

2018/19 Beyond The Classroom Registration Form (K-5th grades)

Child's Name: _____

Child's Grade: _____ Shirt Size _____

Children that attend Summer My Way or BTC, must have completed & submitted the following prior to attendance:

- Registration form completely filled out.
- \$25 registration fee paid
- Registered in ProCare by visiting
www.myprocare.com/Default/Index?aWtuPTg1MDkxMTM3NjAmc2NoSWQ9Mg==

For Summer Camp registration and payment is due by 8pm on the Tuesday prior to care. For After School registration and payment is due by 9pm the Thursday prior to care. THE CENTER **WILL NOT ACCEPT LATE REGISTRATIONS OR DROP-INS.**

Staff Use Only

- | | |
|--------------------------|-------------------------------|
| <input type="checkbox"/> | \$25 Registration fee paid |
| <input type="checkbox"/> | Registered in ProCare |
| <input type="checkbox"/> | Medical information signature |
| <input type="checkbox"/> | Handbook signature |
| <input type="checkbox"/> | Waiver signature Sunscreen |
| <input type="checkbox"/> | Waiver signature Payment |
| <input type="checkbox"/> | 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: _____

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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 2018 (circle one) age

Physical Address: _____ City: _____ Zip: _____

Mailing address (if different): _____ City: _____ Zip: _____

During the 2018-19 school year for Beyond the Classroom, 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

**PLEASE SUBMIT A RECENT
PHOTOGRAPH OF YOUR CHILD**

Reason for child attending program: (check at 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) _____

Enrolling Parent/Guardian Name

Relationship to child: _____

Physical Address

City

Cell phone number

Email

Name of Employer/School

Phone # of Employer/School

Employer Contact person

Work Street Address

Work City and zip

Please circle one Full Time or Part Time

Work Schedule

Guardian Name

Relationship to child: _____

Physical Address

City

Cell phone number

Email

Name of Employer/School

Phone # of Employer/School

Employer Contact person

Work Street Address

Work City and zip

Please circle one Full Time or Part Time

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


Medical Information

I hereby grant permission for the staff of The Center of AMI to contact the following medical personnel to obtain emergency medical care if warranted. This also grants permission to transport my child to named facilities if parent cannot be reached and medical attention is warranted.

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Hospital Preference: _____

 **Signature of Enrolling Guardian** _____ **Date** _____

Emergency Care Plan instructions (if applicable): _____

Please list allergies, special medical, dietary needs, or other areas of concern such as diagnosis of ADD/ADHA, Learning Disabilities, past discipline problems, and gifted or special needs classes, etc. Please list if there is anything that the staff may need to know about your child (for example child turns white at sight of own blood or scared of anything that we may encounter on a trip)

Sunscreen Waiver

The undersigned hereby agrees _____, declines _____ to allow Center employees to administer sunscreen to my child. The Center, nor any of their employees, agents, officers, or board of directors will be held liable in any way for any injury, loss, death or damages arising out of or resulting from administration of sunscreen, and further holds harmless and releases The Center, their agents, employees, officers, and board of directors from liability for any claim resulting from administration of such sunscreen.

 **Signature:** _____ **Date:** _____

Handbook Acknowledgement

I hereby have received The Center's Before and After School Handbook. I am in full understanding that I am responsible for reading this handbook with explanation of the Center's rules and consequences and that the discipline used depends on the severity of the action. All disciplinary practices are used on a consistent basis; no one child gets treated differently than any other. No child will be subjected to severe, humiliating, frightening, or any punishments in association with loss of food, rest, or toileting. Spanking or physical punishment is prohibited by all staff personal. I have read the "Know Your Child Care Facility" brochure and understand these policies and procedures. I understand the health control policies and influenza virus guide, positive reinforcements, fieldtrip procedures, Centerstone activities (i.e. character development/life skills), and tuition agreements. By signing below, I also grant the right to the community center to apply first aid to my child.

Guardian Name (Print) _____

 **Signature of Enrolling Guardian** _____ **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. Their information must be entered into ProCare

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 email The Center 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

_____, guardian of _____, understand that my weekly payment is due the Tuesday 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** _____

TUITION EXPRESS BILLING:

I understand I must register my child(ren) in The Center's ProCare System and that the credit card, bank card, or bank account will be used for tuition payments. If I pay cash I will be charged a \$5 processing fee each time. If my payment is declined I will be charged a \$25 fee and after being declined three times I will be required to pay cash. I understand I must let the Youth Program Manager/Recreation Director know the Tuesday prior to the week of care if there are any changes or I will be charged and a refund will not be given.

 **Signature:** _____ **Date:** _____

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 The Center of Anna Maria Island and its representatives, successors, employees, contractors, or volunteers (collectively The Center) for any and all injuries of death suffered by myself, my dependent(s) or minor children at any activity sponsored or monitored by The Center, happen 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 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 Center. I understand that this release 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 hereby authorize The Center and local newspapers to take pictures of my child and understand that these photos become the property of The Center and/or the newspaper. I hereby give The Center permission to take pictures of me and my children and to put the finished pictures on The Center's web site and social media sites. I understand that these pictures will be accessible to anyone with Internet access and may be used in a promotional setting. 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. I hereby grant permission for the staff of The Center to have have access to my child's records.

 **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?
(As of 4/25/17 applicant must submit a complete tax return for the previous year.)

Summer My Way 2018

Child's Name: _____

Family Member: _____ Reduce Fees: _____ Staff Initials: _____

☐ Week 1: June 11-15 : ALOHA SUMMER: \$165 / Family Member \$140

☐ Sailing Camp (June 11-14) \$175 ☐ Camp & FT after Sailing \$99

Total Owed for Week: _____

☐ Week 2: June 18-22: CIRCUS!! CIRCUS! : \$165 / Family Member \$140

☐ Sailing Camp (June 18-21) \$175 ☐ Camp & FT after Sailing \$99

Total Owed for Week: _____

☐ Week 3: JUNE 25-29: BRICKTASTIC BUILDERS : \$165 / Family Member \$140

Total Owed for Week: _____

☐ Week 4: JULY 2-3 BEACH OLYMPICS (Only Monday & Tuesday): \$65

Total Owed for Week: _____

☐ Week 5: JULY 9-15 FUN AROUND THE WORLD \$165 / Family Member

☐ \$140 Drama Camp (July 9-20) \$240 ☐ Camp & FT after Drama
\$99 per week

Total Owed for Week: _____

Summer My Way 2018

Child's Name: _____

Family Member: _____ Reduce Fees: _____ Staff Initials: _____

☐

Week 6: JULY 16 - 20 ALL THINGS SLIMY : \$165 / Family Member \$140

☐

Drama Camp (From previous week)

☐

**Camp after Drama
\$99 per week**

Total Owed for Week: _____

☐

Week 7: JULY 23-27 SAFARI WEEK: \$165 / Family Member \$140

Total Owed for Week: _____

☐

Week 8: JULY 30- AUG. 3 THE CENTER'S GOT TALENT \$165 / Family Member \$140

Total Owed for Week: _____

Registration Fee: \$25

Week 1: _____

Week 2: _____

Week 3: _____

Week 4: _____

Week 5: _____

Week 6: _____

Week 7: _____

Week 8: _____

Total Owed: _____

I understand that my credit card will be charged the Wednesday before care for what I have signed up for. I understand that if I do not contact Lisa Coba by email (lisa@centerami.org) prior to the Tuesday prior to the week of care or I will be charged and a refund will not be given. I also understand that Drama and Sailing Camp must be paid for in order to reserve my spot.

Signature: _____

Date: _____

Tuition[®]
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Automated Payment Processing
Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express[®]—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT and CREDIT CARD

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. _____ (initial) Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name _____ Phone # _____

Cardholder Address _____ City _____ State _____ Zip _____

Account Number _____ Expiration Date _____

Cardholder Signature _____ Date _____

SECTION B (Bank Account)

Your Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Bank or Credit Union Name _____ Bank or Credit Union Address _____ City _____ State _____ Zip _____

Routing Transit Number (see sample below) _____ Account Number (see sample below) _____ ☐ Checking ☐ Savings

Authorized Signature _____ Date _____

For Official Use Only

Date Received _____

Employee Signature _____

John Sample
Mary Sample
123 Nice Street
Anytown, USA

BANK OF THE WEST
555-555-5555

00226

Pay to the order of: **Attach Voided Check Here** \$ _____

Deposit slips not accepted _____ Dollars

123456789 1800338 0226

A service of

