

**City of Gulfport Recreation Division, 5730 Shore Blvd. S., Gulfport, Florida
2016-2017 Tot Time Program**

READ/SIGN THIS PAGE BEFORE CONTINUING...

PAYMENT RESPONSIBILITY

The parent/legal guardian signing these registration papers will be responsible for all payments. Financial assistance programs will NOT be held responsible. Late payment for the amount of **\$11 (per family)** will be collected **after the fifth** of each month. Child/children will be unable to attend Recreation if payment has not been made by the **10th** of each month.

PROOF OF RESIDENCY

All persons registering their child/children MUST provide a Florida Driver's License or Florida Identification Card W/ CURRENT GULFPORT ADDRESS and...

- * two current utility bills w/current Gulfport address – water, gas, electric, phone, cable (OR)
- * two current personal bills w/ Gulfport address – automobile registration, credit card bill, medical or bank statement (OR)
- * Declaration of Domicile w/ any two items listed above

GUARDIANSHIPS

All legal guardians MUST provide temporary/permanent custody or adoption papers or Power of Attorney for Guardianship for their child/children to register using Gulfport resident rates. Notary written statements will NOT be accepted.

REFUND POLICY

A full program fee refund will be made only if the request for a refund is made **PRIOR to the FIRST DAY of ANY PROGRAM*** (the only exceptions would be if a child could not attend due to a documented medical reason). Partial or pro-rated refunds will not be made.

FIELD TRIP PERMISSION

I understand that the Gulfport Recreation Division will be offering field trips throughout the program and that I will be given at least a 2-day notice of field trip information.

FOOD RELATED ACTIVITES

I understand that I must have a signed Food Experience Permission Form for my child to participate in any food-related activity, such as special occasions and learning activities, which include food consumption. I also understand that I will be given advanced notice of any food-related activity.

PERMISSION TO PARTICIPATE

I/We accept full responsibility for the above named child, my/our son/daughter, and by signing below give my/our permission for him/her to participate in the recreation program as offered by the Gulfport Recreation Division. I/We understand the nature of the program, its activities, the arrangements regarding the time of meeting, and fees. I/We also understand that my child will receive a nutritious snack everyday and it is my responsibility to notify the center of my child's food allergies. I/We also understand that the nature of this recreation program does not allow my/our son/daughter to enter or leave the premises of the Recreation Center at which they are registered without permission of the Recreation staff and a signed note from his/her parents or legal guardian.

HOLD HARMLESS AND WAIVER FOR MINOR

As the parent or guardian of a minor child participating in activities or using any facilities of the City of Gulfport, Florida, I hereby waive, on behalf of said child, for myself and my spouse, if any, any claim against the City of Gulfport and its servants and employees, hereafter arising from injuries to the child identified on this form, which said injury is sustained while upon said facilities, participating in said activities or being transported therefrom or thereto, regardless of whether such injury is caused in whole or in part by the negligence of said city or by the negligence of the agents, servants and employees thereof, and I do hereby covenant to indemnify, hold harmless and defend the said City, its agents, servants and employees from any claim, damages or demand hereafter arising against the City or their agents, servants or employees of the City, arising out of the child's use of the facilities, participation in the activities, or being transported therefrom or thereto.

I hereby give my permission for the City of Gulfport to call my physician and/or to arrange for transportation to a hospital in the event of any injury to said child, and to administer first-aid as deemed necessary by the City, although I understand that the City assumes no responsibility to do so. I hereby waive any claim against the City of Gulfport, its agents, servants or employees arising from any administration of first-aid; by any of the foregoing or arising from any act or omission thereby in responding to any injury to the said child.

PERMISSION OF PRESS RELEASE

I understand that the City of Gulfport may take photographs or video of my child during the Tot Time Program activities. I understand that the City may release my child's name along with his/her picture for publication in the newspaper, program brochures or fliers. I also understand that the City may use video footage of my child for the Tot Time Program for public relations presentations.

The information I have provided in this packet is accurate to the best of my knowledge and I have agreed to arrangements for paying fees. I also have read, received and understand the policies stated in the parent handbook. Falsifying information may result in program dismissal for my child/children with NO REFUND.

Parent/Guardian Signature

Child's Name

Date



CHILD'S ENROLLMENT RECORD

DIRECTOR'S USE ONLY
Date enrolled

Child's full legal name
First Middle Last

Sex Birth Date Shot Record Physical Record

Child's preferred name/nickname

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

Primary Hours 8:30 a.m.-12:30 p.m. Program days (circle one): VPK or 5-day M-F or 3-day M, W & F or 2-day T & TH

Who has legal custody Relationship

Parent's Name Email

Home Phone Cell Phone

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

Place of employment Telephone

Address of employer
Street Address (number, apartment#, street) City State Zip

Parent's Name Email

Home Phone Cell Phone

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

Place of employment Telephone

Address of employer
Street Address (number, apartment#, street) City State Zip

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

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

Name Phone

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

Name Phone

CHILD'S ENROLLMENT RECORD

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

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/guardian cannot be reached.

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

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

I verify that the information on this enrollment form is complete and accurate.

Signature of Custodial Parent or Legal Guardian

Date



EMERGENCY MEDICAL RELEASE

This form must contain only one child's name, and 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 (____) _____

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 (other than parent/guardian): _____

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 not 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 this _____ 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

Child's Legal Name: _____
(FIRST) (M.I.) (LAST)

DISCIPLINARY PRACTICES

The following is a list of disciplinary practices to be followed by the Center in event of incidents. It is important that your child understand the procedures that will be taken. Please share the following information with your child. Signatures are required below.

1. First offense: Written warning, dated & recorded
2. Second offense: Written warning, dated & recorded
3. Third offense: Written warning, child meets with Director, Parent conference
4. Fourth offense: One (1) day suspension from the program
5. Fifth offense: Three (3) day suspension from the program

Immediate or next-day suspension may be used following:

- a. Fighting
- b. Physical or verbal abuse of staff or children
- c. Stealing
- d. Destruction of property
- e. Destruction or throwing of food and drink
- f. Spitting on or in the direction of others

Any further violation of the Discipline Guidelines (see parent's handbook) will result in termination from the program.

Parent/Guardian's Signature _____

Child's Signature _____

Date _____



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