



## 2023 Summer My Way Registration Form for K-5<sup>th</sup> grade

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

Children that attend Summer My Way, 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).
- Profile made in Procure by visiting [centerami.org/btc](http://centerami.org/btc)
- \$25 registration fee paid

The **registration and payment deadline** for Summer My Way is **8p.m on the Thursday prior to the week of attendance** (regardless of how many days your child will attend). Summer my Way starts June 5, 2023.

**Summer My Way Rates (K-5<sup>th</sup>):**  
**\$185 Members (per week)**  
**\$200 Non-members (per week)**

### Staff Use Only

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

Staff Initials:

Director Initials:

NOTES:



The Center of Anna Maria Island  
**K- 5<sup>th</sup> Grade Summer My Way**  
**DCF License #C12MA0172**  
2023 Registration Form

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 2023 (circle one) age*

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

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

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

Week 1: June 5<sup>th</sup>-9<sup>th</sup>

Week 2: June 12<sup>th</sup>-16<sup>th</sup>

Week 3: June 19<sup>th</sup>-23<sup>rd</sup>

Week 4: June 26<sup>th</sup>-30<sup>th</sup>

Week 5: July 3<sup>rd</sup>-7<sup>th</sup> (Closed July 4<sup>th</sup>)

Week 6: July 10<sup>th</sup>-14<sup>th</sup>

Week 7: July 17<sup>th</sup>-21<sup>st</sup>

Week 8: July 24<sup>th</sup>-28<sup>th</sup>

### **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 (one person besides yourself **must** be listed):

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](mailto:youthprograms@centerami.org)) & Director of Customer Service  
([customerservice@centerami.org](mailto:customerservice@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.**



## 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, Counselor 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 authorized vehicles.

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

## 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:** \_\_\_\_\_

## 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 of Anna Maria Island) for any and all injuries or death suffered by myself, my dependent(s) or minor children at any activity sponsored or monitored by The Center of Anna Maria, 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 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 of Anna Maria Island. 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 \_\_\_\_\_

## MEDIA RELEASE

I hereby authorize The Center of Anna Maria and local newspapers to take pictures of my child and understand that these photos are the property of The Center of Anna Maria and/or the newspaper. I hereby give permission to The Center of AMI to take pictures of my child and use them on The Center's website 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; 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/)
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)\***

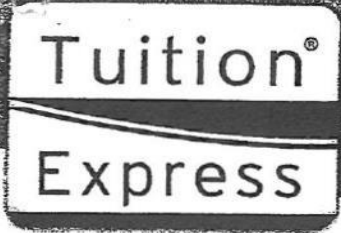
**Only authorized adults with complete profiles will be allowed to pick up**

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)

Form fields for Section A: Cardholder Name, Phone#, Cardholder Address, City, State, Zip, Account Number, CVV Code, 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



