



**FOR YOUTH DEVELOPMENT®**  
**FOR HEALTHY LIVING**  
**FOR SOCIAL RESPONSIBILITY**

# **Speer YMCA Preschool**

# **SUMMER CAMP**

# **REGISTRATION PACKET**

**Must be filled out and returned to Speer YMCA Preschool**

Thanks for your interest in Summer Camp at the YMCA of Greater St. Petersburg! Our goal is to help your child have the best summer camp experience possible! From our field trips to our caring staff, your child will come away with new friendships and awesome memories. Let me know if you have any questions or if there are any ways I can improve your child's camp experience.

**Maura Durliat, Speer YMCA Preschool Academy Director, [mdurliat@stpeteymca.org](mailto:mdurliat@stpeteymca.org)**  
License #52-51-1486743

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**CAMPER NAME**

Find more details & FAQs at [stpeteymca.org/camp](http://stpeteymca.org/camp).





# SPEER YMCA PRESCHOOL ACADEMY

## PRESCHOOL CAMP SELECTION

### DAY CAMP

**Hours:** 6:30AM - 6:00PM

**Ages:** 4-5

**Cost:** \$130 per week

Open to both Members & Non-Members

#### Check desired week(s):

- May 29 - Jun. 1 Carnival Fun (No camp Memorial Day)
- Jun. 4 - Jun. 8 Ocean Wonders
- Jun. 11 - Jun. 15 Y Olympics
- Jun. 18 - Jun. 22 Space Jam
- Jun. 25 - Jun. 29 Superheroes
- Jul. 2 - Jul. 6 Party in the USA (No camp July 4)
- Jul. 9 - Jul. 13 Animal Kingdom
- Jul. 16 - Jul. 20 Y's Got Talent / Spelling Bee
- Jul. 23 - Jul. 27 Wide World of Sports / Spelling Bee
- Jul. 30 - Aug. 3 Camp Spirit / Color Wars
- Aug. 6 - Aug. 9 Hawaiian Luau (No camp August 10)

#### FEES DUE AT ENROLLMENT

Registration Fee: \$25 per child; \$35 per family

Deposit: \$20 non-refundable deposit, per child, is due for each week of camp you are registering for.

#### SIGNING IN & OUT

The Florida Statute regulating childcare licensing requires that all children must be signed in and out daily by an appropriate parent or guardian over the age of 18. All children must be signed in by 9:00AM, unless approved by center director. When signing in and out please include your full signature with the current time. Please notify the director of any scheduled appointments or absences due to illnesses.

#### LUNCH & SNACKS

At Speer YMCA Preschool Academy, breakfast, lunch and snacks are provided. Outside food is not permitted. At Bardmoor YMCA Preschool Academy, lunch and snacks are not provided. Parents should pack a lunch. All packed lunches must be non-refrigerated/non-reheated only.



# SPEER YMCA PRESCHOOL ACADEMY SUMMER CAMP REGISTRATION

## YMCA CAMPER INFORMATION

Child's Full Legal Name: \_\_\_\_\_ Gender:  Male  Female

Child's Preferred First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Tshirt Size:  Youth XS  Youth S  Youth M  Youth L  Adult S  Adult M  Adult L  Adult XL

Grade Completed May of this year: \_\_\_\_ School Attending August of this year: \_\_\_\_\_

Ethnicity/Race:  Native American  African American/Black  Caucasian/White  Other: \_\_\_\_\_

Alaskan Native  Asian/Pacific Islander  Spanish/Hispanic/Chicano/Latino

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## HOUSEHOLD INFORMATION

Email: \_\_\_\_\_ Household Phone: \_\_\_\_\_

Household Income:  Under \$19,999  \$20,000 - \$29,999  \$30,000 - \$49,999  \$50,000 - \$75,000  Over \$75,000

Household Characteristics:  Single-Adult w/ Children  Two-Adult w/ Children  Kinship Care Household  Other

Who has legal custody?  Mother  Father  Both Parents  Guardian  Custody Order On File (Documentation Required)

## SUBSIDY INFORMATION (This information helps us charge the proper fees for Summer Camp)

Do you receive a YMCA Scholarship Assistance?  Yes  No

Do you receive Child Care Government Discounts (ELC)?  Yes  No

Are you a 12-month Pinellas County School Board Employee?  Yes  No

## PARENT / GUARDIAN INFORMATION

MOTHER / GUARDIAN: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Ethnicity/Race:  Native American  African American/Black  Caucasian/White  Other: \_\_\_\_\_

Alaskan Native  Asian/Pacific Islander  Spanish/Hispanic/Chicano/Latino

Home Address (If different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ City: \_\_\_\_\_

FATHER / GUARDIAN: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Ethnicity/Race:  Native American  African American/Black  Caucasian/White  Other: \_\_\_\_\_

Alaskan Native  Asian/Pacific Islander  Spanish/Hispanic/Chicano/Latino

Home Address (If different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ City: \_\_\_\_\_



# SPEER YMCA PRESCHOOL ACADEMY

## PICK UP AUTHORIZATION FORM

Child's Full Legal Name: \_\_\_\_\_ Grade / Group: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Are copies of custody / restraining papers on file for your child(ren)?  Yes  No

Who has authorization to change, add and delete persons authorized for pick up? \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### AUTHORIZED FOR PICK UP

The following people are authorized to pick up this / these child(ren):

\_\_\_\_\_ Phone: \_\_\_\_\_ Staff Initials: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_ Staff Initials: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_ Staff Initials: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_ Staff Initials: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_ Staff Initials: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_ Staff Initials: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_ Staff Initials: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_ Staff Initials: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_ Staff Initials: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_ Staff Initials: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_



# SPEER YMCA PRESCHOOL ACADEMY

## PARENT AGREEMENT FORM

### PAYMENT AGREEMENT

- **Due Date and Auto-Draft Schedule:** Your weekly fee is due to the YMCA prior to the week your child will be attending summer camp. Weeks are not prorated. If you have signed up for auto-drafted payments, your debit/credit card will be drafted at set intervals as outlined below. Note that drafts will be drawn on the due date prior to service as pre-payment for summer camp. Please notify us of credit card number or expiration date changes.  
**For Bardmoor YMCA Preschool, Speer YMCA Preschool, and Summer Bridge Sites:** Payment is due on Fridays; Auto-drafts are bi-weekly.  
**For Childs Park YMCA, Harbordale Y, and YMCA at Lealman Community Campus:** Payment is due on Fridays; Auto-drafts are weekly.  
**For Jim & Heather Gillis YMCA and Bardmoor YMCA:** Payment is due on Wednesdays; Auto-drafts are weekly.
- **Paying by Money Order:** If you are paying by money order, to ensure that your payment is correctly recorded in our system, please indicate the following information: Child(ren)'s full name and camp location. Money orders are NOT accepted at Summer Bridge locations, Bardmoor YMCA Preschool Academy, Speer YMCA Preschool Academy, or YMCA at Lealman Community Campus.
- **Late Payment Fee:** If your payment is not received by the designated due date, you will be charged a \$15.00 late fee. Your child may not attend camp until payment has been received, and your child may lose their spot.
- **Late Pickup Fee:** If you are late picking up your child, you will be charged a late pickup fee of \$25 for the first 10 minutes, plus \$1 per minute for each additional minute.
- **Insufficient Fund Fee:** You will be notified if a payment is denied due to insufficient funds or for any other reason. There is a \$25.00 insufficient fund fee and payment is expected immediately.
- **Outstanding Balances:** If you have any outstanding balances due to the YMCA of Greater St. Petersburg, they must be paid in full prior to registering your child.
- **I understand that I am responsible for paying for all YMCA fees.**

INITIAL \_\_\_\_\_

### CANCELLATION POLICY

If at any time your child needs to be withdrawn from camp, you must present a written notice two weeks in advance.

INITIAL \_\_\_\_\_

### DISCIPLINE AND EXPULSION POLICY

In keeping with the YMCA mission and character values of Caring, Honesty, Respect and Responsibility, appropriate behavior is expected of all camp participants. Respectful interactions with other participants and staff are at the core of the Y mission and essential to having a successful camp experience for all. Behavior that conflicts with these values will be addressed in a nature appropriate to the disruptive and/or unsafe behavior and is at the discretion of Y staff and leadership. If behavior is significant, you and your child might be asked to meet with the Camp Director or Executive Director. Based on the behavior exhibited, the following sequence is referenced:

- Verbal warning to child and parent with documentation
- Written warning with documentation
- One-day suspension
- One-week suspension
- Termination from the program

**NOTE:** In extreme cases your child may be suspended or terminated from the program (e.g. a violent act against another child or staff member would be considered extreme). Dismissal from the program for disciplinary reasons could result in permanent removal from all YMCA programs.

INITIAL \_\_\_\_\_

### PHOTO RELEASE

I give permission for photographs of my child to be used by the YMCA of Greater St. Petersburg for promotional and/or educational purposes. I realize that neither my child nor I will receive any compensation of any kind for use of the photographs.

INITIAL \_\_\_\_\_

### DISCLAIMER

The YMCA of Greater St. Petersburg does not discriminate on the basis of race, religion, gender, creed or socio-economic status. Financial assistance is available to those who qualify. Please ask for a scholarship assistance application if you would like to apply for a scholarship for your child. Failure to fill this form out accurately may result in your being charged incorrect fees. A scholarship application must be completed and approved prior to receiving financial assistance. Please complete each section in its entirety to ensure appropriate charges. If you receive government subsidy (ELC), your signature indicates that you understand that the correct paperwork must be turned in and you will adhere to the attendance policy set by the funding agency.

INITIAL \_\_\_\_\_

### PARENTAL AGREEMENT

- I give permission for my child to attend all YMCA activities and field trips.
- I understand that the YMCA of Greater St. Petersburg does not carry accident insurance.
- I give permission for the center to consult my child's physician/dentist in case of an emergency if I cannot be reached.
- I realize that the responsibility for payment on an injury required medical care is mine.

INITIAL \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



# SPEER YMCA PRESCHOOL ACADEMY

## CAMP PAYMENT AUTHORIZATION FORM

### CONFIDENTIAL INFORMATION

PLEASE CLEARLY PRINT all the information requested below so we may accurately register your child(ren).

PARENT/GUARDIAN NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Contact Email: \_\_\_\_\_

CHILD'S NAME	CAMP LOCATION	DRAFT AMOUNT
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

### CREDIT/DEBIT CARD INFORMATION

Credit/Debit Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Security Code: \_\_\_\_\_  
Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  VISA  MASTERCARD  DISCOVER  AMERICAN EXPRESS  DEBIT CARD  
Name as it appears on card: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

- I understand that automatic credit/debit card drafts will occur at set intervals as outlined here and will be pre-payment for summer camp. Weeks are not prorated.  
For Bardmoor YMCA Preschool, Speer YMCA Preschool, and Summer Bridge Sites: Auto-drafts are every two (2) weeks on Fridays.  
For Childs Park YMCA, Harbordale Y, and YMCA at Lealman Community Campus: Auto-drafts are every one (1) week on Fridays.  
For Jim & Heather Gills YMCA and Bardmoor YMCA: Auto-drafts are every one (1) week on Wednesdays.
- I also understand that if any charge is not honored by my financial institution, for any reason, I am still responsible for the total payment due as well as a returned payment service charge of \$25 assessed by the YMCA of Greater St. Petersburg.
- I also understand that it is my responsibility to notify the YMCA in writing should my credit/debit card expire or account information change in any way - including billing address changes.

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



# **SPEER YMCA PRESCHOOL ACADEMY**

## **RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF THE YMCA OF GREATER ST. PETERSBURG USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM THE YMCA OF GREATER ST. PETERSBURG IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND YMCA OF GREATER ST. PETERSBURG HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

In consideration for being permitted to utilize the facilities, services, and programs of the YMCA for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgment that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releasees or otherwise while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



### EMERGENCY MEDICAL RELEASE

This form must contain only one child's name, and be the original notarized form.

A new notarized form is required when there is a change in legal guardianship.

#### Please Print Information

Child's Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medicines Routinely Taken: \_\_\_\_\_

Name of Custodial Parent(s)/Legal Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

Home Telephone \_\_\_\_\_ Cell Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Family Physician's Name/Health Care Resource: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

Telephone ( ) \_\_\_\_\_

Hospital Preference: \_\_\_\_\_  
Name City

Medical Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Emergency Contact (if custodial parent/guardian cannot be reached): \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address (number, apartment #, street) City, State, Zip Code

Home Telephone \_\_\_\_\_ Cell Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

#### Sign in the presence of the Notary.

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child \_\_\_\_\_, in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if situation warrants it.

#### Signature of Custodial Parent/Legal Guardian (Affiant)

STATE OF FLORIDA COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me on \_\_\_\_\_ 20\_\_\_\_\_  
(Month) (Day) (Year)

by \_\_\_\_\_, who is personally known to me or who has  
(Name of Affiant)

produced \_\_\_\_\_ as identification.  
(Type of Identification)

SEAL OF NOTARY

Signed: \_\_\_\_\_ (Signature of Notary)





# CHILD'S ENROLLMENT RECORD

<b>DIRECTOR'S USE ONLY</b>
Date enrolled _____

Child's full legal name \_\_\_\_\_  
First Middle Last

Sex \_\_\_\_\_ Birth Date \_\_\_\_\_

Child's preferred name/nickname \_\_\_\_\_

Address \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

Primary hours child will be in the children's center \_\_\_\_\_

Days of week child will be in the children's center \_\_\_\_\_

Who has legal custody \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent's name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

Place of Employment \_\_\_\_\_

Address of Employer \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

Telephone \_\_\_\_\_

Parent's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

Place of Employment \_\_\_\_\_

Address of Employer \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

Telephone \_\_\_\_\_

The child will be released only to the person(s) authorized, or in the manner authorized, in writing, by the custodial parent(s) or legal guardian(s). The following person must be someone other than the custodial parent(s) or legal guardian(s) and is authorized to remove the child from the facility in case of illness, accident, or emergency, **if for some reason the custodial parent(s) or legal guardian(s) cannot be reached:**

Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

CONTINUED ON BACK

**CHILD'S ENROLLMENT RECORD**

**(Back Page)**

**Child's Physician/Health Resource** \_\_\_\_\_

Telephone Number \_\_\_\_\_

Address \_\_\_\_\_  
*Street Address (number, apartment #, street) City State Zip Code*

**Hospital Preference** \_\_\_\_\_

**Name of Dentist** \_\_\_\_\_ **Telephone** \_\_\_\_\_

Address \_\_\_\_\_  
*Street Address (number, apartment #, street) City State Zip Code*

**MISCELLANEOUS INFORMATION**

List all known allergies \_\_\_\_\_

List all identifying scars, birthmarks, skin discolorations \_\_\_\_\_

Special medical or dietary needs of child \_\_\_\_\_

List any areas of concern \_\_\_\_\_

**My signature below verifies that:**

**I give permission to consult the child's physician/health resource listed above in case of emergency if parent/legal guardian cannot be reached.**

**I have received a copy of the "Know Your Child's Children's Center" brochure, and a copy of the children's center discipline policy.**

**I was notified that the snacks/meals served daily are:** Breakfast AM Snack Lunch PM Snack Dinner

**I verify that the information on this enrollment form is complete and accurate.**

\_\_\_\_\_  
**Signature of Custodial Parent or Legal Guardian**

\_\_\_\_\_  
**Date**



## Food Experience Permission Form

I give permission for my child \_\_\_\_\_ to participate in food related activities.

Please check one of the following:

\_\_\_\_\_ My child DOES NOT have a food allergy or dietary restriction.

\_\_\_\_\_ My child DOES have a food allergy or dietary restriction. He or she may participate, but may not eat or hand the following items (please list below)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ My child DOES have a food allergy or dietary restriction. He or she may not participate in activities.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

## QUALITY INDICATORS

Quality children's centers offer healthy, social, and educational experiences under qualified supervision in a safe, nurturing, and stimulating environment. Children in these settings participate in daily, age-appropriate activities that help develop essential skills, build independence and instill self-respect. When evaluating the quality of a children's center setting, the following indicators should be considered:

### CAREGIVERS

- ❖ Are friendly and eager to care for children.
- ❖ Are aware of the presence and activities of all children in their care.
- ❖ Accept family cultural and ethnic differences.
- ❖ Are warm, understanding, encouraging and responsive to each child's individual needs.
- ❖ Use a pleasant tone of voice and frequently talk with the children.
- ❖ Manage their behavior in a positive, constructive, and non-threatening manner.
- ❖ Allow children to play alone and in small groups.
- ❖ Are attentive to and interact with the children.
- ❖ Provide stimulating, interesting and educational activities.
- ❖ Demonstrate knowledge of child development.
- ❖ Communicate with parents or legal guardians.

### ENVIRONMENT

- ❖ Is a safe and secure environment that fosters the growing independence of all children.
- ❖ Is clean, safe, inviting, comfortable and child friendly.
- ❖ Has easy access to age-appropriate toys.
- ❖ Displays children's activities and creations.

## ACTIVITIES

- ❖ Are started by the children and facilitated by the teacher.
- ❖ Include social interchanges with all children.
- ❖ Include play, painting, drawing, story telling, music, dancing and other varied activities.
- ❖ Include daily exercise for development of both small and large motor skills.
- ❖ Include free play and organized activities.
- ❖ Include opportunities for all children to read, explore, problem solve and be creative.

### PARENT'S ROLE

The parent's or legal guardian's role in quality child care is vital to its success. In partnering with the caregiver to achieve this goal, the parent(s) or legal guardian(s) should:

- ❖ Provide complete and accurate enrollment and health records. Update information as needed.
- ❖ Become familiar with the child care standards required to license the children's center.
- ❖ Ask about staff turnover.
- ❖ Know the policies of the children's center.
- ❖ Communicate with the caregiver.
- ❖ Visit and observe the children's center.
- ❖ Participate in special activities, meetings, and conferences.
- ❖ Talk with child(ren) about daily experiences in the children's center.
- ❖ Arrange alternate care for a sick child.

## PINELLAS COUNTY CHILDREN'S CENTERS GENERAL INFORMATION

For a listing of children's centers, contact 211 Tampa Bay Cares at 2-1-1.

For an appointment to review a children's center file or to file a complaint contact the Child Care Licensing Program at (727) 507-4857.

For further information about child care in Florida or to view children's center inspection reports, visit the website:

[www.myflorida.com/childcare](http://www.myflorida.com/childcare)



Our mission is to protect, promote & improve the health of all people in Florida through integrated state, county and community efforts.

The statewide toll-free telephone number for reporting child abuse is 1-800-96 ABUSE (1-800-962-2873). Reports of suspected and actual cases of child physical abuse, sexual abuse, and neglect received through the Abuse Registry number are referred to the Pinellas County Sheriff's Department for investigation.

# KNOW YOUR CHILD'S CHILDREN'S CENTER

Nursery School \* Kindergarten

Day Nursery \* School Age Center



PINELLAS COUNTY LICENSE BOARD  
for Children's Centers and  
Family Child Care Homes  
8751 Ulmerton Road, Suite 2000  
Largo, FL 33771  
Telephone 727-507-4857  
[www.pclb.org](http://www.pclb.org)

The Child Care Licensing Program and its services are funded by the Juvenile Welfare Board, the Florida Department of Children and Family Services and the Florida Department of Health, Pinellas County.

### **PINELLAS COUNTY CHILDREN'S CENTERS LICENSING STANDARDS**

This children's center has met regulations found in Licensing Regulations Governing Pinellas County Children's Centers.

A valid temporary permit or license, which bears the distinctive seals of Pinellas County and the Florida Department of Children and Family Services, is posted in a conspicuous place within the center. A valid temporary permit or license will also include: effective and expiration dates, a license number, capacity and ages of children in care.

#### **A LICENSED CHILDREN'S CENTER MUST:**

- ❖ Adhere to its licensed capacity at all times.
- ❖ Post a schedule of daily activities.
- ❖ Have first aid and emergency procedures, and post evacuation diagrams in each room.
- ❖ Keep accurate, current daily attendance records and document a visual sweep of the entire premises at the end of each day.
- ❖ Provide parent(s) or legal guardian(s) access to the children's center during normal hours of operation.
- ❖ Report suspected child abuse to the statewide toll-free telephone number.
- ❖ Provide a permission form for parent(s) or legal guardian(s) to allow the center to administer medication as necessary.
- ❖ Document required information when administering medication.
- ❖ Document accidents and incidents and obtain parent's, legal guardian's or authorized pick-up person's signature(s).
- ❖ Maintain vehicles in safe condition if transportation is provided.
- ❖ Obtain parent's or legal guardian's permission before transporting children.
- ❖ Maintain contact information for children in vehicles being used for transport and emergency care plans for children with chronic medical conditions.

### **CHILDREN'S RECORDS REQUIREMENTS**

The following documentation is required to be maintained in the children's center for each child in care:

- ❖ A signed statement that parent or legal guardian received a copy of this brochure.
- ❖ A statement signed by parent or legal guardian that enrollment information is complete and accurate.
- ❖ A signed statement that the children's center has provided parent(s) or legal guardian(s) a copy of the written disciplinary practices.
- ❖ A current health examination record (not required for school age children).
- ❖ A current Florida Certificate of Immunization (not required for school age children).
- ❖ An annual notarized Emergency Medical Release.
- ❖ Medical records that include special medical or dietary needs and a list of allergies, if applicable.
- ❖ Primary hours of care and days of week in care.
- ❖ Telephone numbers or instructions as to how to reach parent(s) or legal guardian(s) when children are in care.
- ❖ Hospital preference.
- ❖ Child's full, legal name, birth date, date of enrollment, current address and preferred name/nick name.
- ❖ Name, address, and telephone number of parent or legal guardian.
- ❖ Name, address and telephone number of emergency person(s), other than parent or legal guardian.
- ❖ Name, address and telephone number of physician and dentist.
- ❖ Proof of receipt by parent(s) or legal guardian(s) every August and September of information regarding causes, symptoms, and transmission of the influenza virus.

### **PERSONNEL REQUIREMENTS**

- ❖ Director has a Director Credential with the certificate posted.
- ❖ Documentation that staff meets the staff credentialing requirement (not required for school age centers).
- ❖ Completion of background screening.
- ❖ Completion of 40-Hour Introductory Child Care training.
- ❖ Completion of 10 hours training annually.
- ❖ Completion of early literacy training (not required for school age centers).

Documentation of educational requirements.

Meet minimum age requirements.

Signed statements that employees understand the statutory requirement of reporting child abuse/neglect.

Staff trained in first aid and CPR on the premises at all times and on field trips

Staff maintain direct supervision including minimum adult-child ratios:

- 2 months-1 year 1 adult for 3 children
- 1 year-2 years 1 adult for 5 children
- 2 year olds 1 adult for 10 children
- 3 year olds 1 adult for 15 children
- 4 year olds 1 adult for 20 children
- 5 years and up 1 adult for 25 children

### **NUTRITIONAL REQUIREMENTS**

- ❖ Parent(s) or legal guardian(s) notified of meals provided that are of quality and quantity to assure child's nutritional needs are met or arrangements made for parent(s) or legal guardian(s) to provide nutritional food.
  - o Posted meal and snack menus.
  - o Safe drinking water is available.

### **PHYSICAL ENVIRONMENT**

- ❖ Has sufficient indoor space for playing and napping that is kept clean, adequately lighted, vented and in good repair.

Has indoor and outdoor space that is clean and free of litter and other hazards.

Has toys, equipment and furnishings that are age and developmentally appropriate, and are maintained in an operable, safe, and sanitary condition.

Has appropriate bathroom facilities that are operable, clean and sanitized (daily).

Has isolation area for ill children.

Has equipment for proper sanitary hand washing, toileting, and diapering activities.

Has at least one corded, operable telephone available to staff.

### **HEALTH RELATED ENVIRONMENTAL REQUIREMENTS**

Annual approved fire inspections conducted.

Monthly checks to ensure all areas of the children's center are free from fire hazards.

Smoking is prohibited on premises.

Storage of toxic and hazardous materials in areas inaccessible to children.

Fire and emergency drills conducted as required.

A labeled, fully stocked first aid kit.

Parent(s) or legal guardian(s) notified of all animals on site.

Records of immunizations for animals/fowl.

Prohibit fire arms or weapons on premises (excluding federal, state and local law enforcement officers).

Prohibit narcotics, alcohol or other impairing drugs on the premises.

Bimonthly outdoor equipment maintenance checks.