



CHILD'S ENROLLMENT RECORD

DIRECTOR'S USE ONLY
Date enrolled _____

Playcamp Teen Camp

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 () _____ Ext _____

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 () _____ Ext _____

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

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/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 was notified that the meals served daily for Summer are: Breakfast AM Snack Lunch PM Snack Dinner

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

Maximum Monthly Fees:

School Year 2014-2015

Summer 2015 (full 10 week program)

Before School: 7:30 am – School Begins (\$92.00/month)

Playcamp (\$696.00)

Afterschool: School Dismissal – 5:30 pm (\$173.88/month)

Teen Camp (\$738.00)

AM Extended: 7:00 – 7:30 am (\$28.75/month)

AM Extended: 7:00 – 7:30 am (\$65.00)

PM Extended: 5:30 – 6:00 pm (\$28.75/month)

PM Extended: 5:30 – 6:00 pm (\$65.00)

My child is permitted to check him or herself out from the group? Yes, Time _____ No

Child's School _____ Current Grade (as of 8/14) _____

Parent's E-mail Address _____

Any adult other than parent/guardian listed on this form has your permission to remove your child from our care, and might be called if needed.

Name _____ Relationship to Child _____ Phone # _____

Name _____ Relationship to Child _____ Phone # _____

Parental Acknowledgment & Transportation Agreement

By signing this form: (1) We have your permission to put sun screen on your child; sun screen is not provided. (2) Your playcamp participant has permission to watch G and PG rated movies and/or your teen camp participant has permission to watch G, PG and PG13 rated movies during any program. (3) I give permission for my child to participate in the PAID Transportation/Walk program, if applicable. I acknowledge: (a) a City staff member will not be at the school to organize and/or supervise the children; (b) if my child misses the bus/van, the school will call me to pick up my child. It is not the responsibility of the City to transport my child to the center; (c) attendance will be taken upon arrival at the center. (4) I have received and read the Parent Handbook. The Parent Handbook includes, but is not limited to, the following information: Americans with Disabilities Act (ADA), childcare hours, fees and payments, Early Learning Coalition funding, Camper Code of Conduct, and the Parents, Guardians, and Family Code of Conduct.

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 #: _____ Cell #: _____ Work #: _____ Ext _____

Home #: _____ Cell #: _____ Work #: _____ Ext _____

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 #: _____ Cell #: _____ Work #: _____ Ext _____

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
(Child's Full Name)

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)

MINOR

Female Male

Official Use Only
Card# _____



Resident Non-Resident

Aquatics - Official Use Only
AFDC# _____

**CITY OF ST. PETERSBURG
RESIDENT/NON-RESIDENT PROGRAM REGISTRATION APPLICATION**

LAST NAME (PROGRAM PARTICIPANT) FIRST NAME MIDDLE INITIAL HOME PHONE

ADDRESS CITY ZIP

SCHOOL CURRENT GRADE AGE BIRTH DATE

PERSON TO NOTIFY IN CASE OF EMERGENCY HOME PHONE WORK PHONE EXT



MEDICAL ALERT (IF APPLICABLE)

SPECIAL NEEDS (I.E. SIGN LANGUAGE, INTERPRETERS, TAPE/BRAILLE MATERIALS, READERS, ACCESSIBLE TRANSPORTATION, ETC.)

PRIMARY NATURAL GUARDIAN OR LEGAL GUARDIAN

LAST NAME FIRST NAME MIDDLE INITIAL HOME PHONE
ADDRESS CITY ZIP
WORK PHONE EXT CELL PHONE E-MAIL ADDRESS FAX

SECONDARY NATURAL GUARDIAN OR LEGAL GUARDIAN

LAST NAME FIRST NAME MIDDLE INITIAL HOME PHONE
ADDRESS CITY ZIP
WORK PHONE EXT CELL PHONE E-MAIL ADDRESS FAX

**RELEASE, WAIVER OF CLAIMS, HOLD HARMLESS, AND INDEMNITY AGREEMENT
FOR MINOR TO ATTEND CITY OF ST. PETERSBURG PROGRAMS**

In consideration of the attendance of _____ (hereinafter referred to as the "Minor") in any and all programs offered by the City of St. Petersburg (hereinafter referred to as the "Program"),

I/We, _____ natural guardian(s) (as defined in F.S. § 744.301 or legal guardian(s) of the Minor and the Minor hereby agree as follows:

- 1. I hereby agree that the Minor will be at all times required to comply with all rules and regulations of the Program and of the City of St. Petersburg (hereinafter referred to as the "City") and I accept on my behalf and on behalf of the Minor full responsibility for informing myself and the Minor of any changes to those rules and regulations.
- 2. The consideration for this Release, Waiver of Claims, Hold Harmless and Indemnity Agreement (hereinafter referred to as "the Agreement" or "this Agreement") is the attendance of the Minor in the Program, which I agree is a commonplace child oriented community supported activity, and the City's waiver of any requirement that I or the Minor carry self funded liability insurance prior to the Minor being allowed to attend the Program. I acknowledge that, absent the execution of the Agreement, the City would not have offered me or the Minor the ability for the Minor to attend the Program because of unacceptable exposure to liability claims.
- 3. I hereby agree, personally and on behalf of the Minor, that the Minor's attendance in the Program is only granted by the City because of its understanding that in the event of injury to myself or the Minor, or damage or loss of property, that any insurance policy held by myself or for the Minor which covers such injury or loss shall be the primary source of any recovery.
- 4. I, personally and on behalf of my heirs, personal representatives, executors and assigns, and on behalf of the Minor and the Minor's heirs, personal representatives, executors and assigns, hereby release, waive, discharge and covenant not to sue the City, its City Council, Mayor, any City department or subdivision, its employees, servants, representatives, officers, agents, volunteers, and successors and assigns, (hereinafter collectively referred to as "Releasees"), of any from any and all claims, demands, actions, causes of action, judgments, costs, expenses, court costs, attorneys' fees or other damages or liability, of any nature whatsoever, including but not limited to personal injury, property damage or wrongful death, whether caused by the sole, contributory or gross negligence of Releasees, or otherwise, or whether arising out of any defect, or presence or absence of any condition in or on any City property, premises, or right of way or in any City vehicle, which against Releasees, I or the Minor ever had, now have, or can, shall, or may have, upon or by reason of, directly or indirectly relating to, or arising from, the Minor's attendance in the Program.

5. I hereby personally, or on behalf of the Minor, voluntarily and expressly assume full responsibility for any risk of bodily injury, death, and property damage due to the negligence, whether sole, contributory or gross negligence, of any or all Releasees while the Minor attends the Program.
6. I hereby personally, or on behalf of the Minor, agree to defend at my expense, pay on behalf of, indemnify and save and hold harmless Releasees, from and against any and all claims, demands, liens, liabilities, judgments, losses and damages (whether or not a lawsuit is filed) including, but not limited to, costs, expenses and attorneys' fees at trial and on a ppeal for damage to property or bodily or personal injuries, including death at any time resulting therefrom, sustained by any person or persons, which damage or injuries are alleged or claimed to have arisen out of or in connection with, in whole or in part, directly or indirectly, the Minor's attendance in the Program, including without limitation, damage or injuries alleged or claimed to have arisen out of or in connection with the Minor's negligence, whether sole, contributory or gross, whether or not the damage or injuries are alleged or claimed to have arisen in part due to any negligence of the Releasees or other third party, my intentional wrongful acts or omissions, or my failure or the Minor's failure to comply with applicable laws, rules, regulations, standards and ordinances.
7. I also agree that I am responsible for any and all damages that I or the Minor willfully, accidentally, or negligently inflict upon Releasees or third parties as a result of the Minor's attending the Program.
8. I expressly agree, personally and on behalf of the Minor, that this Agreement is intended to be as broad and inclusive as is permitted by the laws of the State of Florida, and if any portion of this Agreement is held to be invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
9. I have read and voluntarily sign this Agreement, and further agree that no oral representations, statements or inducements apart from the foregoing written agreement have been made.
10. **I understand that I am encouraged to seek the advice of an attorney prior to signing this Agreement, and that I have been given the opportunity to seek such counsel.**
11. I hereby give this city permission to take and use i interviews, photographs, or videotapes of myself and/or the Minor for promotional and educational reasons. This publicity may include publication of the photo in publications, posters, brochures and newsletters; on the City website, radio station, or Cable TV channel; or other special district events or forms of publicity for the City. I understand there is no monetary compensation for use of these photos.
12. I hereby agree that I am the parent(s) or legal guardian(s) of the Minor and that I am fully competent and legally able to execute this Agreement on behalf of the Minor with the intent to bind both myself and the Minor by the terms hereof.
13. Should any paragraph or portion of any paragraph of this Agreement be rendered void, invalid or unenforceable by any court of law for any reason, such determination shall not render void, invalid or unenforceable any other paragraph or portion of this Agreement.
14. **INDEMNITY AGREEMENT** I hereby personally agree to **indemnify**, defend at my own expense and pay on behalf of, the City, its City Council, Mayor, any City department or subdivision, its employees, servants, representatives, officers, agents, volunteers, and successors and assigns, from and against any and all claims, demands, liens, liabilities, judgments, losses and damages (whether or not a lawsuit is filed) including, but not limited to, costs, expenses and attorney's fees at trial and on a ppeal brought for, by or on behalf of the Minor against the City, its representatives, officers, agents, volunteers, and successors and assigns, arising out of or in connection with, in whole or in part, directly or indirectly, the Minor's attendance in the Program.
15. **NOTICE REQUIRED BY F.S. § 744.301 TO THE MINOR'S NATURAL GUARDIAN(S).** READ THIS AGREEMENT COMPLETELY AND CAREFULLY. I AM AGREEING TO LET MY MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. I AM AGREEING THAT, EVEN IF RELEASEES USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE MY 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 AGREEMENT I AM GIVING UP MY CHILD'S RIGHT AND MY RIGHT TO RECOVER FROM RELEASEES IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO MY CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. I HAVE THE RIGHT TO REFUSE TO SIGN THIS AGREEMENT, AND THE CITY HAS THE RIGHT TO REFUSE TO LET ME CHILD PARTICIPATE IF I DO NOT SIGN THIS AGREEMENT.

THIS RELEASE, WAIVER, HOLD HARMLESS AND INDEMNITY FORM MUST BE SIGNED BEFORE THE MINOR MAY ATTEND THE PROGRAM.

BY SIGNING THIS AGREEMENT YOU ARE WAIVING OR RELEASING VALUABLE LEGAL RIGHTS. YOU MUST READ THIS AGREEMENT CAREFULLY BEFORE SIGNING IT.

IN WITNESS WHEREOF, the undersigned has caused this Agreement to be executed this _____ day of _____, 20_____

BY: PARENT OR LEGAL GUARDIAN OF MINOR (with legal authority to execute this Agreement on behalf of the Minor if the participant is under 18.)

(Sign) _____

(Print) _____ (Date) _____

AND

BY: MINOR (any participant under 18 years of age).

(Sign) _____

(Print) _____ (Date) _____

THIS RELEASE, WAIVER OF CLAIMS, HOLD HARMLESS, AND INDEMNITY AGREEMENT SHALL NOT BE MODIFIED, MARKED THROUGH OR CONDITIONED BY ANY ATTACHMENT OR WRITTEN COMMENTS.

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



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.

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.

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

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.



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.



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

CF/PI 175-70, June 2009

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



**“The Flu”
A Guide
for Parents**

INFLUENZA VIRUS



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