



**FOR YOUTH DEVELOPMENT<sup>®</sup>**  
**FOR HEALTHY LIVING**  
**FOR SOCIAL RESPONSIBILITY**

# **YOUTH DEVELOPMENT REGISTRATION PACKET**

**Please be sure to complete the following checklist.**

**I have read, completed and signed the following pages:**

- Registration Form
- Statistical Information Form
- Draft Authorization Form
- Pick Up Authorization Form
  - On this page, I have included TWO emergency contacts of people OUTSIDE the household
- Parent Agreement Form
- Release and Waiver of Liability and Indemnity Agreement
- Child's Enrollment Record (front and back)
  - On this page I have included full doctor and dentist information
- Emergency Medical Release
  - This page has been notarized
- Food Experience Permission Form
- Influenza Brochure (front and back)
  - I have signed this page

**Additional Items:**

- I have included updated physical and immunization records (preschool and VPK programs only)
- I have included all relevant court-ordered paperwork as outlined in the Parent Manual



# YOUTH DEVELOPMENT REGISTRATION PACKET

## Dates to Remember

### 2018

September 3	Closed - Labor Day
October 15	Camp provided
November 19 - 21	Camp provided (Possible hurricane makeup)
November 22 - 23	Closed - Thanksgiving
December 24 - 25	Closed - Christmas
December 26 - 28	Camp provided
December 31	Closed - New Year's Eve

### 2019

January 1	Closed - New Year's Day
January 2 - 4	Camp provided
January 7	Camp provided (Possible hurricane makeup)
January 21	Closed - Martin Luther King Jr. Day
February 18	Camp provided
March 8	Camp provided (Possible hurricane makeup)
March 11 - 15	Camp provided
April 19	Camp provided
May 27	Closed - Memorial Day
May 29	Last day of school
May 30 - 31	Closed

## Payment Draft Dates

Draft Date	Dates Covered
8/10/18	8/13/18 - 8/17/18
8/17/18	8/20/18 - 8/24/18
8/24/18	8/27/18 - 8/31/18
8/31/18	9/3/18 - 9/7/18
9/7/18	9/10/18 - 9/14/18
9/14/18	9/17/18 - 9/21/18
9/21/18	9/24/18 - 9/28/18
9/28/18	10/1/18 - 10/5/18
10/5/18	10/8/18 - 10/12/18
10/12/18	10/15/18 - 10/19/18
10/19/18	10/22/18 - 10/26/18
10/26/18	10/29/18 - 11/2/18
11/2/18	11/5/18 - 11/9/18
11/9/18	11/12/18 - 11/16/18
11/16/18	11/19/18 - 11/23/18*
11/23/18	11/26/18 - 11/30/18
11/30/18	12/3/18 - 12/7/18
12/7/18	12/10/18 - 12/14/18
12/14/18	12/17/18 - 12/21/18
12/21/18	12/24/18 - 12/28/18*
12/28/18	12/31/18 - 1/4/19*
1/4/19	1/7/19 - 1/11/19
1/11/19	1/14/19 - 1/18/19
1/18/19	1/21/19 - 1/25/19
1/25/19	1/28/19 - 2/1/19
2/1/19	2/4/19 - 2/8/19
2/8/19	2/11/19 - 2/15/19
2/15/19	2/18/19 - 2/22/19
2/22/19	2/25/19 - 3/1/19
3/1/19	3/4/19 - 3/8/19
3/8/19	3/11/19 - 3/15/19*
3/15/19	3/18/19 - 3/22/19
3/22/19	3/25/19 - 3/29/19
3/29/19	4/1/19 - 4/5/19
4/5/19	4/8/19 - 4/12/19
4/12/19	4/15/19 - 4/19/19
4/19/19	4/22/19 - 4/26/19
4/26/19	4/29/19 - 5/3/19
5/3/19	5/6/19 - 5/10/19
5/10/19	5/13/19 - 5/17/19
5/17/19	5/20/19 - 5/24/19
5/24/19	5/27/19 - 5/30/19

\*Indicates camp-only weeks



# YOUTH DEVELOPMENT REGISTRATION PACKET

## HARBORDALE YMCA & CHILDS PARK YMCA REGISTRATION FORM

### REQUIRED INFORMATION

Please PRINT CLEARLY and complete all the information below so we can accurately register your child without delay.

CHILD'S Full Legal Name: \_\_\_\_\_ Gender:  Male  Female

CHILD'S Preferred First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

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

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

PARENT / GUARDIAN Name: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Contact Email: \_\_\_\_\_

PARENT / GUARDIAN Name: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Contact Email: \_\_\_\_\_

We will not disclose email addresses for any non-related YMCA use.

Have you applied for or been approved for a YMCA scholarship?  Yes  No

Does your child have a School Readiness Scholarship from Early Learning Coalition?  Yes  No

Are you or your spouse employed by Pinellas County School Board?  Yes  No

Are you or your spouse employed by the YMCA?  Yes  No

**Weekly Fee (draft or money order only):**

\$40.00 per child, per week (includes transportation)

**Registration Fee:** \$30 for one child / \$40 family

The rates above are based on the full fee amount. Financial assistance or subsidy will be prorated accordingly.

**By signing below, I verify the following:**

- I understand and accept the payment process.
- All information provided to the YMCA of Greater St. Petersburg is complete and accurate.
- I have received a copy of the YMCA Parent Manual.

PARENT / GUARDIAN Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**STAFF  
USE  
ONLY**

Packet received by: \_\_\_\_\_ Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

School Attending: \_\_\_\_\_ Child's Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Weekly fee: \$ \_\_\_\_\_ Subsidy amount: \$ \_\_\_\_\_ or \_\_\_\_\_ %



# YOUTH DEVELOPMENT REGISTRATION PACKET

## DEMOGRAPHIC INFORMATION FORM

### REQUIRED INFORMATION

The information collected here allows us to report general information about program participants and provide quality programs.

**IMPORTANT:** Your responses on this page DO NOT influence any scholarships or subsidies you will receive, or your child's ability to participate in childcare at the YMCA.

**CHILD'S Race:**

<input type="checkbox"/> African American	<input type="checkbox"/> American Indian	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Asian/Pacific Islander
<input type="checkbox"/> Caucasian/White	<input type="checkbox"/> Chinese	<input type="checkbox"/> Korean	<input type="checkbox"/> Multiracial
<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Decline to answer	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other Asian

**CHILD'S Ethnicity:**

<input type="checkbox"/> Cuban	<input type="checkbox"/> Mexican/Mexican-American/Chicano	<input type="checkbox"/> Puerto Rican
<input type="checkbox"/> Other Spanish/Hispanic/Latino	<input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Decline to answer

#### Household Composition:

<input type="checkbox"/> Dual parent: Married	<input type="checkbox"/> Other relative / kinship care: Dual parent, married
<input type="checkbox"/> Dual parent: Non-married, female head of household	<input type="checkbox"/> Other relative / kinship care: Single parent, female head of household
<input type="checkbox"/> Dual parent: Non-married, male head of household	<input type="checkbox"/> Other relative / kinship care: Single parent, male head of household
<input type="checkbox"/> Single parent: Female head of household	<input type="checkbox"/> Other non-relative
<input type="checkbox"/> Single parent: Male head of household	

Household Size: \_\_\_\_\_ adults & \_\_\_\_\_ children under 18

Please estimate the income you receive from all sources BEFORE taxes - including income from jobs, Temporary Assistance for Needy Families (TANF), child support, alimony, etc.

\$ \_\_\_\_\_  Weekly  Bi-weekly  Monthly  Yearly  Decline to answer



# YOUTH DEVELOPMENT REGISTRATION PACKET

## DRAFT AUTHORIZATION FORM

**CONFIDENTIAL INFORMATION**

Please PRINT CLEARLY and complete all the information below so we can accurately register your child without delay.

PARENT / GUARDIAN Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Contact Email: \_\_\_\_\_

Child's Name	Childcare Location	Draft Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

### PAYMENT INFORMATION

Credit / Debit Card Number: \_\_\_\_\_ Security Code: \_\_\_\_\_  
Expiration Date: \_\_\_\_ / \_\_\_\_  Visa  Mastercard  Discover  American Express  
Name as it appears on the card: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**By signing below, I understand the following:**

- Automatic credit or debit card drafts will occur every week and will constitute prepayment for the upcoming week of childcare.
- YMCA of Greater St. Petersburg reserves the right to suspend service if an account cannot be debited.
- It is my responsibility to notify the YMCA in writing if my credit or debit card expires or my account information changes in any way - including billing address changes.
- **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 hereby authorize my bank or credit card to honor monthly automatic drafts by the YMCA of Greater St. Petersburg on my account for program payment. When the bank honors the draft by charging my account, notation on my statement shall constitute my receipt for payment. This authority is to remain in effect until revoked by me in writing.

CARDHOLDER Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**STAFF USE ONLY** Verified by: \_\_\_\_\_ Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



# YOUTH DEVELOPMENT REGISTRATION PACKET

## 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?  Yes  No

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

### EMERGENCY CONTACT INFORMATION

Please include TWO emergency contacts of people OUTSIDE the household with addresses.

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

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

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

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

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

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

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

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

### AUTHORIZED FOR PICK UP

The following people are authorized to pick up this child:

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



# YOUTH DEVELOPMENT REGISTRATION PACKET PARENT AGREEMENT FORM

## PAYMENT AGREEMENT

- **Due Date and Auto-Draft Schedule:** Your weekly fee is due to the YMCA on the Friday prior to the week your child will be attending the program. Weeks are not prorated. Auto-drafted payments occur weekly, and your credit or debit card will be drafted at set intervals as outlined in this packet. Note that drafts will be drawn on the due date prior to service as prepayment for childcare. Please notify us of card number or expiration date changes.
- **Paying by Money Order:** Money orders are only accepted at Childs Park YMCA and Harbordale YMCA. If you are paying by money order, to ensure that your payment is correctly recorded in our system, please indicate the child's full name and childcare location.
- **Late Payment Fee:** If your payment is not received by the designated due date, you will be charged a late fee of \$2.00 per day. Your child may not attend the program until payment has been received, and your child may lose their spot.
- **Late Pick Up Fee:** If you are late picking up your child, you will be charged a late pick up fee of \$1.00 per minute, per child.
- **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 registration.

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 the program, you must present a written notice two weeks in advance.

INITIAL \_\_\_\_\_

## VACATION POLICY

Each family will receive one week of vacation per school calendar year; all five days must be taken consecutively. Per absence requirement, the vacation policy does not apply to subsidized care families (ELC). Not available for school age all-inclusive plan. Preschool vacation weeks are calculated based on a full calendar year.

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 program participants. Respectful interactions with other participants and staff are at the core of the Y mission and essential to having a successful 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 program director or executive director. Based on the behavior exhibited, the following sequence is referenced:

1. Verbal warning to both child and parent with documentation
2. First and second written warning with documentation
3. One-day suspension
4. Three-day suspension
5. Five-day consecutive suspension
6. 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 a charge of 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 \_\_\_\_\_

- 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 or dentist in case of an emergency if I cannot be reached.
- I realize that the responsibility for payment on an injury that requires medical care is mine.

INITIAL \_\_\_\_\_

PARENT / GUARDIAN Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_



# YOUTH DEVELOPMENT REGISTRATION PACKET

## RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN POTENTIALLY DANGEROUS ACTIVITIES. YOU ARE AGREEING THAT, EVEN IF THE YMCA OF GREATER ST. PETERSBURG USES REASONABLE CARE IN PROVIDING THESE ACTIVITIES, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THESE ACTIVITIES BECAUSE THERE ARE CERTAIN INHERENT DANGERS 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 THESE ACTIVITIES. 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 THIS 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: \_\_\_\_/\_\_\_\_/\_\_\_\_





# 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**



### 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.

(Child's Full Name)

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)

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

SEAL OF NOTARY



## 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

### **What is the influenza (flu) virus?**

Influenza ("the flu") is caused by a virus which infects the nose, throat, and lungs. According to the US Center for Disease Control and Prevention (CDC), the flu is more dangerous than the common cold for children. Unlike the common cold, the flu can cause severe illness and life threatening complications in many people. Children under 5 who have the flu commonly need medical care. Severe flu complications are most common in children younger than 2 years old. Flu season can begin as early as October and last as late as May.



For additional information, please visit [www.myflorida.com/childcare](http://www.myflorida.com/childcare) or contact your local licensing office below:

### **How can I tell if my child has a cold, or the flu?**

Most people with the flu feel tired and have fever, headache, dry cough, sore throat, runny or stuffy nose, and sore muscles. Some people, especially children, may also have stomach problems and diarrhea. Because the flu and colds have similar symptoms, it can be difficult to tell the difference between them based on symptoms alone. In general, the flu is worse than the common cold, and symptoms such as fever, body aches, extreme tiredness, and dry cough are more common and intense. People with colds are more likely to have a runny or stuffy nose. Colds generally do not result in serious health problems, such as pneumonia, bacterial infections, or hospitalizations.

# INFLUENZA VIRUS



**"The Flu"  
A Guide  
for Parents**

CF/PI 175-70, June 2009

*This brochure was created by the Department of Children and Families in consultation with the Department of Health.*

**During the 2009 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes provide parents with information detailing the causes, symptoms, and transmission of the influenza virus (the flu) every year during August and September.**

**My signature below verifies receipt of the brochure on Influenza Virus, The Flu, A Guide to Parents:**

**Name:** \_\_\_\_\_  
**Child's Name:** \_\_\_\_\_  
**Date Received:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_

**Please complete and return this portion of the brochure to your child care provider, in order for them to maintain it in their records.**



**What should I do if my child gets sick?**

Consult your doctor and make sure your child gets plenty of rest and drinks a lot of fluids. Never give aspirin or medicine that has aspirin in it to children or teenagers who may have the flu.

**CALL OR TAKE YOUR CHILD TO A DOCTOR RIGHT AWAY IF YOUR CHILD:**

- Has a high fever or fever that lasts a long time
- Has trouble breathing or breathes fast
- Has skin that looks blue
- Is not drinking enough
- Seems confused, will not wake up, does not want to be held, or has seizures (uncontrolled shaking)
- Gets better but then worse again
- Has other conditions (like heart or lung disease, diabetes) that get worse

**What can I do to prevent the spread of germs?**

The main way that the flu spreads is in respiratory droplets from coughing and sneezing. This can happen when droplets from a cough or sneeze of an infected person are propelled through the air and infect someone nearby. Though much less frequent, the flu may also spread through indirect contact with contaminated hands and articles soiled with nose and throat secretions. To prevent the spread of germs:



- Wash hands often with soap and water.
- Cover mouth/nose during coughs and sneezes. If you don't have a tissue, cough or sneeze into your upper sleeve, not your hands.
- Limit contact with people who show signs of illness.
- Keep hands away from the face. Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.

**When should my child stay home from child care?**

A person may be contagious and able to spread the virus from 1 day before showing symptoms to up to 5 days after getting sick. The time frame could be longer in children and in people who don't fight disease well (people with weakened immune systems). When sick, your child should stay at home to rest and to avoid giving the flu to other children and should not return to child care or other group setting until his or her temperature has been normal and has been sign and symptom free for a period of 24 hours.



**How can I protect my child from the flu?**

A flu vaccine is the best way to protect against the flu. Because the flu virus changes year to year, annual vaccination against the flu is recommended. The CDC recommends that all children from the ages of 6 months up to their 19th birthday receive a flu vaccine every fall or winter (children receiving a vaccine for the first time require two doses). You also can protect your child by receiving a flu vaccine yourself.

**For additional helpful information about the dangers of the flu and how to protect your child, visit: <http://www.cdc.gov/flu/>**

## 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)



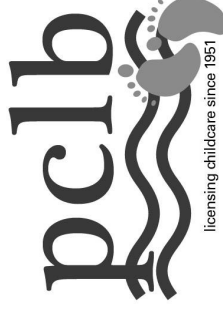
Our mission is to protect, promote & improve the health of all people in Florida through integrated state, county and community efforts.

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 Umerton Road, Suite 2000  
Largo, FL 33771  
Telephone 727-507-4857  
[www.pcib.org](http://www.pcib.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).
- ❖ 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.
  - Posted meal and snack menus.
  - Safe drinking water is available.
- ❖ Has sufficient indoor space for playing and napping that is kept clean, adequately lighted, vented and in good repair.

### 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.