



# 2019 SUMMER CAMP

## SUMMER BRIDGE CAMP SELECTION

### FEES DUE AT ENROLLMENT

**Registration Fee:** \$30 per child; \$40 per family  
 Fees may vary by location. Inquire for details.

### SIGNING IN & OUT

For the safety of your child, each child must be signed in and out daily, in-person, by an appropriate parent or guardian with a valid photo ID. Please notify the director of any scheduled appointments or absences due to illnesses. Additional requirements may apply.

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

### COST PER WEEK

**Day Camp for ages 5 - 12:**  
 \$125 Out-of-School Weeks / \$85 In-School Weeks

**VPK Camp for ages 3 - 5:**  
 \$125 Out-of-School Weeks / \$50 In-School Weeks

### LUNCH & SNACKS

A hot breakfast and lunch as well as a snack are provided to campers attending Summer Bridge through the National School Lunch Program.

Packed lunches are allowed; Non-refrigerated/non-reheated only.

## 1 Select a Summer Bridge location based on your child's age.

### Summer Bridge Day Camp for ages 5 - 12 (Kindergarten Completed)

Select a Location:	Address
<input type="checkbox"/> Azalea Elementary	1680 74th St. North, St. Petersburg
<input type="checkbox"/> Bay Point Elementary	5800 22nd St. South, St. Petersburg
<input type="checkbox"/> Campbell Park Elementary	1051 7th Ave. South, St. Petersburg
<input type="checkbox"/> Lynch Elementary	1901 71st Ave. North, St. Petersburg
<input type="checkbox"/> Maximo Elementary	4850 31st St. South, St. Petersburg
<input type="checkbox"/> Melrose Elementary	1752 13th Ave. South, St. Petersburg
<input type="checkbox"/> Northwest Elementary	5601 22nd Ave. North, St. Petersburg
<input type="checkbox"/> Perkins Elementary	2205 18th Ave. South, St. Petersburg
<input type="checkbox"/> Pinellas Central Elementary	10501 58th St. North, Pinellas Park
<input type="checkbox"/> Sexton Elementary	1997 54th Ave. North, St. Petersburg
<input type="checkbox"/> Woodlawn Elementary	1600 16th St. North, St. Petersburg

### Summer Bridge VPK Camp for ages 3 - 5 (Voluntary Pre-Kindergarten)

Select a Location:	Address
<input type="checkbox"/> Campbell Park Elementary	1051 7th Ave. South, St. Petersburg
<input type="checkbox"/> Maximo Elementary	4850 31st St. South, St. Petersburg
<input type="checkbox"/> Melrose Elementary	1752 13th Ave. South, St. Petersburg
<input type="checkbox"/> Northwest Elementary	5601 22nd Ave. North, St. Petersburg
<input type="checkbox"/> Sexton Elementary	1997 54th Ave. North, St. Petersburg

## 2 Select which weeks of Summer Bridge your child will be participating in.

Select all desired weeks:	Theme	VPK CAMP Week Type / Cost	DAY CAMP Week Type / Cost
<input type="checkbox"/> Week 1, Jun 3 - 7	Aloha Summer	In-School / \$50	Out-of-School / \$125
<input type="checkbox"/> Week 2, Jun 10 - 14	Sports Extravaganza	In-School / \$50	In-School / \$85
<input type="checkbox"/> Week 3, Jun 17 - 21	All Around the World	In-School / \$50	In-School / \$85
<input type="checkbox"/> Week 4, Jun 24 - 28	Shipwrecked	In-School / \$50	In-School / \$85
<input type="checkbox"/> Week 5, Jul 1 - 5 (no camp Jul 4)	Stars & Stripes	Out-of-School / \$125	Out-of-School / \$125
<input type="checkbox"/> Week 6, Jul 8 - 12	Ocean Explorers	In-School / \$50	In-School / \$85
<input type="checkbox"/> Week 7, Jul 15 - 19	Under the Big Top	In-School / \$50	In-School / \$85
<input type="checkbox"/> Week 8, Jul 22 - 26	Y's Got Talent	In-School / \$50	Out-of-School / \$125
<input type="checkbox"/> Week 9, Jul 29 - Aug 2	Animal Adventures	Out-of-School / \$125	Out-of-School / \$125
<input type="checkbox"/> Week 10, Aug 5 - 9	Camp Rewind	Out-of-School / \$125	Out-of-School / \$125



# 2019 SUMMER CAMP

## SUMMER BRIDGE INTAKE FORM

### CAMPER INFORMATION

Summer Bridge Location: \_\_\_\_\_

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

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

Child's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student School ID: 52-\_\_\_\_\_

Child's Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ (not required unless no student ID)

Enrollment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Withdraw Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### PARENT / GUARDIAN INFORMATION

SParent / Guardian Name: \_\_\_\_\_

State-Issued Driver's License or ID card Number: \_\_\_\_\_

A copy of the parent or guardian's state-issued driver's license or ID card MUST be on file with the YMCA of Greater St. Petersburg in order for the child to receive before-and-afterschool care during Summer Bridge.

Providers receiving funding from JWB shall not discriminate against an employee, volunteer, or participant of the Provider on the basis of race, color, gender, religion, national origin, citizenship, disability, marital status, age, veteran status, sexual orientation, pregnancy, and genetic information, or any other legally protected category except that programs may target services for specific participant groups as defined in the application.



# 2019 SUMMER CAMP

## CAMPER REGISTRATION FORM

### YMCA CAMPER INFORMATION

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

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

T-Shirt 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: \_\_\_\_\_



# 2019 SUMMER CAMP

## 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: \_\_\_/\_\_\_/\_\_\_



# 2019 SUMMER CAMP

## 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 Academy, Speer YMCA Preschool Academy, Lealman YMCA Preschool Academy and Summer Bridge Sites:** Payment is due on Fridays; Auto-drafts are weekly.  
**For Childs Park YMCA, Harbordale Y, YMCA at Lealman Exchange, Jim & Heather Gills 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, Lealman YMCA Preschool Academy or YMCA at Lealman Exchange.
- **Late Payment Fee:** If your payment is not received by the designated due date, you will be charged a \$25 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: \_\_\_\_/\_\_\_\_/\_\_\_\_



# 2019 SUMMER 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 Academy, Speer YMCA Preschool Academy, Lealman YMCA Preschool Academy and Summer Bridge Sites: Auto-drafts are every one (1) week on Fridays.  
For Childs Park YMCA, Harbordale YMCA, YMCA at Lealman Exchange, 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: \_\_\_\_/\_\_\_\_/\_\_\_\_



# 2019 SUMMER CAMP

## 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 Nickname

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

Primary Hours of Care From \_\_\_\_\_ To \_\_\_\_\_ Days of Week in Care \_\_\_\_\_

Child's Physical Address \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

### Family Information:

Child Lives with \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

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

Work Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Custody: Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_ Name \_\_\_\_\_

### Emergency Contacts:

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the children's center 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

**Please use additional sheet of paper to list name, address and phone number of any other people authorized to pick the child up.**

CONTINUED ON BACK

**CHILD'S ENROLLMENT RECORD**

**(Back Page)**

**Medical Information:**

**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*

**Emergency Care Plan instructions (if applicable)** \_\_\_\_\_

**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, a copy of the children's center discipline and expulsion policies.**

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

**Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child's records.**

\_\_\_\_\_  
**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 handle 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 CHILD CARE

Quality child care offers health, 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 child care setting, the following indicators should be considered:

- ❖ Are friendly and eager to care for children.
  - ❖ 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 hold, cuddle and talk to the children.
  - ❖ Help children manage their behavior in a positive, constructive and non-threatening manner.
  - ❖ Allow children to play alone or in small groups.
  - ❖ Are attentive to and interact with the children.
  - ❖ Provide stimulating, interesting and educational activities.
  - ❖ Demonstrate knowledge of social and emotional needs and developmental tasks for all children.
  - ❖ Communicate with parents.
- ### QUALITY ENVIRONMENTS
- ❖ Are clean, safe, inviting, comfortable, child-friendly..
  - ❖ Provide easy access to age-appropriate toys.
  - ❖ Displays children's activities and creations.

- ❖ Provide a safe and secure environment that fosters the growing independence of all children.

### QUALITY ACTIVITIES

- ❖ Are children initiated and teacher facilitated.
- ❖ Include social interchanges with all children.
- ❖ Are expressive including play, painting, Drawing, storytelling, music, dancing and Other varied activities.
- ❖ Include exercise and coordination development.
- ❖ Include free play and organized activities.
- ❖ Include opportunities for all children to read, explore, and problem-solve.

## PARENT'S ROLE

A parent's role in quality child care is vital:

- ❖ Inquire about the qualifications and experience of child care staff, as well as staff turnover.
- ❖ Know the children's center policies and procedures.
- ❖ Communicate directly with caregivers.
- ❖ Visit and observe the children's center.
- ❖ Participate in special activities, meetings, and conferences.
- ❖ Talk to your child about their daily experiences in the children's center.
- ❖ Arrange alternate care for a sick child.
- ❖ Familiarize yourself with the child care standards used to license the children's center.

## 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:

[MyFLFamilies.com/ChildCare](http://MyFLFamilies.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.

C-0002 (Rev.08/16)

### 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).
- ❖ A 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.

**Authorization and Consent for Disclosure,  
Receipt, and Use of Confidential Information  
by the Juvenile Welfare Board of Pinellas County**

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I, \_\_\_\_\_  
\_\_\_\_\_ (print participant name(s))  
acknowledge that I am a participant of \_\_\_\_\_ (name of  
program or service). I acknowledge that the Juvenile Welfare Board of Pinellas County (“JWB”) provides funds to make the program or service in which I am participating available. I also acknowledge that in order to make sure that all services delivered to participants are of the highest possible quality, JWB may need to review information about me and these services.

By signing this Authorization, I am indicating that I understand and agree that my confidential information may be contained in a JWB data collection system, and that this data collection system is exempt from disclosure under the Florida Public Records Act. This means that by law, JWB cannot release individually identifiable information about me or the services I receive (Fla. Stat. §119.071). I acknowledge that as necessary to carry out the purposes listed herein, JWB may review all information about me, including my participant file and all other information pertaining to me held by the agency providing the program or service, regardless of whether that information is entered into a JWB data collection system. I further acknowledge that JWB is simply storing and reviewing records and information as the payor for these services, and that JWB provides no direct services to me, including, but not limited to, coordination of services, recommendation of services, or medical diagnoses. I further acknowledge that JWB is not a covered entity as that term is defined under HIPAA (the Health Insurance Portability and Accountability Act).

I authorize JWB to utilize my confidential information to verify eligibility for funded services or programs, make payment for services rendered to me by funded programs or services, quality control of funded services or programs, evidence-based research of JWB funded services or programs, including, but not limited to, tracking outcomes of funded programs and services, and determination of future services/programs funded by JWB. I understand that the confidential information disclosed, received or used by JWB related to my Authorization will not be further disclosed to any other party without my express written consent or as otherwise permitted or required by applicable law unless it is presented in a report that presents information on a group of individuals in de-identified format, which means that no information that identifies me as an individual is revealed.

I acknowledge that this Authorization covers all information about me including, but not limited to, personally identifiable information, Protected Health Information, general medical, general counseling, as well as psychiatric/ psychological/ substance abuse information from my medical health record, any information concerning the performance of any tests, results of those tests, and counseling and treatment records, as allowed by all state, federal and local laws, including, but not

limited to the following: Florida Statutes 394.459, 381.004, and 395.3025; Florida Evidence Code 90.503, 90.5035, and 90.5036; HIPAA, and the Code of Federal Regulations (CFR) Title 42. I consent to my minor participating in online or paper surveys that will be used for program improvements and enhancements. I understand that my records have a privileged and confidential status. I am waiving that status for the purposes contained by this Authorization.

I understand that the confidential information disclosed, received or used by JWB based on this Authorization will not be further disclosed to any other party without my express written consent or as otherwise permitted or required by applicable law. However, the individually identifiable confidential information received by JWB based on this Authorization may be used by JWB and its agents for research purposes, so long as the research results are reported as a whole in de-identified format, which means that no information that identifies me as an individual is revealed. Except, JWB will not provide any records covered by CFR Title 42 to any JWB agents.

I understand that I have the right to withdraw my approval in writing at any time. However, it is possible that JWB may have already relied on this Authorization before it receives notice of my withdrawal and that JWB may have already taken action based on the Authorization. If I do not withdraw my approval, it will automatically end one (1) year from the last day I received services from this program, or with respect to information used in research, upon completion of the last research project. By my signature below, I acknowledge that I have given my consent as indicated above freely, voluntarily, and without coercion, and that I have been given a copy of this authorization, signed by me on the date shown below.

\_\_\_\_\_  
 (print participant name)

\_\_\_\_\_  
 Effective Date

\_\_\_\_\_  
 Signature of Participant or Participant's  
 Authorized Representative (check one):

- Participant  Parent  Guardian
- Personal Representative (Legal Documents Required)

\_\_\_\_\_  
 (print participant name)

\_\_\_\_\_  
 Effective Date

\_\_\_\_\_  
 Signature of Participant or Participant's  
 Authorized Representative (check one):

- Participant  Parent  Guardian
- Personal Representative (Legal Documents Required)

\_\_\_\_\_  
(print participant name)

\_\_\_\_\_  
Effective Date

\_\_\_\_\_  
Signature of Participant or Participant's  
Authorized Representative (check one):

- Participant  Parent  Guardian
- Personal Representative (Legal Documents  
Required)

\_\_\_\_\_  
(print participant name)

\_\_\_\_\_  
Effective Date

\_\_\_\_\_  
Signature of Participant or Participant's  
Authorized Representative (check one):

- Participant  Parent  Guardian
- Personal Representative (Legal Documents  
Required)

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date





Juvenile Welfare Board of Pinellas County

14155 58th Street North, Suite 100
Clearwater, FL 33760
Phone: 727-453-5600
Fax: 727-453-5610
www.jwbpinellas.org

Written Statement of Purpose(s) for Collection of Social Security Number for Recipients of JWB-funded Programs and Services

The Juvenile Welfare Board (JWB) invests in partnerships, innovation and advocacy to strengthen Pinellas County children and families. The vision of the JWB is that children in Pinellas County will have a future of more successful and satisfying lives because of the efforts of JWB and its partners. JWB was established by Florida statute in 1945 (Special Act 2003-320: F.S. §189.429) and approved overwhelmingly by voters in a referendum in 1946. JWB was created with a mission to provide needed services to children and families throughout Pinellas County. JWB funds services for children and families in Pinellas County.

The purpose of this document is to provide individuals with written information about how JWB uses the Social Security numbers it collects. JWB is required by Florida’s Public Records law [Fla. Stat. §119.071(5)] to provide this information to you.

Florida law allows JWB to collect Social Security numbers in order to carry out its duties and responsibilities prescribed by law (Fla. Stat. §119.071(5) (a) 2a. (II); Special Act 2003-320: F.S. §189.429). Specifically, it is imperative for JWB to collect Social Security numbers to conduct research, fund services, and to ensure that all services delivered to participants are of the highest possible quality.

In addition, collecting Social Security information is necessary to:

- Identify and match individuals and data to research in order to improve services for children and families;
• Coordination of services; and
• Receive reimbursement from Medicaid, if applicable, for providing services.

Social Security numbers held by JWB are confidential and exempt from disclosure except as specifically authorized by law (Fla. Stat. §119.071) (5) (a) 5.). JWB follows the highest security standards. All reports produced by JWB provide information about services in general. No individual person is ever identified in any way in any report without JWB first obtaining that person’s written consent.

Print Participant Name

Participant Signature Date

Print Parent/Guardian Name (If participant is under 18 years of age)

Parent/Guardian Signature Date (If participant is under 18 years of age)

Print Participant Name

Participant Signature Date

Print Parent/Guardian Name (If participant is under 18 years of age)

Parent/Guardian Signature Date (If participant is under 18 years of age)