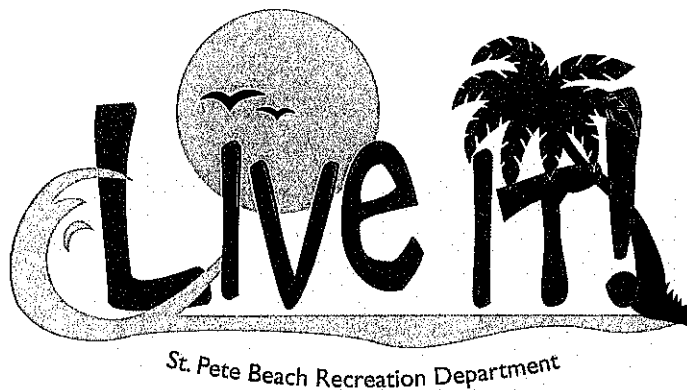


### Registration Checklist:

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

- \_\_\_ Child's Identification Record Form
- \_\_\_ 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
- \_\_\_ Discipline Policy Form
  
- \*\*2018-2019 After Care registrants do not need to fill out the above forms. We will use the one on file. Be sure it is up to date.*
- \_\_\_ Parent Acknowledgement Form (signed by parent)
  
- \_\_\_ Field Trip Form
  
- \_\_\_ Sunscreen Policy Form
  
- \_\_\_ Release of Liability Form



## 2019 St Pete Beach Camp Child Identification Form

Childs Name: <i>Please Print:</i> _____		
_____	DOB: _____	Completed Grade: _____
Home Address: _____		Apt. #: _____
City: _____	Zip: _____	Email: _____
Parent/Guardian: _____	Phone: (C) _____	
Place of Employment: _____	Phone: (W) _____	
Parent/Guardian: _____	Phone: (C) _____	
Place of Employment: _____	Phone: (W) _____	

Person(s) to be notified in case of emergency a **when parent/guardian cannot be reached**, and relationship to participant.

(NOTE: If your child(ren) requires medical and/or hospital treatment, all costs incurred shall be the parent's/guardian's responsibility. In the event of any mishap/accident or medical condition, the Emergency Medical Services (EMS) shall be called and the child(ren) shall be taken to the nearest medical treatment center if deemed appropriate by the EMS personnel).

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Person(s) permitted to remove child from the program if **other than listed above:**

The child will be released only to the person(s) authorized, or in the manner authorized, in writing, by the custodial parent(s) or legal guardian(s). The following person must be someone other than the custodial parent(s) or legal guardian(s) and is authorized to remove the child from the facility in case of illness, accident, or emergency, if for some reason the custodial parent(s) or legal guardian(s) cannot be reached:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Health Issues (allergies, medications, behavioral, etc.):

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**\*\* If yes to medication, please fill out a Request to Administer Medication Form \*\***

*I have read and understand the camp parent handbook.*

Signature: \_\_\_\_\_ 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)

**Disciplinary Policy**  
**City of St Pete Beach Summer Camp Program**

Rules listed in the code of conduct and parent handbook for the City of St Pete Beach Summer Camp program 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 Camp 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

## PARENT ACKNOWLEDGEMENT FORM

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

- \_\_\_\_\_ I ACKNOWLEDGE THAT PICKING UP MY CHILD LATE IS SUBJECT TO LATE FEES: \$1 per minute per child. *The police will be contacted for any child left after 7 p.m.*
- \_\_\_\_\_ I UNDERSTAND THAT PAYMENTS FOR CAMP ARE TO BE PAID IN FULL PRIOR TO MY CHILD STARTING THE PROGRAM. FAILURE TO DO SO, WILL RESULT IN A LOST SPOT FOR YOUR CHILD IN THE PROGRAM.
- \_\_\_\_\_ I UNDERSTAND STAFF WILL ASK FOR IDENTIFICATION EACH TIME I OR AN AUTHORIZED PERSON PICKS UP MY CHILD.
- \_\_\_\_\_ I HAVE READ AND UNDERSTAND THE DISCIPLINE POLICY.
- \_\_\_\_\_ I HAVE READ AND UNDERSTAND THE POLICY AND PROCEDURES IN THE PARENT HANDBOOK.
- \_\_\_\_\_ I UNDERSTAND THAT THERE IS A PARENT ORIENTATION HELD AT THE COMMUNITY CENTER AND THAT POLICIES, SCHEDULES, RULES AND OTHER IMPORTANT DETAILS WILL BE DISCUSSED FOR PARENTS TO UNDERSTAND FOR A SUCCESSFUL SUMMER FOR MY CHILD IN THE PROGRAM.

**I HAVE READ AND UNDERSTAND THE CONTENTS PROVIDED IN THE PARENT PACKET FOR THE CITY OF ST PETE BEACH AFTER CARE PROGRAM.**

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE

**Field Trip Permission Form**

The St Pete Beach Summer Camp Program may take field trips using the city's transportation. Additionally, the after school program will be walking to Horan Park and St Pete Beach Family Aquatic Center. List of trips will posted as needed and sent in the newsletter to the parents.

**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 St Pete Beach Recreation 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 St Pete Beach, 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 St Pete Beach, its employees, agents, and elected officials.

- My signature below verifies that I give permission for the City of St Pete Beach to transport my child to safety in case of an emergency such as: hurricane, tornado, flood, toxic spill, etc. and for any camp related scheduled trip.**

X \_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

## Sunscreen Policy and Permission Form

It is the responsibility of the camper to bring sunscreen with them to camp each day or on swim or field days. The City of St Pete Beach policy on applying sunscreen is as follows: Each child will bring their own sunscreen and apply it to their skin personally. When necessary, a City of St Pete Beach staff member, of the same sex as the child, will assist each child that may be unable to personally apply his/her own sunscreen. When a child needs such assistance, the staff member will apply sunscreen on only the exposed parts of the child's skin. Children will be requested to apply sunscreen along their suit lines. Also, the staff member will always try to apply sunscreen while another staff is present.

\_\_\_\_\_ I give permission for City of St Pete Beach staff to apply sunscreen to my child(ren) in accordance to the process outlined above.

\_\_\_\_\_ I decline permission for City of St Pete Beach staff to apply sunscreen to my child(ren). My participant will be responsible for applying their own sunscreen.

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

Parent/Guardian Printed Name \_\_\_\_\_

Child(ren) Name(s) \_\_\_\_\_

Date \_\_\_\_\_

