

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

***2016-2017 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



St. Pete Beach Recreation Department

2017 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.):

**** 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.

(Child's Full Name)

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)

produced _____ as identification.
(Type of Identification)

SEAL OF NOTARY

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 UP 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 ON Wednesday, May 17th AT 6PM 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 _____