

# 2016-2017 Beyond the Class Room Registration Form for K-5<sup>th</sup> grade

**Child's Name:** \_\_\_\_\_

**Children that attend Beyond the Classroom, must have completed & submitted the following prior to attendance:**

- Registration form completely filled out (forms not filled out in their entirety will not be accepted).
- \$25 registration fee paid

The **registration for Program and Transportation and payment deadline** for Beyond the Classroom is **8pm on the Thursday prior to the week of attendance**. This includes if your child will only be attending one day during the week. Due to DCF guidelines and staffing regulations and in order to plan for the following week, The Center **WILL NOT** accept registration after Thursday at 8pm for the upcoming week and will not accept drop-ins.

**Rates:**                    **\$75 / week (non-members)**  
                                   **\$60 / week (youth membership or family membership)**  
                                   **\$15 / day**

| <u><b>Staff Use Only</b></u> |                            |
|------------------------------|----------------------------|
| <input type="checkbox"/>     | \$25 Registration fee paid |
| <input type="checkbox"/>     | Medical info signature     |
| <input type="checkbox"/>     | Handbook Signature         |
| <input type="checkbox"/>     | Waiver signature           |
| <input type="checkbox"/>     | Payment Signature          |
| <input type="checkbox"/>     | Auto Billing               |
| <input type="checkbox"/>     | Influenza Brochure Receipt |
| <input type="checkbox"/>     | Risk Survey                |
| <input type="checkbox"/>     | Discount Eligibility Form  |
| <input type="checkbox"/>     | Form complete              |
| Staff Initials:              | Director Initials:         |
| <u>NOTES:</u>                |                            |

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Date of enrollment: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Last First Middle Month/Day/Year*

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Male/Female \_\_\_\_\_  
*Name of school Entering Fall of 2016 (circle one) age*

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

My child will require transportation from Anna Maria Elementary School to The Center on the following days: (circle all that apply)

Monday Tuesday Wednesday Thursday Friday

### **Child Identification**

Weight \_\_\_\_\_ Height \_\_\_\_\_  
Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

Other Identifying Features: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### **Race**

- Black/African-American  
 Hispanic  Asian/Pacific Islander  
 White/Caucasian  
 American Indian  
 Bi-racial  
 Other

#### **Reason for child attending program:** (check all that apply)

- Guardian(s) work/school and child would be left unattended (latch-key kid)  
 Social interaction  
 Other: (please specify) \_\_\_\_\_

**Parent/ Guardian Information-** *Enrolling Parent refers to parent with final authority re: communication*

**Legal Custody of Child:**  Mother  Father  Both  Other (please specify) \_\_\_\_\_

\_\_\_\_\_  
*Guardian Name*

\_\_\_\_\_  
*Guardian Name*

Relationship to child: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

\_\_\_\_\_  
*Physical Address*

\_\_\_\_\_  
*Physical Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*Cell phone number*

\_\_\_\_\_  
*Cell phone number*

\_\_\_\_\_  
*Email*

\_\_\_\_\_  
*Email*

\_\_\_\_\_  
*Name of Employer/School*

\_\_\_\_\_  
*Name of Employer/School*

\_\_\_\_\_  
*Phone # of Employer/School*

\_\_\_\_\_  
*Phone # of Employer/School*

\_\_\_\_\_  
Employer Contact person

\_\_\_\_\_  
Employer Contact person

\_\_\_\_\_  
Work Street Address

\_\_\_\_\_  
Work Street Address

\_\_\_\_\_  
Work City and zip

\_\_\_\_\_  
Work City and zip

Please circle one *Full Time or Part Time*

Please circle one *Full Time or Part Time*

\_\_\_\_\_  
Work Schedule

\_\_\_\_\_  
Work Schedule

**Please choose the appropriate statement below and sign to attest to your employment status.**

\* I am gainfully employed as noted above. \_\_\_\_\_  
Enrolling Guardian Signature Date

\* I am not employed. \_\_\_\_\_  
Enrolling Guardian Signature Date



## Child Release Information/Emergency Contacts

Each child will be released only to the custodial parent and/or legal guardian and the persons listed below.

Other than the parent/guardian the following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached:

1) \_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Cell Phone #

\_\_\_\_\_  
Work/Home Phone #

2) \_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Cell Phone #

\_\_\_\_\_  
Work/Home Phone #

3) \_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Cell Phone #

\_\_\_\_\_  
Work/Home Phone #

4) \_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Cell Phone #

\_\_\_\_\_  
Work/Home Phone #

**Please provide a note in writing or place a call to notify if someone other than the names listed above intends to pick your child up and/or sign him/her out prior to time of pick up.**


If my child registers for any extracurricular specialty classes or sports that occur during BTC times, I grant permission for the instructor/coach to sign my child(ren) in and out of BTC in order to attend those classes sports. (Examples of some classes are ballet, hip hop, karate, music, soccer, football, basketball etc..)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
date

**ACKNOWLEDGEMENT OF FEES & CENTER POLICIES**

I \_\_\_\_\_, guardian of \_\_\_\_\_, understand that my weekly payment is due the Thursday prior to my child / children attending the program. I understand that if payment is not made, my child/children will not be able to attend program. In signing this application for my child I attest that he/she is in good health and is able to participate fully in the program unless otherwise stated in writing to the Program Director. The Center and the local newspapers reserve the right to use any and all photographs taken or in connection with the program or any of its activities. It is further agreed and understood that in case of suspension, a right reserved by the Center (or voluntary withdraw) there will be No refund. In case of emergency, I hereby give permission for the medial personnel selected by the program to order x-rays, routine tests, hospitalization, and secure proper treatment for and to order injection, anesthesia or surgery for my child as named on this agreement. Every effort will be made to contact the guardians or alternate, approved contacts in event of an emergency. The Center is not responsible for any monetary charges that may incur due to medical treatments. I give permission for my child to participate in food activities and special occasions wherein food is consumed. I hereby authorize my child to be transported in The Center of Anna Maria Island (AMICC) authorized vehicles.

 Signature of Enrolling Guardian \_\_\_\_\_ Date \_\_\_\_\_

**AUTOBILLING:**  
I give The Center permission to bill my credit card weekly for the Beyond the Classroom Program every Thursday for the following week. I understand that I must give at least a 7-day notice in order to discontinue any automatic charges to my credit card.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Last 4 digits of card on file: \_\_\_\_\_ Type of card: \_\_\_\_\_

**ACKNOWLEDGEMENT OF RECEIPT OF INFLUENZA GUIDE TO PARENTS**

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: \_\_\_\_\_

Brochure is part of the Parent Handbook.

**WAIVER OF PARTICIPATION**

Child's, legal name \_\_\_\_\_

In consideration of your accepting my/our registration fee, I hereby, for myself, my dependent(s) and minor children, and our executors and administrators, waive and release any and all rights and claims for damages I or my dependent(s) or minor children have or may have against Anna Maria Island Community Center and its representatives, successors, employees, contractors, or volunteers (collectively AMICC) for any and all injuries or death suffered by myself, my dependent(s) or minor children at any activity sponsored or monitored by Anna Maria Island Community Center, help upon its property, or through the use of its equipment. If I or my minor children or dependent(s) should suffer any injury, illness or death while participating in an activity, I authorize The Anna Maria Community Center staff to use their sole discretion in having me or my dependent(s) and minor children transported to a medical facility and I take all responsibility for this action, including costs. I authorize the medical facility to render any emergency treatment deemed necessary. Also, I understand that no refunds are given unless the activity is canceled or a doctor's release is presented. I understand that this release is a full and final release of all claims of any nature whatsoever for myself, my minor children or dependents, including but not limited to, claims arising due to the sole joint, contributory, concurrent or gross negligence of The Anna Maria Island Community Center. I understand that this waiver includes my minor children and I represent that I am the authorized guardian for my minor children. I understand that if I do not follow rules or code of conduct, myself and/or my family and/or guests will be asked to leave and I will not receive a refund. . I understand that additional forms may be required for membership. Please be advised that any fees paid prior to the activation of a membership purchase are not applied to the price of that membership.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

**RELEASE OF INFORMATION**

I understand that Representatives of Manatee County Government may request access to any or all agency records relating to the programs and/or the delivery of services for the purposes of evaluating or monitoring the programs or delivery of service to the client, and give consent to the release of records for these purposes.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**MEDIA RELEASE**

I hereby authorize The Anna Maria Island Community Center (The Center) and local newspapers to take pictures of my child and understand that these photos become the property of The Anna Maria Island Community Center (The Center) and/or the newspaper. I hereby give The Anna Maria Island Community Center (The Center) permission to take pictures of me and to put the finished pictures on The Anna Maria Island Community Center's website and social media. I understand that these pictures will be accessible to anyone with Internet access and may be used in a promotional setting; however, no names of subjects will be published without written authorization.

Signature \_\_\_\_\_ Date: \_\_\_\_\_



## Program Survey

Client Id# \_\_\_\_\_ / \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

\*\*Child's Initials/ and date of birth (month-day-year)

**Purpose:** The purpose of this survey is to help you communicate any concerns you may have regarding your child and to help us develop programming to reduce risk factors associated with crime, violence, victimization, school failure, teen pregnancy, and other risky behaviors by strengthening factors that protect children and youth and encouraging the development of positive decision-making skills.

Please provide your answers to the following questions:

1. I am concerned about my child's school adjustment issues, including one or more of the following:

**Yes**      **No**      My child has missed 10 or more days in the last school year.

**Yes**      **No**      My child has been suspended and/or threatened with being expelled.

**Yes**      **No**      My child is enrolled in an alternative school.

**Yes**      **No**      My child does not like school.

2. I am concerned about my child's behavior regarding the law, such as:

**Yes**      **No**      My child has family members who have been involved or in trouble with law.

**Yes**      **No**      My child has been in trouble with the law, put on probation or placed in a Juvenile diversion programs.

**Yes**      **No**      My child has friends who are criminals, delinquent, or gang- involved.

3. Is this child in your care because he/she was removed from their home/parents:

**Yes**              **No**

4. I am concerned for my child because we have a lot of crime in our neighborhood:

**Yes**              **No**

5. My child has tried alcohol and/or tobacco and/or other drugs:      **Yes**              **No**

6. Does your child have a learning or physical disability?      **Yes**              **No**

7. Does your child have a 504 Plan or IEP from the School district?      **Yes**              **No**

8. Please provide any other concerns you might have:

## Are you eligible for a discount?

**Yes**      **No**      Do you fall within the Guidelines for the 48 Contiguous States and the District of Columbia? (see below for chart\*)

**Yes**      **No**      Do you receive food stamps or other government assistance?

| GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA                      |                   |
|---|-------------------|
| PERSONS IN FAMILY/HOUSEHOLD   | POVERTY GUIDELINE |
| For families/households with more than 8 persons, add \$4,160 for each additional person. |                   |
| 1   | \$11,880          |
| 2   | 16,020            |
| 3   | 20,160            |
| 4   | 24,300            |
| 5   | 28,440            |
| 6   | 32,580            |
| 7   | 36,730            |
| 8   | 40,890            |

\* Department of Health and Human Services  
<https://aspe.hhs.gov/poverty-guidelines>

**Yes**      **No**      Would you like to fill out an application for reduced fees?