

Photo Release: The City of Palm Beach Gardens Recreation Division may videotape or take photographs of participants enrolled in Recreation activities, classes, or program; or may take photographs of people in the City. These photographs and/or videotapes may be used in future Recreation guides, brochures, social media or website. **Initial** _____

Program Waiver: Please Read and Sign: As parent or guardian of a minor child who is a participant in activities by and/or a user of Community Services/Recreation Division facilities, I do hereby indemnify and hold the City, its agents, servants, and employees harmless from and against any and all claims, demands, lawsuits, settlements, damages, costs, and expenses, including attorney's fees, suffered to incurred by the City, its agents, servants, and employees arising out of or in connection with said participant's presence at and/or participation in any Community Services/Recreation Division facility or program, including transportation to or from activities and/or facilities. Furthermore, I do hereby agree to indemnify, hold harmless, and defend the City, its agents, servants, and employees, from and against any and all claims of negligence of said City, its agents, servants, or employees.

Signature of Parent or Guardian

Date

Parent/Guardian Program Agreement

- _____ **(initial)** I have read and understand the "Know Your Child's Day Care Center" brochure.
- _____ **(initial)** I understand the Riverside Youth Enrichment Center's Discipline Policy as stated in the Participant Handbook.
- _____ **(initial)** I agree to notify the Riverside Youth Enrichment Center in writing two weeks in advance of withdrawal. I understand that I am responsible for tuition during those two weeks.
- _____ **(initial)** I agree and understand that the Riverside Youth Enrichment Center reserves the right to change prices, policies and procedures.
- _____ **(initial)** I hereby give my permission for my child (four year old to eleven year old) to go on field trips under the supervision of appropriate staff members in an authorized City vehicle. I understand that notification will be given prior to any field trip.
- _____ **(initial)** I agree to provide a record of immunizations and physical at the time of enrollment. If I do not, my child will not be allowed to attend the program until such records are provided.
- _____ **(initial)** In case of emergency, the Riverside Youth Enrichment Center staff may authorize the physician of choice to provide emergency care if parent or guardian cannot be contacted immediately.
- _____ **(initial)** The staff will notify me should my child become ill or uncontrollable and I will be responsible for picking up my child within one hour of notification.
- _____ **(initial)** I understand my child may not be accepted or may be released at any time from the Riverside Youth Enrichment Center if it is determined the child lessened the health, safety, welfare, or enjoyment of him/herself or other children.
- _____ **(initial)** If medications are needed during the program, I will be responsible for following all procedures and providing all necessary paperwork. I realize that if I do not follow the written procedures outlined in the parent handbook, medication will not be distributed to my child and that my child can be suspended from the program until paperwork is completed.
- _____ **(initial)** I realize I am responsible for picking up my child or having an authorized person on the list pick up my child each day. I realize the parent handbook outlines the pick-up policy that includes signing-out procedures, and being on time. If I am not on time, I realize there will be a fine due before my child will be able to return to the Riverside Youth Enrichment Center.
- _____ **(initial)** I give permissions for the staff at Riverside Youth Enrichment Center to routinely do assessments with my child throughout the year.
- _____ **(initial)** I give permission for the staff at Riverside Youth Enrichment Center to apply diaper ointment, sunscreen, or insect repellent to my child when necessary. I realize I must supply the lotion, ointment or cream. I will not hold the City of Palm Beach Gardens or staff responsible for any adverse reactions that may occur as a result of this application. **Please make sure all items have your child's name on them.**

Under penalty of perjury, I declare that I have read the foregoing form and that the facts stated in it are true and accurate. Section 92.525, Florida Statutes, provides that whoever knowingly makes a false declaration under penalty of perjury is guilty of a felony of the third degree.

Signature of Parent/Guardian

Date

CHILD'S NAME:

Age:

- ARTICLE XV, B, 7, PBC Rules requires that parents must receive a copy of the Child Care Facility Brochure, **KNOW YOUR CHILD'S DAY CARE CENTER**. I have received a copy of the Child Care Facility Brochure, **KNOW YOUR CHILD'S DAY CARE CENTER**.
- ARTICLE IV, C, 5, PBC Rules requires that parents be notified in writing of the disciplinary practices used by the child care facility. I have received in writing the disciplinary practices used by this child care facility.
- ARTICLE XIII, B, 1, PBC Rules requires the parents complete an **AUTHORIZATION FOR EMERGENCY MEDICAL CARE** in the event of serious illness or accident and if the parents cannot be reached. I authorize the child care center to obtain emergency medical care for my child.
- I understand and agree to the above statements indicated in numbers 1 through 3:

Signature of Parent or Guardian

Date

- 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 to 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:

Signature of Parent or Guardian

Date

- ARTICLE XII, B, PBC Rules requires the parent and the center to complete an **ALTERNATE NUTRITION PLAN AGREEMENT** if the meals or snacks are furnished by the child's parent. I understand and approve the use of the Alternate Nutrition Plan. I agree to provide the following meals and/or snacks to meet my child's nutritional and dietary needs.

ALTERNATE NUTRITION PLAN AGREEMENT and/or INDICATE SPECIAL DIETARY Requirements:

Signature of Parent or Guardian

Date

- Under Florida Statute, 39.201, Title V, Judicial Branch Chapter 39, as a child care provider we are mandated reporters, which require us to report all cases of suspected neglect, child abuse or abandonment, to Child Protective Services. If you have any questions about mandated reporters, please feel free to ask any staff member.

Signature of Parent or Guardian

Date

(P = Parent Provides, C=Center Provides)

P	C	P	P	P	P	P
Breakfast	A.M. Snack	Noon Meal	P.M. Snack	Dinner	Evening Snack	Formula

I agree to provide the parent with a suggested meal pattern and menus and to discuss any problems which might develop in the use of the Alternate Nutrition Plan.

Date

Signature of Owner/Operator

Signature of Parent or Guardian

Date

PB

HEALTH/SPECIAL NEEDS INFORMATION SHEET

Child's Name _____ Date: _____

Age _____ Date of Birth _____ Sex _____

HEALTH HISTORY

Will your child need to take any medication(s) during program hours? YES NO

If you circled yes, please list the medication(s).

Does your child have any allergies? YES NO

If so, please list them (e.g., bee stings, fire ants, sun, food, etc.).

Please list any health problems that may prohibit your child from participating in certain activities, e.g., asthma, back injuries, etc.

Please list any other areas of concern: _____

Does your child have any special needs? YES NO

If yes, how can we accommodate your child?

NOTE: We are always happy to accommodate anyone with special needs. If your child needs specialized equipment (e.g., wheelchair accessible transportation), in order to participate fully in our program, please assist us by registering your child at least two weeks prior to the start of the program so that reservations for the equipment can be made in advance.

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: _____ Address: _____ Phone: _____

Doctor: _____ Address: _____ Phone: _____

Dentist: _____ Address: _____ Phone: _____

Hospital preference _____

Signature of Parent or Guardian

Date