



## 2019/20 Beyond The Classroom Registration Form (K-5<sup>th</sup> 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==](http://www.myprocare.com/Default/Index?aWtuPTg1MDkxMTM3NjAmc2NoSWQ9Mg==)  
OR register for ProCare through our website! Centerami.org

For After School and Summer Camp, registration is due by 6pm the Thursday prior to care, Payment will be processed on the Friday prior to care. **THE CENTER WILL NOT ACCEPT LATE REGISTRATIONS OR DROP-INS.**

### **Staff Use Only**

- \$25 Registration fee paid
- Registered in ProCare
- Medical information signature
- Handbook signature
- Waiver signature
- Sunscreen Waiver signature
- Payment Signature
- Auto Billing
- Influenza Brochure
- Receipt
- Risk Survey
- Discount Eligibility Form complete

Staff Initials:

Director Initials:



The Center of AMI  
Beyond the Classroom  
2019-2020 Registration Form

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

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

Name of School: \_\_\_\_\_ Male/Female(*circle one*) \_\_\_\_\_

Grade: *Entering Fall of 2019* \_\_\_\_\_ Age: \_\_\_\_\_

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

Mailing Address (If Different): \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

During the 2019-20 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: \_\_\_\_\_

- 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
- Social interaction
- Other: (please specify): \_\_\_\_\_

**Parent Guardian Information-** *Enrolling Parent refers to parent with final authority (Communication, Payment)*

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

\_\_\_\_\_  
*Enrolling Parent/Guardian Name*

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

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

\_\_\_\_\_  
*City and Zip*

\_\_\_\_\_  
*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 and Zip*

\_\_\_\_\_  
*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 or declines (circle one)** to allow Center employees to administer sun screen 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 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.

**Enrolling Guardian Name (Print):** \_\_\_\_\_

**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. 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/HomePhone#

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.)

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Parent/Guardian Signature

Date

## **ACKNOWLEDGEMENT OF FEES & CENTER POLICIES**

I, \_\_\_\_\_, guardian of \_\_\_\_\_, understand that my weekly payment is due the Friday 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 I provide will be used for automatic tuition payments. 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 the Thursday prior to care. I understand I must let the Youth Program Manager/Recreation Director know the Thursday prior to the week of care if there are any changes or I will be charged and a refund will not be given. I also understand an automatic \$10 late registration fee will be added for any schedule changes that take place after the Thursday prior to care.

➡ 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 Center of Anna Maria Island 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 to put the finished pictures on The 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:** \_\_\_\_\_



# myprocare<sup>®</sup>

Dear parent/guardian,

The Center of Anna Maria is pleased to offer **MyProcure**, a free online portal for you to access account information, easily pay tuition, and choose schedules for your children. MyProcure is safe, secure and created with your convenience in mind.

### **Log in today!**

1. Go to\_

<https://www.myprocare.com/Default/Index?aWtuPTgMDkxMTM3NjAmc2NoSWQ9Mg==>

2. Enter your email address and choose **Go**.

3. Enter the confirmation code sent to your email, choose a password, and press **Go**.

**\*Please be VERY thorough when completing the registration as this will affect who is authorized to pick up your child(ren)\***

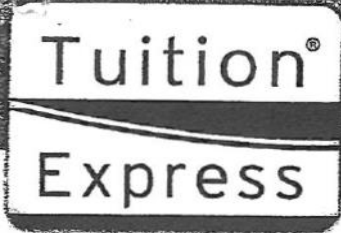
**Only authorized adults with complete profiles will be allowed to pick up**

4. Once information entered has been reviewed by The Center and processed for acceptance you may access <https://www.myprocare.com/to>:

- a. View your child's schedule, time card, and more.
- b. Use the **Pay** button to make a payment with your card.
- c. Choose schedules for your children.

Thank you!

The Center of Anna Maria and MyProcure



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)

Form fields for Section A: Cardholder Name, Phone#, Cardholder Address, City, State, Zip, Account Number, Expiration Date, Cardholder Signature, Date

SECTION B (Bank Account)

Form fields for Section B: Your Name, Phone#, Address, City, State, Zip, Bank or Credit Union Name, Bank or Credit Union Address, City, State, Zip, Routing Transit Number, Account Number, Checking, Savings, Authorized Signature, Date

For Official Use Only

Form fields for official use: Date Received, Employee Signature



## 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
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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.)