The Funplex After School Activities Program admits elementary and middle school students from ages 4-13.

- The After School Activities Program (ASAP) will run for Oriole Beach Elementary, Gulf Breeze Middle School, and students attending surrounding VPKs. This program will run from immediately after school until 6:00pm. VPK after care will run from 12pm-6:00pm. Parents/guardians must pick up their child by the end time of 6:00pm.

A registration fee of \$60 is due upon enrollment (of one child, \$95 per family). This is an annual, non-refundable charge. If a child withdraws and reenrolls in the next year, a new enrollment fee will be expected- whereas if he withdraws and reenrolls within the calendar year (Jan-Dec), the fee will be waived.

Tuition for care is due monthly in one payment to be withdrawn from your account on the 1<sup>st</sup> of each month. This fee is late after the 10<sup>th</sup> day.

*\*If you require a special payment method, you must inform this upon your enrollment into the program. The payment will be broken into 2 payments due on the 1<sup>st</sup> and 15<sup>th</sup> of each month.*

### **To enroll, each child must turn in:**

- This signed packet
- Rules & Discipline agreement
- Program Registration form
- Emergency Card
- Pickup Authorization form
- Tuition Contract
- Medication form

## **VPK After Care**

The Funplex is happy to offer aftercare for VPK students starting this year. This service is for afterschool care only and NOT a substitute for VPK classes. You must drop your child off at our facility any time after 12:00pm and pick them up by 6:00pm.

## **Fees:**

A \$15 fee is charged on the 10<sup>th</sup> of each month for late tuition payment. And another \$15 is incurred daily if the tuition is not paid. Anyone who fails to pick up before or at the time of closing (6:00pm) will be charged an additional \$20 per 15 minutes. A service fee of \$25 will be charged for any **returned checks**. If a payment is declined 3 times, a \$25 fee will be charged.

Any changes to your regularly scheduled days **must** be made at **least 24** hours prior to the change. Otherwise, regular tuition or payment will be required.

**Tuition prices do not change for months with holidays.**

## **ELC Vouchers**

The Funplex is happy to accept the School Readiness Vouchers from the ELC. You must go through the ELC to enroll and request care from the Funplex. You will be required to pay your “co-pay” along with the differential of the ELC payments and the Funplex charges. There will be a required weekly payment of \$25/child enrolled in the ELC to go towards this fee. The remaining amount (if any) will be due at the beginning of the following month.

## **Drop In:**

Drop-in rates for ASAP are charged upon arrival. Drop-in space is not guaranteed.

Rates: \$45/day

## **Refunds/Credits**

Your child has a reserved spot in our program. Payment is still due even if your child does not attend our program any day of the week. There are NO discounts or credits for days missed. You are financially responsible for full payment for the days you originally signed up for.

\*The afterschool program will be having day camps on:  
 Teacher Planning Day – October 13<sup>th</sup>  
 Veterans Day – November 11<sup>th</sup>  
 Thanksgiving Break – November 24<sup>th</sup> – 26<sup>th</sup>  
 Winter Break – December 22<sup>nd</sup>-23<sup>rd</sup>  
     And December 29<sup>th</sup>-31<sup>st</sup>  
 Teacher Planning Day – January 5<sup>th</sup>  
 Martin Luther King Jr Day – January 19<sup>th</sup>  
 President's Day – February 16<sup>th</sup>  
 Spring Break – March 16<sup>th</sup>-20<sup>th</sup>  
 Teacher Planning Day – March 23<sup>rd</sup>  
 Good Friday – April 3<sup>rd</sup>  
**Summer camp begins Monday, June 1<sup>st</sup>**  
**\*All dates subject to change based on enrollment\***  
**\*Please note that these dates may change due to unforeseen circumstances and parents will be notified of any changes as soon as possible.**

### **Withdrawal and Dismissal Policy:**

**A 30-day notice is required before withdrawing a child from the Funplex. Your account must be paid in full before withdrawing – including your child's tuition for the last month.**

The director of the Funplex reserves the right to cancel the enrollment of a child at his/her discretion, or for the following possible reasons:

- Non-payment or excessive late payments of tuition and fees.
- Not observing the rules of the center as outlined in the parent policy contract.
- Physical and/or verbal abuse of staff or children by parent or child.

Each child/family must have an active account with the Funplex. You can create an account by going to our website, [www.the-Funplex.com](http://www.the-Funplex.com) and click "Join our fun family".

### **Communication:**

Proper communication between our parents and the staff at the Funplex is extremely important. Staff will be sending home information regularly. Concerns about any aspect of our program, or your child's care, may be expressed to the center director. For daily notes and information, please pick up upon checkout.

Remember to communicate in writing any changes in your child's schedule. **We must be informed, in writing, regarding any changes in the person picking up your child.** You may add or delete names of authorized adults allowed to pick-up your child on the *Child Pick-Up Authorization form*.

Please inform the front desk if there are changes that need to be made to any of the following:

- Address and/or phone numbers, or email address.
- Health/immunizations updates,
- Other pertinent information related to your child.
  - It is important to note that some children in care will not have immunizations.

### **Drop off and Pickup Policies:**

**Only the individuals listed on the *Child Pick-Up Authorization form*, or on a written permission note from the parent, will be allowed to leave with a child. The staff is expected to request a picture I.D. from any unfamiliar person (including grandparents). If there is any concern, the Funplex staff reserves the right to deny a person's request to pick up a child.**

Parents are expected to assume full responsibility for their child once they are brought to them/sent up to them (Funplex ASAP).

We discourage leaving your idling vehicle in the parking lot during drop

off/pick up. In case of extreme cold or heat, please make your transitions brief so the vehicle is not left unattended for a long period of time. NEVER leave a child in an idling vehicle unattended.

**\*The front desk staff has been trained not to allow pick up if you are on the phone. Please save all phone calls for a later time as you are picking up your child.**

### **Building Security and Access:**

You will be required to show your I.D. upon pickup. If another parent is picking up your child who also has a child enrolled, you must call ahead and inform of the change in writing.

### **Custody Orders:**

Until custody has been established by a court action, one parent may not limit the other from picking up a child in our care. The Funplex must be notified immediately of any changes in custody orders. Certified custody orders must be given to the Funplex director.

### **Unexpected Closures/Changes:**

On rare occasions, we may be forced to close our doors due to a situation beyond our control (power outage, hurricane, no water service, flooding, etc.). Every attempt will be made to inform parents of an emergency closing.

Please check your email and your spam folder if necessary to ensure that you are receiving communications.

### **Child Abuse and Neglect:**

Staff members are required by law to report any suspected child abuse or neglect. Teachers are trained in what to watch for and how to properly report it.

### **Treasures and Possessions:**

**ASAP:** There are absolutely no toys/knickknacks/trading cards/or other possessions allowed during ASAP hours. If a student has brought these items to school, they must remain **in their backpack** until their parent/guardian arrives. If a student is found with one of these items or similar items, the item will be confiscated until the child's parent/guardian arrives. If the issue persists, the director reserves the right to suspend and/or expel the child from the program for refusing to abide by the rules.

**The Funplex is NOT responsible for any lost or damaged items and encourages all children of all ages to leave personal belongings at home.**

**There is to be absolutely no gum, toy guns, or candy (unless given permission in regard to a special holiday/celebration) brought to the program.**

**Prohibited items consist of (but are not limited to): guns/weapons, matches, fireworks, lighters.**

### **Clothing:**

**ASAP:** Children may remain in their school wear or bring a comfortable change of clothes. Girls must bring/wear shorts under dresses to participate on the bounce houses. All children must be capable of putting on their own clothes, including buttons, zippers, etc. **All children must wear shoes that they are able to fasten by themselves.**

We recommend sending a change of clothes with your child if they are prone to accidents (don't forget the socks!).

### **Meals, Snacks, and Food Allergies:**

**ASAP:** Children will be given a choice of two snacks during snack time. They will also have the opportunity to purchase snacks from our café area if parent permission is given upon enrollment.

### **Medicine:**

Non-prescriptive medication (Tylenol, nose drops, etc.) as well as prescription medication will only be administered after a parent signs and dates a medical form. The parents must provide all medications.

**Prescription medication must be in the original container and labeled with the child's name. A parent or guardian must administer the first dosage under their supervision: never the Funplex staff. We will not administer cold medications to any child.**

Staff cannot administer medication (prescription or over the counter) without the proper dosage for that child listed on the container. If the container reads, "Consult/see doctor", then a note from the doctor with the child's weight, and the dosage recommended, must be provided.

Medication will be stored per the manufacturer's recommendations.

### **Injuries and Accidents:**

Every consideration will be taken to ensure the safety of your child in our care. Should an injury occur, an Incident Report will be completed by the closest adult and signed by the director or appropriate person. A copy of this report can be sent home, and the Funplex's copy will require a parent/guardian signature upon pickup.

In the event of a major emergency or accident, the center teacher or director will call 911 first. The child will be transported to the hospital noted on the Emergency Card (or the closest hospital). The parent/guardian will be called immediately.

### **Closing:**

We are thrilled to have you and your child as part of our program! Please read the following ASAP rules with your child so we may endure a safe and fun-filled year!

## **ASAP Rules**

- **HAVE FUN!!!**
- **Participants must treat other students, counselors, and all staff with RESPECT.**
- **Participants must listen and follow directions given by all counselors and staff. We give directions to keep children in ASAP happy and safe. Undermining authority will not be tolerated.**
- **Participants must keep hands, feet, and other objects to oneself.**
- **Participants will not touch someone else's belongings.**
- **Participants shall not intentionally cause or attempt to cause physical or emotional harm to another student or employee. BULLYING WILL NOT BE TOLERATED.**
- **Participants must treat Funplex equipment, supplies and facility properly and with care.**
- **Participants shall always remain with their groups. If a student needs to take a bathroom or water break, they MUST ask a counselor.**



## **Statement of Acknowledgement**

I have read the terms of this program and explained them to my child(ren) and we both understand and agree with what is written.

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Parent/Guardian Signature

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Date

# Discipline and Expulsion Policy

**Children are expected and required to be respectful and kind to their coaches, peers, and themselves. Any child that does not meet and follow that expectation will be subject to expulsion following the steps listed below.**

**Step 1 – Warning**

**Step 2 – Time-out/Write sentences**

**Step 3 – Incident report**

**Step 4 – Contact parent immediately**

**Step 5 – Suspension decided by director \***

**\*Three suspensions result in expulsion.**

**The director reserves the right to remove a child from the program without following all the aforementioned steps if that child poses a danger to himself or others.**

**The actions resulting in these steps include but are not limited to:**

**Talking back, disrespecting others, not following directions, name calling, threatening, leaving designated area without permission, biting, pinching, fighting, bullying (verbal or physical), destruction of property.**

**I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_, have read and understand the above rules. I assume the responsibility for ensuring that my child is aware of these rules and understands the consequences if he/she does not behave appropriately.**

**Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

\* The child care facility shall adopt a discipline policy consistent with Section 402.305(12), F.S., including standards that prohibit children from being subjected to discipline which is severe, humiliating, frightening, or associated with food, rest, or toileting. Spanking or any other form of physical punishment is prohibited.

The following discipline techniques shall be prohibited in the child care facility:

1. The use of corporal punishment/including, but not limited to:
  - a) Hitting, spanking, shaking, slapping, twisting, pulling, squeezing, or biting;
  - b) Demanding excessive physical exercise, excessive rest, or strenuous or bizarre postures;
  - c) Compelling a child to eat or have in his/her mouth soap, food, spices, or foreign substances;
  - d) Exposing a child to extremes temperature;
  - e) Rough or harsh handling of children, including but not limited to: lifting or jerking by one or both arms; pushing; forcing or restricting movement; lifting or moving by grasping clothing; covering a child's head.
2. Isolating a child in an adjacent room, hallway, closet, darkened area, play area, or any other area where the child cannot be seen or supervised.
3. Binding, tying or restrict movement, or taping the mouth;
4. Using or withholding food or beverages as a punishment;
5. Toilet learning/training methods that punish, demean, or humiliate a child;
6. Any form of emotional abuse, including rejecting, terrorizing, extended ignoring, isolating, or corrupting a child;
7. Any abuse or maltreatment of a child;
8. Abusive, profane, or sarcastic language or verbal abuse, threats, or derogatory remarks in front of the child or about the child or child's family;
9. Placing a child in a crib/portable crib for a time-out or for disciplinary reasons.

"Discipline will never be related to food, rest, toileting or active play."

- Active play, both indoor and outdoor, must not be completely withheld from children who misbehave. For example, a child being left in the front office the entire time the rest of the children go outside to play would be unacceptable. Time-outs may be used during indoor or outdoor play provided an age-appropriate time limit has been established

## Tuition Pricing

Oriole Beach Elementary (ASAP only)		
	Monthly Payments	
# of Days/Week	One Child	Sibling(s)
2	\$295	\$259.60
3	\$330	\$290.40
4	\$365	\$321.20
5	\$400	\$352

VPK		
	Monthly Payments	
# of Days/Week	One Child	Sibling(s)
2	\$395	\$347.60
3	\$430	\$378.40
4	\$465	\$410.80
5	\$500	\$440

Middle School Pricing	
\$25/Day	\$70/Week

Transportation Only	
OBE	\$15/day

## Program Registration Form

Child 1	First Name	Last Name	Date of Birth	Sex (M or F)	Grade

**Circle the program your child will be attending:**

Oriole Beach Elementary After School                      VPK/School Name: \_\_\_\_\_

**Circle the day your child will be attending:**

Monday                      Tuesday                      Wednesday                      Thursday                      Friday

**Café Charging**

I will allow my child to charge café items **Y / N**. Daily amount \$ \_\_\_\_.

Child 2	First Name	Last Name	Date of Birth	Sex (M or F)	Grade

**Circle the program your child will be attending:**

Oriole Beach Elementary After School                      VPK/School Name: \_\_\_\_\_

**Circle the day your child will be attending:**

Monday                      Tuesday                      Wednesday                      Thursday                      Friday

**Café Charging**

I will allow my child to charge café items **Y / N**. Daily amount \$ \_\_\_\_.

Parent (1) First Name	Last Name	Cell Phone #	Secondary Contact Number
Parent (2) First Name	Last Name	Cell Phone #	Secondary Contact Number
Street Address		City	Zip Code
Street Address 2 (if applicable)		City	Zip Code
Child lives with (Circle)	Mother	Father	Both                      Other (specify):

# Emergency Card

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

Child's Name: \_\_\_\_\_

Family's Name:

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Home Address: \_\_\_\_\_

Program:     \_\_\_ Funplex ASAP OBE                     \_\_\_ Funplex ASAP VPK

Mother's Employer: \_\_\_\_\_

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

Father's Employer: \_\_\_\_\_

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

Persons to contact in case of an emergency when the parent cannot be reached:

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

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

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

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

Family Doctor or Clinic: \_\_\_\_\_

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

**\*I give consent for the Funplex and personnel to have access to my child's information and records.**

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

## Child Pick-Up Authorization

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

The following people are authorized to pick-up the above-named child at any time from the FUNPLEX.

I authorize the FUNPLEX to release my child into the care of the people listed below whenever they come to pick-up.

### Authorized Pick-Up Person

**Name:** \_\_\_\_\_ **Relation to child:** \_\_\_\_\_

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

**Name:** \_\_\_\_\_ **Relation to child:** \_\_\_\_\_

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

**Name:** \_\_\_\_\_ **Relation to child:** \_\_\_\_\_

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

**Name:** \_\_\_\_\_ **Relation to child:** \_\_\_\_\_

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

**Name:** \_\_\_\_\_ **Relation to child:** \_\_\_\_\_

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

**Name:** \_\_\_\_\_ **Relation to child:** \_\_\_\_\_

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

**I understand that:**

For the safety of my child the Authorized Pick-up person must have their I.D. readily available to present to the staff person.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

# Tuition Contract

At the time of your child's enrollment, and every August thereafter, you will be asked to sign a tuition agreement. Please sign and return.

## Tuition Payment Procedure

Your child's tuition is paid monthly. Payment is due on the 1<sup>st</sup> of each month and considered late on the 10<sup>th</sup>. A \$15 fee will be administered on the 10<sup>th</sup> of the month if there has been no payment. Every day that the payment is not made in full thereafter, an additional \$15 fee will incur.

## Child Specific Tuition

Tuition is specific on a child-by-child basis. You are not required to attend all 5 days a week. Exact pricing for a specific number of days can be found in our Parent Handbook.

My child will be attending \_\_\_\_\_ days a week.

The monthly tuition will be \$\_\_\_\_\_.

## Program

My child \_\_\_\_\_ is enrolled in the Funplex ASAP program.

\* I need a special payment plan designed to pay my full monthly payment broken into two payments due on the 1<sup>st</sup> and 15<sup>th</sup> of the month. \_\_\_\_\_ Yes \_\_\_\_\_ No (please check one).

**If I fail to provide payment upon due date without prior proper notice and approval by the appropriate staff personnel, I willingly am surrendering my child's enrollment position in their current program and am immediately at risk of being removed from the program.**

I have read the regulations regarding Tuition Payment Procedures and agree to abide by them.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Director)

\_\_\_\_\_  
(Date)

## Authorization For Prescription and Non-Prescription Medication

No medication shall be given by childcare personnel without the signed permission of the parent or legal guardian. All medication must be in the original container with the child's name, name of the physician, medication name, and medication directions written on the label.

Non-prescription medication brought in by the parent or legal guardian can only be dispensed if there is written authorization from the parent or legal guardian to do so.

Medication which has expired or is no longer being administered shall be returned to the parent or legal guardian.

**\*Please fill out with "NA" if not applicable**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

1. Medication Name: \_\_\_\_\_

Amount to be given: \_\_\_\_\_

Time to be given: \_\_\_\_\_

2. Medication Name: \_\_\_\_\_

Amount to be given: \_\_\_\_\_

Time to be given: \_\_\_\_\_

### Record of Medications Given:

1. Medication Name: \_\_\_\_\_

Date & Time

Amount

Employee

\_\_\_\_\_

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2. Medication Name: \_\_\_\_\_

Date & Time

Amount

Employee

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*This authorization form must be maintained and is only valid for the duration of prescription.*

I hereby give permission to dispense the medication(s) listed above in accordance with the written directions on the prescription label or printed manufacturer's label.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date