

**City of Gulfport Recreation Division, 5730 Shore Blvd. S., Gulfport, Florida  
2016-2017 School Year Child Care 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 **10<sup>th</sup>** of each month.

**EARLY LEARNING COALITION PARENTS ONLY**

ELC payments are due on **Friday** prior to each week. A **\$11** late fee is applied – **per family – per week** - if payment is not received by Monday morning. If payment is not received by Friday of the week, the child will be unable to return to Recreation. Parents are responsible for paying the program daily rate fee IF the child is over their allotted absences with no documentation provided (even if the child is suspended).

**PROOF OF RESIDENCY**

All persons registering their child/children **MUST** provide a Florida Diver'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, voters information card, 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, adoption papers, Power of Attorney or a notarized written statement for Guardianship for their child/children to register using Gulfport resident rates.

**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. (The Beach Playground will be considered a Field Trip.)

**FOOD RELATED ACTIVITIES**

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 School Year Child Care 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 of Gulfport may use video footage of my child for the School Year Child Care Program for public relations presentations.

**PARENT/PROVIDER AGREEMENT**

Listed are additional fees or charges not covered by Early Learning Coalition of Pinellas County, Inc. or parent monthly fees: Annual Registration Fee - due at initial registration, \$17 resident / \$110 non-resident. Possible activity fees: Treasure Island Fun Center - \$9.00, Astro Skate (roller skating) - \$6.00, Bowling-\$6.00, Chuck-E-Cheese-\$7.00. Miscellaneous activities/field trips to be announced. The amounts listed will not exceed the amount listed.

**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 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

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*





## 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