



2020/21 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==
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 is due by 6pm 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:

Rev: 5.12.2020

Date of enrollment: _____

Child's Name: _____
Las First Middle

Birthdate: ____/____/____
Month/Day/Year

School: _____ Grade: _____ Male/Female _____
Name of School Entering Fall of 2020 (circle one) 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_____, 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:** _____

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

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:** _____

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:** _____

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.

ACKNOWLEDGEMENT OF RECEIPT OF DISTRACTED DRIVING GUIDE TO PARENTS

During the 2018 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes to provide parents, during the months of April and September each year, with information regarding the potential for distracted adults to fail to drop off a child at the facility/home and instead leave them in the adult's vehicle upon arrival at the adult's destination

My signature below verifies receipt of the brochure on Distracted Driving, A Guide to Parents:

Name: _____

Child's Name: _____

Date Received: _____



Signature: _____

Brochure is a 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:** _____



Dear parent/guardian,

The Center of Anna Maria is pleased to offer **MyProcare**, a free online portal for you to access account information, easily pay tuition, and choose schedules for your children. MyProcare 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)

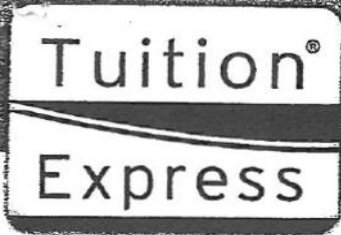
Only authorized adults with complete profiles will be allowed to pick up

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 MyProcare



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)	<input type="radio"/> Checking	<input type="radio"/> 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
1234567891	1800338	0226

A service of



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.)

Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in entirety. By signing this agreement, you give up your right and the named minor's right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of the named minor's participation at The Center of Anna Maria Island, now or any time in the future.

Acknowledgment of Risk

I, in my legal capacity as the parent/guardian of the minor named below, do hereby acknowledge and agree that participation at **The Center of Anna Maria Island** activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with participating at **The Center of Anna Maria Island**, including but in no way limited to: (1) slips, trips, and falls, (2) fitness injuries, (3) athletic injuries, and (4) illness, including exposure to and infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with participation at **The Center of Anna Maria Island** and that said list in no way limits the operation of this Agreement.

Coronavirus / COVID-19 Warning & Disclaimer

Coronavirus, COVID-19 is an **extremely contagious** virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a mean to prevent the spread of the virus. **COVID-19 can lead to severe illness, personal injury, permanent disability, and death.**

Participating in Center programs or accessing Center facilities could increase the risk of contracting COVID-19. The Center of Anna Maria Island in no way warrants that COVID-19 infection will not occur through participation of activities or accessing **The Center of Anna Maria Island** facilities.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of _____'s participation at **The Center of Anna Maria Island**, I, _____, the parent/guardian of the minor named above, agree to release and on behalf of myself and the minor named above, my heirs, representatives, executors, administrators, and assigns, **HEREBY DO RELEASE The Center of Anna Maria Island**, its officers, directors, employees, volunteers, agents, representatives and insurers ("Releasees") from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, the named minor, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against **The Center of Anna Maria Island** on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of **The Center of Anna Maria Island** facilities/equipment or participation of programs at **The Center of Anna Maria Island** whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

Initial

In consideration of the named minor's participation at **The Center of Anna Maria Island**, I, the undersigned parent/guardian of the named minor, agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to the named minor's participation at **The Center of Anna Maria Island**.

I hereby certify on behalf of myself and the named minor that I have full knowledge of the nature and extent of the risks inherent of participation at **The Center of Anna Maria Island** and that I, on behalf of myself and the named minor, am voluntarily assuming said risks. I understand that I and the named minor will be solely responsible for any loss or damage, including personal injury, property damage, or death, the named minor sustains while participating at **The Center of Anna Maria Island** and that by signing this agreement I, on behalf of myself and the named minor, HEREBY RELEASE Releasees of all liability for such loss, damage, or death. I further certify that the named minor is in good health and has no conditions or impairments which would preclude his/her safe participation at **The Center of Anna Maria Island**.

I further certify that my date of birth is _____ (MM/DD/YYYY), that my present age is _____, that I am therefore of lawful age (18 years or older) and otherwise legally competent to sign this agreement, and that I have legal capacity to act as the parent/guardian of the named minor. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will.

Participant Name (Print Clearly)

Date

Parent/Guardian Signature

Parent/Guardian Name (Print Clearly)





COVID-19/ Coronavirus Participation Waiver

I/We _____ allow The Center of Anna Maria Island to assess and record the temperature of my child(ren)

_____ prior to their admittance into the facility. I acknowledge that if at any point my child(ren) show(s) symptoms of illness or a temperature above the recommended range, that my child(ren) will not be admitted to The Center and will not be able to return until either a 14-day quarantine has passed, or there is proof of a negative COVID-19 screening dated after the symptoms and/or elevated temperature was recorded.

Participant Name(s)

Parent/ Legal Guardian Name

Parent/ Legal Guardian Signature

Date