

Orlando Metro Virtual School

Four Locations To Serve You

Avalon Park
14170 East Colonial Dr.
Orlando, FL 32826
407-207-4110

Baldwin Park
4915 New Broad St
Orlando, FL 32814
(407) 644-0847

Lake Mary
1180 Emma Oaks Trail
Lake Mary, FL 32746
407-333-0907

L.B. McLeod Road
4658 L.B. McLeod Road
Orlando, FL 32811
407-246-1200

www.orlandometrogyms.com

Students must register with Florida Virtual School or Your County Virtual School

1st Child's Name: _____ Age _____ DOB _____ M/F

2nd Child's Name: _____ Age _____ DOB _____ M/F

Parent(s) Name: _____

Address: _____ City _____ State _____ Zip _____

Email Address: _____

Home Phone (____) _____ - _____ Cell Phone (____) _____ - _____

Emergency Contact _____ Telephone (____) _____ - _____

License # _____ CODE WORD _____

Allergies/Medical Conditions-Please complete if applicable _____

For Office Use Only: Registration Fee	_____
Pre-Care	_____
Full Time Virtual School	Weekly _____ Monthly _____ Full Semester _____
Daily Virtual School	Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____
After School	_____
After School Daily	Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____
Computer Rental	_____
TOTAL	Registered By _____ Date _____

Policies and Procedures

- _____ Orlando Metro Virtual School tuition is due on Friday prior to the week of Virtual School.
- _____ Virtual School registration fee and first week's tuition up to \$100 is non-refundable.
- _____ Orlando Metro Virtual School will follow OCPS/SCPS Calendar.
- _____ Student must bring laptop and all necessary school supplies required for school work. If you need to rent a laptop please make pre-arrangements with office. Laptops will be available for rent for use at Orlando Metro Virtual School Only. Computers must remain at Orlando Metro Virtual School.
- _____ Please bring lunch, snack and drink for Orlando Metro Virtual School 9:00am-2:00pm.
- _____ Please bring 2 snacks, lunch and 2 drinks daily for schedule of 7:30am-6:30pm. We sell snacks and drinks at our facility for your convenience.
- _____ Payment will be automatically charged to the credit card on file every Friday for the upcoming week of Virtual School scheduled services.
- _____ A guaranteed form of payment in the form of a credit card is required on all accounts unless you are paying for the entire semester up front.
- _____ Pick up for Virtual School is 2:00pm & After School is 6:30pm daily. For every 5 minutes late, a \$5 penalty will be assessed.
- _____ A \$30.00 NSF will be charged on returned checks.

Authorized Adults (Over 18) for Pick Up INCLUDING parents: (must know code word and show ID)

Name: _____	Phone: _____	Relationship: _____
Name: _____	Phone: _____	Relationship: _____
Name: _____	Phone: _____	Relationship: _____
Name: _____	Phone: _____	Relationship: _____

Orlando Metro Gymnastics

Credit Card Authorization Form

Please select an option below and fill out the information using the spaces provided.

One Time Charge Authorization

I hereby authorize Orlando Metro Gymnastics to process a One Time charge on the credit card number below for our services in the amount of \$_____.

Authorized Signature

Date

Recurring Weekly Charge Authorization

Effective on _____
I hereby authorize Orlando Metro Gymnastics to charge the credit card number below **every Friday** for virtual school services in the amount of \$_____ until proper drop notification/cancellation has been given in writing.

Authorized Signature

Date

Cardholder Authorization

Gymnast(s) Name: _____

Name on Credit Card: _____

Billing Address for Credit Card: _____

Cardholder Phone Number: _____

Credit Card Number: _____ XXXX XXXX _____

Exp Date: _____ CID: _____

Cardholder Signature: _____ Date: _____

Print Cardholder Name: _____