



**CITY OF GREENACRES
DEPARTMENT OF LEISURE SERVICES
501 Martin Avenue Greenacres, FL 33463
Youth Programs Registration Form**

CARES Cool Zone Camps



PERSONAL INFORMATION

CHILD'S LAST NAME _____ FIRST _____ MIDDLE _____

ADDRESS _____ CITY/ZIP _____

HOME PHONE NUMBER _____ E-MAIL ADDRESS _____

MOTHER'S NAME _____ WORK PHONE # _____ CELL # _____

FATHER'S NAME _____ WORK PHONE # _____ CELL # _____

PRIMARY PARENTAL CONTACT _____ PRIMARY CONTACT # _____

DATE OF BIRTH _____ AGE _____ GRADE _____

T-SHIRT SIZE: Youth S M L Adult S M L XL 2X

SCHOOL _____ STUDENT I.D. # _____

A password is used to verify that a person is authorized to receive information about your child over the phone.
PASSWORD _____

EMERGENCY CONTACTS

Person(s) to contact in case of an emergency if a parent cannot be reached (we must be able to reach someone at all times).

NAME _____ RELATION _____ PHONE # _____

ADDRESS _____

NAME _____ RELATION _____ PHONE # _____

ADDRESS _____

FAMILY DOCTOR _____ PHONE # _____

ADDITIONAL PEOPLE AUTHORIZED TO PICK UP YOUR CHILD (must be at least 18 and provide proper ID)

NAME _____ RELATION _____ PHONE # _____

NAME _____ RELATION _____ PHONE # _____

NAME _____ RELATION _____ PHONE # _____

GROUP RATIOS, INCLUSION & ACCOMMODATIONS

Group ratio is 1 staff member for every 18 children (1:18).

Does your child have special needs? Yes No

If yes, please indicate: _____

Please indicate if your child will require a 1:1 ratio, and why: _____

The City of Greenacres partners with The Arc of Palm Beach County to provide support services for recreational day camp programs. The Arc staff encourages active participation and socialization, as well as appropriate behavior. They may add adaptations and/or minor behavioral modification, as needed. The Arc support staff is not a modification to the general ratio up to 1:18.

Would you like this added support? Yes No

If yes, please explain: _____

Please note: An Arc Inclusion Camp Registration Form must be completed and submitted within 5 business days from the program registration date. Youth must meet eligibility requirements and be approved in advance to receive services. Youth who have significant behavioral issues (i.e., elopement, refusal to transition, and/or physical aggression towards others) are not eligible. Parents can provide a Behavioral Intervention Assistant (BIA) to accompany their child in the program to ensure their safety and the safety of others.

MEDICAL INSTRUCTIONS

List any special medical issues, allergies or medication instructions you feel we should be aware of: _____

Does your child take any medication at home? Yes No If yes, complete below:

Name of Medication	Dosage & Frequency	Time Administered	Possible Side Effects
_____	_____	_____	_____
_____	_____	_____	_____

My child will be taking medicine during program hours. Yes No If yes, complete below:

Name of Medication	Dosage & Frequency	Time Administered	Possible Side Effects
_____	_____	_____	_____
_____	_____	_____	_____

INSURANCE INFORMATION

Name of Insurance Company _____

Group ID # _____ Phone: _____

OTHER INFORMATION

Does your child know how to swim? Yes No If yes, Beginner Intermediate Advanced

Do you give us permission to use sunscreen on your child? Yes No
(Youth Programs does not provide sunscreen)

Language primarily spoken in home _____

What activities or skills are you or your child hoping to receive from this program? _____



CITY OF GREENACRES
DEPARTMENT OF LEISURE SERVICES
CARES/Cool Zone/Camps
Palm Beach County Health Department Supplemental Form
PBC Dept. of Health License #50-51-00526

1. ARTICLE XV, B, 9 (a), PBC Rules & Regulations Admission Criteria requires that parents must receive a copy of the Child Care Facility Brochure, "KNOW YOUR CHILD'S DAY CARE CENTER." I have received a copy of the Child Care Facility Brochure, "KNOW YOUR CHILD'S DAY CARE CENTER."

_____(initial)

2. ARTICLE XIV, E, PBC Rules & Regulations Communicable Disease Control requires that annually, during the months of August and September, parents be provided with information detailing causes, symptoms, and transmission of the influenza virus. I have received a copy of the Child Care Facility Brochure, INFLUENZA VIRUS, GUIDE TO PARENTS (DCF, CF/PI 175-70, June 2009).

_____(initial)

3. ARTICLE XV, B, 9 (b), PBC Rules & Regulations Admission criteria requires that parents be notified in writing of the disciplinary practices used by the child care facility. I have received in writing the disciplinary practices used by this child care facility.

_____(initial)

4. Pursuant to 65C-22.005(1)(c)2., F.A.C., licensed child care facilities must obtain written permission from parents/guardians regarding a child's participation in food related activities; (i.e. classroom cooking projects, gardening, school wide celebrations, and birthdays).

(Circle One)

I **give / decline** permission for my child to participate in food related activities and special occasions wherein food is consumed, subject to the conditions indicated below:

General Permission (I understand that it is my responsibility to update this form in the event that my decision for permission changes. I agree that this form will remain in effect during the term of my child's enrollment.

My child HAS a food allergy or dietary restriction. He or she **may participate in activities, but must not eat or handle** the following items (please list below):

_____	_____
_____	_____
_____	_____

_____(initial)

5. AUTHORIZATION FOR EMERGENCY MEDICAL CARE in the event of a serious illness or accident and if parents cannot be reached. _____(signature)

6. IS YOUR CHILD ON FREE REDUCED or REGULAR LUNCH?

7. ALTERNATE NUTRITION PLAN AGREEMENT: _____(initial)

Indicate Special Dietary Requirements: _____

I understand and approve the use of the Alternate Nutrition Plan. I agree to provide the following meals and/or snacks to meet my child's nutritional and dietary needs:

(Marked P for Parent Provides or C for Center Provides)

School Days: P Breakfast P A.M. Snack P Noon Meal C P.M. Snack

Full Days/Camps: P Breakfast C A.M. Snack P Noon Meal C P.M. Snack

Summer Camp: C Breakfast N/A A.M. Snack C Noon Meal C P.M. Snack

I agree to provide the parent with a suggested meal pattern and menus and to discuss any problems, which might develop in the use of the Alternate Nutrition Plan.

DATE

Signature of Operator

DATE

Signature of Parent/Guardian



**CITY OF GREENACRES
DEPARTMENT OF LEISURE SERVICES
CARES/Cool Zone/Camps
Youth Programs Participation Form**

Child's Full Name _____

Field Trip Consent

I, the Parent/Legal Guardian, hereby give my approval for the above-named child to participate in the City of Greenacres Youth Programs, including any in-house or outside field trips.

Participant Release/Hold Harmless

I, the Parent/Legal Guardian, acknowledge and fully understand that the above-named child will be engaging in activities that may involve risk of serious physical injury, including permanent disability and death. I further acknowledge that there may be other risks not known to us or not reasonably foreseeable at this time. I assume all risks and hazards incidental to such participation, including transportation to and from program activities.

Furthermore, I forever waive, release and hold harmless, the City of Greenacres, its employees, independent contractors, volunteers and/or participants from any and all claims arising out of bodily injury, loss of life, and/or all other damages to my person, property or child as a participant in the program. I agree and acknowledge that this Release/Hold Harmless will apply and include any claims regardless of the City's own negligence. I understand that as a participant in a recreational program, accident insurance is not provided by the City of Greenacres.

I further understand and agree that the City of Greenacres retains the right to dismiss my child from the program should my/their behavior endanger myself or others, and/or is detrimental to the program or the program's intended purpose.

Emergency Medical Treatment Authorization

In the event of any emergency, I hereby authorize the transportation to and treatment by the nearest hospital staff or an Emergency Medical Services Unit.

Photo Consent

I hereby authorize the City of Greenacres to photograph my child and to use these images in the promotion and marketing of Greenacres' programs, which may include media coverage and /or viewing by the general public.

DECLARATION: I HAVE FULLY READ AND AGREE TO THE TERMS AND CONDITIONS OF THIS RELEASE.

Parent/Legal Guardian (Print)

Parent/Legal Guardian (Signature) Date



**CITY OF GREENACRES
DEPARTMENT OF LEISURE SERVICES
CARES/Cool Zone/Camps
Youth Programs Rules & Progressive Discipline Procedures**

Dear Parent/Guardian:

In order to provide the Youth Programs participants with an excellent educational and enriched environment, the following discipline plan will be in effect at all times.

PROGRAM RULES

1. Listen and follow direction the first time they are given.
2. Keep hands, feet and other objects to yourself (no kicking, scratching, biting, etc).
3. Respect others and property at all times.
4. Walk, never run in the Youth Programs areas.
5. Put all Youth Programs supplies where they belong.
6. Positive compliance with any additional requests.

Rewards

1. Stickers
2. Verbal Praise
3. Youth Program Cash/Tickets
4. Weekly and Monthly awards
5. Mentoring/Junior Counselor in Training

Consequences

1. Warning
2. Cool off time/ Redirection
3. Incident Report/Loss of Field Trip
4. Discipline Report
5. Dismissal from Program

PROGRESSIVE DISCIPLINE PROCEDURES

1. Discipline that does not require a discipline report or referral will be taken care of by the Youth Programs Counselor in the classroom or group.
2. For inappropriate behavior, an incident report is filled out by the counselor and will accompany the child(ren) sent to the Youth Programs office. Parent will be notified by phone or at pick-up.
3. After receiving THREE incident reports, a child will receive a discipline report and one day of suspension. A parent conference with the Asst. Youth Programs Supervisor or Youth Program Supervisor and counselor is required. If requested by parent, a daily report will be sent home with the child by the counselor.
4. After TWO discipline reports, a child will receive a one week of suspension.
5. After THREE discipline reports, the child will be terminated from the program. If a child demonstrates inexcusable behavior (property destruction, violent behavior or weapons of any kind, etc.,) he/she will receive an AUTOMATIC DISCIPLINE REPORT, which can result in immediate suspension or termination from the program. If suspension occurs, tuition fees are still required to hold child's place in the Youth Programs. NO REFUND WILL BE GIVEN IF CHILD IS WITHDRAWN OR DISMISSED FROM THE PROGRAM DUE TO BEHAVIOR.

Student's Signature

Print Name

Parent/Guardian Signature

Date



**CITY OF GREENACRES
DEPARTMENT OF LEISURE SERVICES
CARES/Cool Zone/Camps
Acceptance Statement**

**I HAVE RECEIVED A COPY OF THE GREENACRES YOUTH
PROGRAMS PARENT HANDBOOK. I HAVE
READ THE INFORMATION AND UNDERSTAND IT AND AGREE
TO ABIDE BY THE POLICIES.**

Child's Name

Parent/Guardian Signature

Date: _____



City of Greenacres
Leisure Services Department
Youth Programs Division
Parent Responsibility & Expectations

The mission of the Youth Programs Division is to provide the best possible experience for your child(ren) in a safe, supportive, and structured environment while promoting leadership opportunities by professionally trained, experienced and nurturing adults. The City has high expectations for employees, participants and all family members. Pursuant to the programs mission, please adhere to the following:

- Review program mission, demonstrate respect to City employees, and support decisions made by administrative personnel.
- Read the Youth Programs Parent Handbook to become aware of program rules and policies.
- Sign-in/out child(ren) daily.
- Support City employees in their efforts to ensure the safety of your child(ren) at all times.
- Remit monthly payments by due date, follow program and payment schedules, be cognizant of late fees/late pick-up fee charges (all fees are non-negotiable).
- Cell phone use is not allowed at sign-out.
- Greet child(ren) daily in a positive and encouraging tone (no yelling or embarrassing child(ren) in the sign-out area).

Please be aware that if you are unable to meet and demonstrate the above program expectations on a consistent basis you will need to find an alternate child care provider.

By signing below, I acknowledge that I have read, understand, and agree to the Youth Programs Parent Expectations outlined above.

Parent/Guardian Name (Print) Parent/Guardian Signature Date

Issued By:

Signature Title Date

Witness:

Signature Title Date

SAMPLE FORM



Student Comment Log Sheet



Student Name: _____

Date: _____

Time: _____

Comments:

What were the results (if applicable)? _____

Signature of Parent: _____ **Date:** _____

Signature of Supervisor: _____ **Date:** _____

Please attach any additional information to this sheet if necessary.

SAMPLE FORM



**City of Greenacres Leisure Services Department
Accident/Incident Report**

Date of Report _____ Date of Incident _____ Time of Incident _____ AM/PM

Name of Injured/Involved Person _____ Age _____

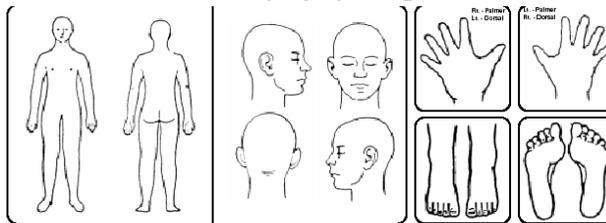
Were Parents Notified? YES _____ NO _____ By Whom _____
If not, why? Over 18 _____ Parents notified at pick-up _____ other _____

Exact Location of accident/incident _____ Weather conditions _____

How did the injury/incident happen _____

Description of injury/incident* _____

(Indicate where on body injury took place)



*Attach any conflicting reports or additional information _____

What action was taken? _____

Was first aid given? YES _____ NO _____ By Whom _____

What type of first aid was given _____

Were paramedics contacted? YES _____ NO _____ Paramedics Name _____

If yes, did they recommend transporting the individuals to hospital? YES _____ NO _____

For ambulance transportation, was parent/guardian approval granted? YES _____ NO _____

If yes, by whom? _____ Relationship to injured _____

Did Camp Director respond? YES _____ NO _____

Did person making this report witness the accident/ incident? YES _____ NO _____

Witness to injury (other than person making report) _____ Phone _____

Signature of person making report _____ Date _____

Signature of parent _____ Date _____

Supervisor's signature _____ Date _____

