

# 2021-2022 Beyond the Classroom 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 and payment deadline** for Beyond the Classroom is **8pm on the Thursday prior to the week of attendance** (regardless of how many days your child will attend)

**Rates for After School:**

**\$75 per week members/\$80 for non-members**

**\$60 per 3 days**

**\$40 per 2 days**

## **Staff Use Only**

- ☐ \$25 Registration fee paid
- ☐ Medical info signature
- ☐ Handbook Signature
- ☐ Waiver signature
- ☐ Payment Signature
- ☐ Form complete
- ☐ ProCare Profile completed

Staff Initials:

Director Initials:

NOTES:

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

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

Child's preferred name to go by: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Male/Female \_\_\_\_\_  
*Name of school Entering Fall of 2021 (circle one) age*

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

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

My child will be attending the following days: (circle all that apply)

Monday Tuesday Wednesday Thursday Friday All Day Camp(s)

My child will require transportation from Anna Maria Elementary School to The Center on After school days: Yes or No

Start Date: \_\_\_\_\_

### **Child Identification**

Height \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_ Other Identifying Features \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

☐

Guardian(s) work/school

☐

Social interaction

☐

Other: (please specify) \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Please list any information that The Center might need to know about the custody of the child:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **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 email the Youth Program Director (youthprograms@centerami.org) 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.**

## **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. By signing below, I also grant the right to the community center to apply first aid to my child.

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_  
Hospital Preference: \_\_\_\_\_

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

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)

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## **Handbook Acknowledgement**

I hereby have received The Center's Beyond The Classroom Parent Handbook ([www.centerami.org/beyondtheclassroom/parenthandbook](http://www.centerami.org/beyondtheclassroom/parenthandbook).) 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 understand the health control policies, positive reinforcements, fieldtrip procedures, Centerstone activities (i.e. character development/life skills), and tuition agreements.

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

 **Signature of Enrolling Guardian** \_\_\_\_\_ **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 \_\_\_\_\_

## **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 my child 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: \_\_\_\_\_



# myprocare<sup>®</sup>

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 [www.centerami.org/youth/btc/](http://www.centerami.org/youth/btc/) or <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)\***

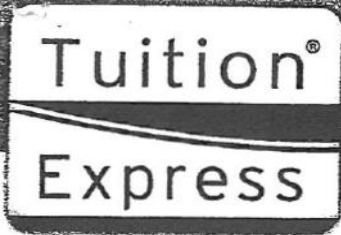
**Only authorized adults with complete profiles will be allowed to pick up**

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	CVV Code	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 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.

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