

City of Largo Highland and Southwest After School Programs

Southwest serves:

Anona Elementary
Mildred Helms Elementary
Oakhurst Elementary
Plato Seminole

Highland serves:

Belcher Elementary
Fuguitt Elementary
Pinellas Preparatory Academy
Pinellas Academy of Math and Science
Ponce DeLeon Elementary
Plato Largo

Enrollment Packet 2018 – 2019



LARGO
Recreation Parks & Arts

The City of Largo After School Program

This program offers children a safe, fun and healthy opportunity after school. Children in the program will have the opportunity to be involved in sports, games, arts and crafts, homework time, reading, and much more. The City of Largo looks forward to serving you and your family.

Southwest Recreation Childcare License Number: C094372

Highland Recreation Complex License Number: 52511536737

Dates: August 13th 2018 to May 29th 2019

Ages: Kindergarten through fifth grade

Time: Children will be picked up from their school at dismissal. All parents must pick up their children from the Recreation Center by 6pm.

Schools Out Days: Special camp programs will be offered on the following schools out days:

Oct 15, 2018	Nov 19-21, 2018	Dec 26-28, 2018	Dec 31, 2018
Jan 2-4, 2019	Jan 7, 2019	Mar 8, 2019	Mar 11-15, 2019
April 19, 2019			

These camp days will be held at the Recreation Complex. Parents are required to drop their children off and pick them up from the facility using the assigned entrance. Please see your site director for more details.

City Holidays: The Recreation Complexes will be closed on the following city holidays:

Sept 3, 2018	Nov 22-23, 2018	Dec 24-25, 2018	Jan 1, 2019
Jan 21, 2019	Feb 18, 2019	May 27, 2019	

Days: Monday – Friday **Ratio:** 1 to 25 (School Age)

Staff: Our after school program is licensed through the Pinellas County Licensing Board. Our staff is certified by taking 40 hours of childcare training offered by the PCLB. All staff hired by the City of Largo have completed a Level 2 Background Screening, This includes local, state, and federal background checks. All staff working within our program are at least 18 years old.

Snacks: A snack time will be provided during the program. **Children are asked to bring a snack and water bottle with them to the program.** Snacks are not provided through the program. The parent/guardian must provide a nutritious snack. Junk food such as candy, soda and chips are not permitted. Please speak with the site director if you need healthy food choice suggestions.

Daily Activities

- **Rotations** are approximately 1 hour long. The scheduled rotations and activities will be posted weekly on the bulletin board.
- **Extracurricular Activities:** Children will have the opportunity to choose between two extracurricular activities each day such as, karate, cheerleading, tennis, sports and crafts. Children and parents will be able to choose their activities the first week of each month. They may change activities on a monthly basis. The classes being offered will change periodically. **These classes are scheduled each day, please plan accordingly and try not to pick up your child during class time.**
- **Homework Time:** A homework time will be offered during the program. Children will be encouraged to complete their assigned homework during this time, but staff are not able to monitor what is completed.

Registration/Payments

Family Registration Fee of \$25 per family is due when registering your child for the program. Please note that if your child withdraws and re-registers in the program, this fee will be charged again.

Recreation, Parks & Arts Membership is required in order to participate in the after school program. The cost of the membership is determined based on individual residency within Pinellas County. All membership cards must be valid through the last day of the school year.

Cancellation of Service: If, for any reason, you wish to cancel your child's participation in the City of Largo's After Care Program, you need to notify the program director in writing. Until that time, you are financially responsible for the service for which you registered your child. We will not accept a verbal cancellation.

Payment Schedule: All payments are due on Tuesday's for the upcoming week. A \$5.00 late fee will be assessed to all accounts not paid by the due date. The child will not be able to continue in the program until your account balance is up to date. If you use the auto debit system your payment will be withdrawn on Tuesday each week for the upcoming week. A \$5 per week discount is given for those who opt for our auto debit program. If your auto debit is declined you will no longer receive that discount. Tuition is collected one week in advance.

\$80 per week if you pay in person / \$75 per week if you opt for auto debit

Easy Payment Methods:

1. Through auto-pay your weekly tuition will automatically be charged to your credit or debit card.
2. At Highland or Southwest Recreation Complexes using a cash, check or credit card. Both of these facilities are open 7 days a week.

Policy and Procedures

Attendance and Participation:

Your child does not have to attend every day. Children are encouraged to participate when present, unless sick or injured, in which case, parents will be notified and the child will be sent home. Please call the facility to notify the program director when your child will not be in the program. This is a new licensing policy. Your cooperation is appreciated.

Southwest Recreation Complex 727-518-3125

Highland Recreation Complex 727-518-3016

Sign Out Policy:

Parents must physically sign out their child/ren each evening. Each signature must be accompanied by the time at which you are signing. Each day must be documented with a **FULL SIGNATURE AND TIME**. Initials are not accepted as a full signature.

Parents must come into the facility and sign the children out at the end of each day. Identification will be checked at sign out. Only authorized persons will be allowed to pick up the child/ren. Those authorized are indicated on the child's enrollment paperwork. We will not release your child to any one not on this form. Parents must walk to their child's location to pick them up. Children will not be permitted to be unaccompanied while at the recreation complex.

Medications:

For safety reasons, the City of Largo has changed their medication policy. Staff will only administer emergency life saving medication (epi-pens, inhalers). All other medication given during after school hours must be administered by a parent, guardian or adult listed on the child's enrollment paperwork. If your child has a medication that must be administered immediately, prior to the arrival of emergency personnel, you must complete a medication form. Parents will be required to train staff on how to administer the medication. The medication must have your child's name on it and a photo attached. Medication must be in its original container. Please see the site director to receive a medication form.

Photo Policy: Photographs taken by the Recreation, Parks and Arts Department at city programs and events are often used in presentations, display boards, flyers, website, brochures, and city publications. If you do not wish to have your child's picture taken, please let the staff know in advance.

Head Lice:

Any child that is found with head lice or nits will be sent home immediately and will not be allowed to return to the program until their head is free of lice and/or nits. Please assist us with this problem by following these few simple guidelines:

- 1) Check your child's head daily.
- 2) The use of hair spray on your child's head helps prevent the spread of nits.
- 3) No sharing of hats or combs at the site, please.

Money:

Money is not needed on a daily basis; however, we may plan special activities requiring money (i.e. Icey Fridays). You will be notified in advance of these special days/activities. Stress to your child to keep track of his/her money and keep it in a safe place. We are not responsible for lost or stolen money.

Ambulance Service:

In the event of an emergency in which emergency medical staff warrants that the child be taken to the nearest hospital, transport fees will be the responsibility of the parent or legal guardian. This fee presently costs approximately \$1000.00

Late Pick-Up Fee Policy:

In the case that a parent or authorized person is late picking up a child, that individual will be responsible to pay the appropriate late fee. If a parent or authorized person is late more than three times the child will be suspended from the program. To avoid the late fee and possible suspension, please pick up your child by 6pm. **THE LATE FEE IS \$1.00 PER MINUTE PER CHILD!** This will be based on the clock at the sign out table.

Communication:

Keeping our parents informed is very important to the success of our program. A parent board will be available. This information board contains important information on upcoming events, weekly themes, announcements and other information regarding your child's experience in our program. Check the sign out table and information board daily for information. To assist with the communication between staff and families we ask that parents make themselves available during pick up times during the sign out process.

Parents must contact the center when:

- 1) Information on your registration or application card has changed.
- 2) Someone other than those listed on the application will be picking up your child.
- 3) A child is not able to be picked up on time.
- 4) An incident or change occurs in your child's life that alters his/her attitude, behavior or emotional discourse. (i.e. divorce, loss of a pet, death in the family, etc)
- 5) Your child has a contagious disease. (i.e. head lice, pink eye, etc)

Parents will be contacted immediately when:

- 1) Your child has received an injury which requires immediate medical attention.
- 2) Your child exhibits a medical condition which could be contagious or threatening to others in the program.
- 3) Your child is ill and unable to participate in daily activities.
- 4) Your child exhibits negative behavior that harms, or potentially harms themselves, other students and/or staff.

Parents will be notified at pick up time when:

- 1) Your child receives a minor injury that does not require the service of professional medical services
- 2) Your child complains of a non-emergency condition or symptom.
- 3) Your child exhibits unusual behavior.
- 4) We want to share your child's accomplishments.

Parent conference will be scheduled by the center supervisor when:

- 1) Your child exhibits a pattern of disruptive behavior which interferes with the quality of the program or management of other children.
- 2) Unusual patterns of behavior or participation are observed by the staff.

Fire/Emergency Drills:

In accordance with the Pinellas County License Board we hold fire drills monthly with the students. These drills take place after school hours. Please be patient if we are in the middle of a fire drill when you arrive to pick up your child. We will not allow any child to be signed out until all children have been accounted for.

****This is a form for staff to fill out upon registering for the aftercare program, please bring with you when registering.**

Registration Checklist:

In order for your registration to be complete you must complete and turn in the following:

- ___ The child's rec card must be good until May 29th , 2019.
- ___ Child's Identification Record Form complete with
 - * child's full name
 - * date enrolled
 - * full address of residence that **MUST** include city and zipcode for child, parents, and persons permitted to pick up child
 - * phone number where child resides
 - * dentist and doctors complete address and phone number
 - * authorized pick up (must have 2 with full address and phone #)
 - * child's date of birth
 - * work and emergency phone numbers
 - * parent signature
- ___ Release for Emergency Care Form (*must be notarized*) and have complete doctor's address and phone number as well as an emergency contact with full information
- ___ Authorized Pick Up List
- ___ Flu Brochure (signed by parent)
- ___ Food Permission Form
- ___ Discipline/Homework Policy Form
- ___ Parent Acknowledgement Form (signed by parent)
- ___ Photo/Video Release Form
- ___ Auto Debit Registration Form

****Staff please be sure that you are checking off all of the REQUIRED paperwork. Your signature below verifies that you have personally checked all paperwork and are ONLY accepting those that are FULLY completed. This is very important for the license board so please adhere to all needed above.**

Staff Signature: _____ Date: _____

Start Date of Child: _____

Name of School Child Attends: _____



CHILD'S ENROLLMENT RECORD

DIRECTOR'S USE ONLY
Date enrolled _____

Child's full legal name _____
First Middle Last Nickname

Date of Birth _____ Sex _____

Primary Hours of Care From _____ To _____ Days of Week in Care _____

Child's Physical Address _____
Street Address (number, apartment #, street) City State Zip Code

Family Information: Child Lives with _____

Parent's Name _____ Parent's Name _____

Address: _____ Address _____

Home Phone: _____ Home Phone: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Work Phone _____ Cell _____ Work Phone _____ Cell _____

Custody: Mother _____ Father _____ Both _____ Other _____ Name _____

Emergency Contacts:

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the children's center in case of illness, accident or emergency, **if for some reason the custodial parent(s) or legal guardian(s) cannot be reached:**

Name _____

Home Phone _____ Cell Phone _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Name _____

Home Phone _____ Cell Phone _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Please use additional sheet of paper to list name, address and phone number of any other people authorized to pick the child up.

CONTINUED ON BACK

CHILD'S ENROLLMENT RECORD

(Back Page)

Medical Information:

Child's Physician/Health Resource _____

Telephone Number _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Hospital Preference _____

Name of Dentist _____ **Telephone** _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Emergency Care Plan instructions (if applicable) _____

MISCELLANEOUS INFORMATION

List all known allergies _____

List all identifying scars, birthmarks, skin discolorations _____

Special medical or dietary needs of child _____

List any areas of concern _____

My signature below verifies that:

I give permission to consult the child's physician/health resource listed above in case of emergency if parent/legal guardian cannot be reached.

I have received a copy of the "Know Your Child's Children's Center" brochure, a copy of the children's center discipline and expulsion policies.

I was notified that the snacks/meals served daily are: Breakfast AM Snack Lunch PM Snack Dinner

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child's records.

Signature of Custodial Parent or Legal Guardian _____

Date _____



EMERGENCY MEDICAL RELEASE

This form must contain only one child's name, and be the original notarized form.

A new notarized form is required when there is a change in legal guardianship.

Please Print Information

Child's Full Name: _____ Birthdate: _____

Allergies: _____

Medicines Routinely Taken: _____

Name of Custodial Parent(s)/Legal Guardian(s): _____

Address: _____
Street Address (number, apartment #, street) City State Zip Code

Home Telephone _____ Cell Telephone _____ Work Telephone _____

Family Physician's Name/Health Care Resource: _____

Address: _____
Street Address (number, apartment #, street) City State Zip Code

Telephone () _____

Hospital Preference: _____
Name City

Medical Insurance Company: _____

Policy #: _____ Expiration Date: _____

Emergency Contact (if custodial parent/guardian cannot be reached): _____

Address: _____
Street Address (number, apartment #, street) City State Zip Code

Home Telephone _____ Cell Telephone _____ Work Telephone _____

Sign in the presence of the Notary.

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child _____, in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if situation warrants it.

Signature of Custodial Parent/Legal Guardian (Affiant)
STATE OF FLORIDA COUNTY OF _____

The foregoing instrument was acknowledged before me on _____ 20_____
(Month) (Day) (Year)

by _____, who is personally known to me or who has
(Name of Affiant) SEAL OF NOTARY

produced _____ as identification.
(Type of Identification)

Signed: _____ (Signature of Notary)

Authorized Pick Up List

Child's Name: _____

Parent's Name: _____ **Phone:** _____

Parent's Name: _____ **Phone:** _____

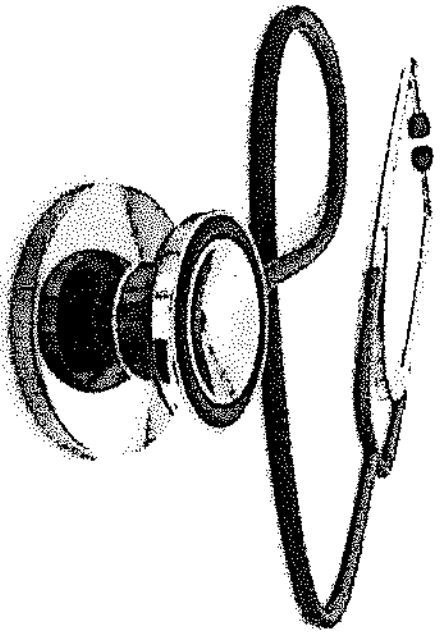
I authorize the people listed below to pick up my child.

Name	Phone Number	Date Added	Staff Initials
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Parent Signature _____
Date

What is the influenza (flu) virus?

Influenza ("the flu") is caused by a virus which infects the nose, throat, and lungs. According to the US Center for Disease Control and Prevention (CDC), the flu is more dangerous than the common cold for children. Unlike the common cold, the flu can cause severe illness and life threatening complications in many people. Children under 5 who have the flu commonly need medical care. Severe flu complications are most common in children younger than 2 years old. Flu season can begin as early as October and last as late as May.



How can I tell if my child has a cold, or the flu?

Most people with the flu feel tired and have fever, headache, dry cough, sore throat, runny or stuffy nose, and sore muscles. Some people, especially children, may also have stomach problems and diarrhea. Because the flu and colds have similar symptoms, it can be difficult to tell the difference between them based on symptoms alone. In general, the flu is worse than the common cold, and symptoms such as fever, body aches, extreme tiredness, and dry cough are more common and intense. People with colds are more likely to have a runny or stuffy nose. Colds generally do not result in serious health problems, such as pneumonia, bacterial infections, or hospitalizations.



For additional information, please visit www.myflorida.com/childcare or contact your local licensing office below:

CF/PF 175-70, June 2009

This brochure was created by the Department of Children and Families in consultation with the Department of Health.



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: _____

Please complete and return this portion of the brochure to your child care provider, in order for them to maintain it in their records.

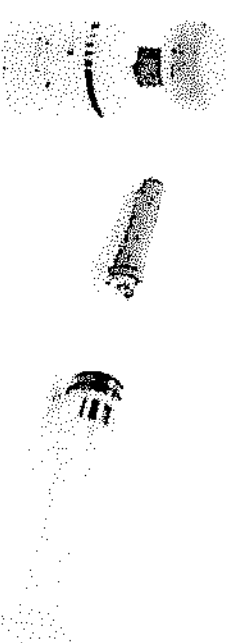


What should I do if my child gets sick?

Consult your doctor and make sure your child gets plenty of rest and drinks a lot of fluids. Never give aspirin or medicine that has aspirin in it to children or teenagers who may have the flu.

CALL OR TAKE YOUR CHILD TO A DOCTOR RIGHT AWAY IF YOUR CHILD:

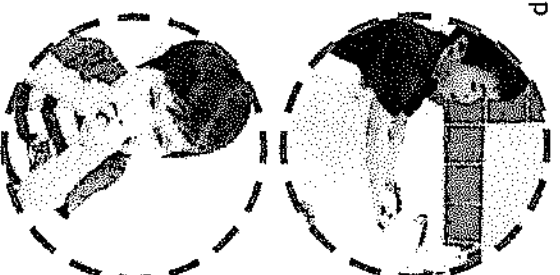
- Has a high fever or fever that lasts a long time
- Has trouble breathing or breathes fast
- Has skin that looks blue
- Is not drinking enough
- Seems confused, will not wake up, does not want to be held, or has seizures (uncontrolled shaking)
- Gets better but then worse again
- Has other conditions (like heart or lung disease, diabetes) that get worse



What can I do to prevent the spread of germs?

The main way that the flu spreads is in respiratory droplets from coughing and sneezing. This can happen when droplets from a cough or sneeze of an infected person are propelled through the air and infect someone nearby. Though much less frequent, the flu may also spread through indirect contact with contaminated hands and articles soiled with nose and throat secretions. To prevent the spread of germs:

- Wash hands often with soap and water.
- Cover mouth/nose during coughs and sneezes. If you don't have a tissue, cough or sneeze into your upper sleeve, not your hands.
- Limit contact with people who show signs of illness.
- Keep hands away from the face. Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.



How can I protect my child from the flu?

A flu vaccine is the best way to protect against the flu. Because the flu virus changes year to year, annual vaccination against the flu is recommended. The CDC recommends that all children from the ages of 6 months up to their 19th birthday receive a flu vaccine every fall or winter (children receiving a vaccine for the first time require two doses). You also can protect your child by receiving a flu vaccine yourself.

When should my child stay home from child care?

A person may be contagious and able to spread the virus from 1 day before showing symptoms to up to 5 days after getting sick. The time frame could be longer in children and in people who don't fight disease well (people with weakened immune systems). When sick, your child should stay at home to rest and to avoid giving the flu to other children and should not return to child care or other group setting until his or her temperature has been normal and has been sign and symptom free for a period of 24 hours.

For additional helpful information about the dangers of the flu and how to protect your child, visit: <http://www.cdc.gov/flu/>



Food Experience Permission Form

I give permission for my child _____ to participate in food related activities.

Please check one of the following:

_____ My child DOES NOT have a food allergy or dietary restriction.

_____ My child DOES have a food allergy or dietary restriction. He or she may participate, but may not eat or handle the following items (please list below)

_____ My child DOES have a food allergy or dietary restriction. He or she may not participate in activities.

Parent Signature

Date

GENERAL NAME AND LIKENESS RELEASE

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I hereby give the City of Largo, a municipality of the state of Florida, and its licensees, designees and assignees (collectively the "City"), the absolute and irrevocable right and permission to photograph, film, audio/videotape, and draw the undersigned in all forms of media including digital, electronic, print, television, film, radio and other media now known or to be invented and to record the results and collect all proceeds thereof (collectively the "Material") as stated below. I acknowledge that I have posed for and/or permitted the City to take my photograph, video, film, etc. or to otherwise record and/or memorialize my image, voice, and/or likeness.

1. To register for copyright the Material in the City's own name or in any other name (the Material shall be considered a "work made for hire.") To the extent that the law deems the Material not a "workforhire," I hereby assign all right, title and interest that I may have in the Material to the City and agree to execute any further necessary documents to effect this assignment.
2. To use, incorporate, broadcast, distribute, reuse, publish, republish, display and/or edit the Material and/or my name, likeness, and/or image in whole or in part, severally or in conjunction with other material(s) (including in the main or end titles) for the purposes of advertising, promoting, marketing and packaging for the City of Largo and its various programs and publications. The City has no obligation to use the Material, my name, voice or likeness.
3. To use, publish and display or permit the use, publication and/or display of the Material, including in the form of negatives, slides, prints, photographs, videos, posters, stories, and other depictions of me throughout the world, in any medium whatsoever in which the Material may appear.
4. To use the Material in any manner, format and/or medium and to alter the Material without my consent. I understand I shall not have any right to approve or disapprove any use or modification of the Material by the City.

I understand that all rights in and to the Material and any derivative works created therefrom, including but not limited to, negatives, outtakes, sounds and the images contained therein, shall be the City's sole and absolute property. I agree that the City may use my name, likeness or biological information that I have provided for any purpose associated with the Material. I assign the City all of my right, title and interest in and to the Material throughout the universe, including, without limitation, all trademarks, personality rights, publicity rights and any other intellectual property rights. I also waive any and all privacy rights, moral rights and any other rights I may have in and to the Material to the world. I understand that I do not own the copyright in the Material and I hereby waive any right to copyright that I may have in the Material.

I represent and warrant that I have the right to grant the City the abovementioned rights without obtaining the permission of, or making any payments to, any third party or entity. This authorization and release shall inure to the benefit of the legal representatives, licensees and assigns of the City. I hereby release the City from, and covenant not to sue the City for, any claim or cause of action, whether known or

unknown, for libel, slander, invasion of right of privacy, publicity or personality, or any other claim or cause of action, based upon or relating to use of the Material or the exercise of any of the rights referred to herein. I agree to indemnify and hold harmless the City and any person claiming under, by or through the City, and the elected officials, officers, attorneys, employees, and agents thereof, from and against any liabilities, losses, claims, demands, costs (including without limitation attorneys' fees) and expenses arising in connection, whether direct or indirect, with any breach or alleged breach by me of any of the above representations, warranties or agreement hereunder.

I acknowledge that, in the event of any breach by the City or any third party, the damage, if any, caused me thereby will not be irreparable or otherwise sufficient to entitle me to injunctive or other equitable relief. My rights and remedies in such event will be strictly limited to the right, if any, to recover damages in an action at law, and I will have neither the right to rescind or terminate this agreement or any of the City's rights hereunder, nor the right to enjoin the production, exhibition, or other exploitation of the Material or any subsidiary or allied rights with respect thereto. This Release constitutes our entire understanding and agreement with respect to the subject matter hereof and cannot be amended except by a written instrument signed by the parties hereto. This Release will inure to the benefit of and will be binding upon our respective affiliates, successors, licensees, assigns, heirs and representatives. This Release will be governed by the internal laws of the State of Florida, and any suit shall be brought in the Sixth Judicial Circuit Court in and for Pinellas County, Florida for state actions and in the United States District Court for the Middle District of Florida, Tampa Division for federal actions where this contract was wholly negotiated, executed and performed therein.

Signature

Date

Print Name

Date of Birth

CONSENT OF PARENT OR GUARDIAN (if under 18)

I am the father/mother/guardian of _____ (print name) and I consent to the foregoing on his/her behalf and execute this Release on his/her behalf and I will not revoke my consent.

Signature

Date

Print Name

**Disciplinary Policy
Southwest and Highland Recreation Complex
After Care Program**

Rules listed in the code of conduct to the City of Largo's After School Program rules are enforced to ensure a safe, professional, and organized program. The following disciplinary procedures are put in place for the program participants. These disciplinary procedures are designed to help each participant learn and grow as a responsible person in a fair and consistent manner.

Minor infractions of the Code of Conduct will have the following consequences that vary with the developmental level and ages of children in care:

First Offense: Verbal reprimand

Second Offense: Conference with Program Director

Third Offense: Individual circumstances will be considered and the appropriate consequences will occur:

1. written reprimand
2. suspension (1-5 days)
3. permanent suspension from program.

Each offense will be written on a disciplinary action form for the parents to sign and review with the Director.

Such disciplinary policies shall include standards that prohibit children from being subjected to discipline which is severe, humiliating, frightening, or associated with food, rest, or toileting. Spanking or any other form of physical punishment is prohibited by all childcare personnel.

In consideration of the nature of the offense, we reserve the right to implement whichever of the above steps are necessary.

I have read the Code of Conduct and Disciplinary Actions for participants. I understand and agree to abide by these.

Parent's Signature

Date

**Southwest and Highland Recreation Complex
After Care Program
Homework Policy**

The city of Largo's aftercare program offers time for homework assistance. During this time, the aftercare staff is available to assist in guiding the students when they choose to work on their homework. The aftercare staff will not make any child do their homework or work as a tutor with any student. They are solely there for guidance as the child completes their assigned homework.

Please do not ask staff to make your child do their homework or to tutor them one on one during homework time.

The after care program recognizes the importance of academics and incorporates time and assistance every day as choice for each student to choose from to support their education.

I understand the above policy regarding homework procedures at the City of Largo's After Care Program.

PARENT/GUARDIAN SIGNATURE

DATE

PARENT ACKNOWLEDGEMENT
FORM

PLEASE INITIAL AFTER READING AND UNDERSTANDING EACH POLICY AND PROCEDURE REVIEWED IN THE PARENT PACKET:

____ I acknowledge that picking my child/ren up after 6pm will result in a late fee of \$1/per minute and that more than 3 occurrences is grounds for suspension from the program.

____ I understand that I must notify aftercare staff if my child/ren will not be in the aftercare program for the day. This is a new licensing policy and all families must comply.
Southwest Recreation 727 518-3125 Highland Recreation 727 518-3016

____ I understand that payments are due on the 1st of each month. After the 5th of each month a \$20 late fee will be added and my child will be suspended from the program.

____ I understand that if I choose to withdrawal my child/ren, I must notify the director in writing.

____ I understand staff will ask for identification from individuals picking up my child/ren.

____ I understand that my child may not bring toys, games, or electronics to the program.

____ I give permission for my child to be transported to/from school by the City of Largo Staff. I also give permission for my child to attend field trips that are announced in advance.

____ I give permission for my child to attend walking field trips to the playground on the recreation center property.

I HAVE READ AND UNDERSTAND THE CONTENTS PROVIDED IN THE PARENT PACKET FOR THE CITY OF LARGO'S BEFORE AND AFTER CARE PROGRAM.

NOTICE TO PARTICIPANTS/PARENTS/GUARDIANS:

I/We the participant or parents/legal guardians of the named children, hereby give my approval to my/his/her participation in programs and activities of the City of Largo Recreation and Parks Department. I/We do assume all risks or hazards incidental to such participation and use of equipment and facilities by myself or my minor dependents and do hereby agree to waive, release, absolve, and hold harmless the City of Largo, its employees, agents, and elected officials from any claim, loss, or injury of any kind, including losses or injury arising from the negligence of the City of Largo, its employees, agents, and elected officials.

- My signature below verifies that I give permission for the City of Largo to transport my child to safety in case of an emergency such as: hurricane, tornado, flood, toxic spill, etc.

X

Signature of Parent or Legal Guardian

Date

We use a text alert system for program updates, reminders and emergencies. The fastest way to alert our families in the event of an emergency is through text alerts. Please list the cell phone number you wish to use for such alerts: _____

HH Number: _____



LARGO
Recreation Parks & Arts

City of Largo
Childcare Program
Registration Form

Parent/Legal Guardian Name: _____

Child's Name: _____

Child's School: _____

Primary Phone: _____ Secondary Phone: _____

Household Email: _____ Recreation Membership Exp Date _____

Afterschool Program Location Highland _____ Southwest _____

	Auto Payment deducted on Tuesday of each week (Registration thru May 20)- \$75	
	*Registration includes camps on schools out days (non city holidays).	

Initial Payment (Including membership renewal)\$ _____ Cash _____ Check _____ Credit Card _____ Staff Initials _____

Auto Payment
Authorization Form

I agree for the fees for my child's childcare listed above to be paid weekly. Should any credit card (EFT) not be honored by my financial institution for any reason, I realize that I am still responsible for the total payments due. In addition, I may incur a processing fee of \$20 assessed by the City of Largo for any payments that are not able to be electronically processed. After two non successful payment attempts, you will be withdrawn from the Autopay program. I also understand it is my responsibility to notify the City of Largo in writing should my credit card expire, I change my financial institution or I make any changes to my account information at any time. We require 10 business days of notice to change or cancel an EFT processing.

Parent's Signature: _____ Date: _____

Membership \$ _____ + Registration Fee \$ _____ + First Week \$ _____ = \$ _____ Due at Reg

Weekly Payment Amount \$ _____ Billed each Tuesday

Name on Card: _____

Credit Card Number _____

Expiration Date: ____ / ____