



**CITY OF GREENACRES
DEPARTMENT OF LEISURE SERVICES
Youth Programs Registration Form**

CARES Cool Zone Camps



PERSONAL INFORMATION

CHILD'S LAST NAME _____ FIRST _____ MIDDLE _____

ADDRESS _____ CITY/ZIP _____

HOME PHONE NUMBER _____ E-MAIL ADDRESS _____

MOTHER'S NAME _____ WORK PHONE# _____ OTHER _____

FATHER'S NAME _____ WORK PHONE# _____ OTHER _____

DATE OF BIRTH _____ AGE _____ GRADE _____

T-SHIRT SIZE: Youth S M L Adult S M L XL 2X

SCHOOL _____ STUDENT I.D. # _____

A password is used to verify that a person is authorized to receive information about your child over the phone.
PASSWORD _____

EMERGENCY CONTACTS

Person(s) to contact in case of an emergency if a parent cannot be reached (we must be able to reach someone at all times).

NAME _____ RELATION _____ PHONE # _____

ADDRESS _____

NAME _____ RELATION _____ PHONE # _____

ADDRESS _____

FAMILY DOCTOR _____ PHONE # _____

ADDITIONAL PEOPLE AUTHORIZED TO PICK UP YOUR CHILD (must be at least 18 and provide proper ID)

NAME _____ RELATION _____ PHONE # _____

NAME _____ RELATION _____ PHONE # _____

NAME _____ RELATION _____ PHONE # _____

MEDICAL INSTRUCTIONS & ACCOMMODATIONS

Group ratio is 1 staff member for every 18 children (1:18). Does your child have special needs? Yes No
If yes, please indicate: _____

Please indicate if your child will require 1:1 for any physical accommodations (use of wheelchair, walker, cane, crutches, sight or hearing impaired, etc.) _____

The City has a partnership with The Arc Palm Beach County, which provides a modified 1:5 group ratio. Is this modified ratio required? Yes No If yes, please explain _____

Please note, this modified ratio is not guaranteed. A Special Accommodations Form must be completed and submitted within 5 business days from the program registration date. Youth must be able to meet modified ratio requirements in order to receive special accommodations. Youth who have significant behavioral issues (i.e., elopement, refusal to transition, and/or physical aggression towards others, such as kicking or hitting) are not eligible. Parents of these youth can provide and pay for a Behavioral Intervention Assistant to accompany their child in the program.

List any special medical issues, allergies or instructions you feel we should be aware of:

Does your child take any medication at home? Yes No If yes, complete below:

Name of Medication	Dosage & Frequency	Time Administered	Possible Side Effects
_____	_____	_____	_____
_____	_____	_____	_____

My child will be taking medicine during program hours. Yes No If yes, complete below:

Name of Medication	Dosage & Frequency	Time Administered	Possible Side Effects
_____	_____	_____	_____
_____	_____	_____	_____

INSURANCE INFORMATION

Name of Insurance Company _____

Group ID # _____ Phone: _____

OTHER INFORMATION

Does your child know how to swim? Yes No If yes, Beginner Intermediate Advanced

Do you give us permission to use sunscreen on your child? Yes No

Language primarily spoken in home _____

What activities or skills are you or your child hoping to receive from this program? _____



**CITY OF GREENACRES
DEPARTMENT OF LEISURE SERVICES
CARES/Cool Zone/Camps
Palm Beach County Health Department Supplemental Form**

- ARTICLE XIII, A, 8, a, 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. _____(initial)
- ARTICLE XIII, A, 8, a, 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. _____(initial)
- AUTHORIZATION FOR EMERGENCY MEDICAL CARE in the event of a serious illness or accident and if parents cannot be reached. _____(signature)
- IS YOUR CHILD ON FREE REDUCED or REGULAR LUNCH?
- ALTERNATE NUTRITION PLAN AGREEMENT: _____(initial)

Indicate Special Dietary Requirements: _____

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:

(Marked P for Parent Provides or C for Center Provides)

School Days: P Breakfast P A.M. Snack P Noon Meal C P.M. Snack

Full Days/Camps: P Breakfast C A.M. Snack P Noon Meal C P.M. Snack

Summer Camp: C Breakfast N/A A.M. Snack C Noon Meal C P.M. Snack

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 Operator

DATE

Signature of Parent/Guardian



**CITY OF GREENACRES
DEPARTMENT OF LEISURE SERVICES
CARES/Cool Zone/Camps
Youth Programs Participation Form**



Child's Full Name _____

Field Trip Consent

I, the Parent/Legal Guardian, hereby give my approval for the above-named child to participate in the City of Greenacres Youth Programs, including any in-house or outside field trips.

Participant Release/Hold Harmless

I, the Parent/Legal Guardian, acknowledge and fully understand that the above-named child will be engaging in activities that may involve risk of serious physical injury, including permanent disability and death. I further acknowledge that there may be other risks not known to us or not reasonably foreseeable at this time. I assume all risks and hazards incidental to such participation, including transportation to and from program activities.

Furthermore, I forever waive, release and hold harmless, the City of Greenacres, its employees, independent contractors, volunteers and/or participants from any and all claims arising out of bodily injury, loss of life, and/or all other damages to my person, property or child as a participant in the program. I agree and acknowledge that this Release/Hold Harmless will apply and include any claims regardless of the City's own negligence. I understand that as a participant in a recreational program, accident insurance is not provided by the City of Greenacres.

I further understand and agree that the City of Greenacres retains the right to dismiss my child from the program should my/their behavior endanger myself or others, and/or is detrimental to the program or the program's intended purpose.

Emergency Medical Treatment Authorization

In the event of any emergency, I hereby authorize the transportation to and treatment by the nearest hospital staff or an Emergency Medical Services Unit.

I hereby authorize the City of Greenacres to photographs of my child and to use these images in the promotion and marketing of Greenacres' programs, which may include media coverage and /or viewing by the general public.

DECLARATION: I HAVE FULLY READ AND AGREE TO THE TERMS AND CONDITIONS OF THIS RELEASE.

Parent/Legal Guardian (Print)

Parent/Legal Guardian (Signature)

Date



**CITY OF GREENACRES
DEPARTMENT OF LEISURE SERVICES
CARES/Cool Zone/Camps
Youth Programs Rules & Progressive Discipline Procedures**



Dear Parent/Guardian:

In order to provide the Youth Programs participants with an excellent educational and enriched environment, the following discipline plan will be in effect at all times.

PROGRAM RULES

1. Listen and follow direction the first time they are given.
2. Keep hands, feet and other objects to yourself (no kicking, scratching, biting, etc).
3. Respect others and property at all times.
4. Walk, never run in the Youth Programs areas.
5. Put all Youth Programs supplies where they belong.

Rewards

1. Stickers
2. Verbal Praise
3. Youth Program Cash/Tickets
4. Weekly and Monthly awards
5. Mentoring/Junior Counselor in Training

Consequences

1. Warning
2. Cool off time/ Redirection
3. Incident Report
4. Discipline Report
5. Dismissal from Program

PROGRESSIVE DISCIPLINE PROCEDURES

1. Discipline that does not require a discipline report or referral will be taken care of by the Youth Programs Counselor in the classroom or group.
2. For inappropriate behavior, an incident report is filled out by the counselor and will accompany the child(ren) sent to the Youth Programs office. Parent will be notified by phone or at pick-up.
3. After receiving THREE incident reports, a child will receive a discipline report and one day of suspension. A parent conference with the Asst. Youth Programs Supervisor or Youth Program Supervisor and counselor is required. If requested by parent, a daily report will be sent home with the child by the counselor.
4. After TWO discipline reports, a child will receive a one week of suspension.
5. After THREE discipline reports, the child will be terminated from the program. If a child demonstrates inexcusable behavior (property destruction, violent behavior or weapons of any kind, etc..) he/she will receive an AUTOMATIC DISCIPLINE REPORT, which can result in immediate suspension or termination from the program. If suspension occurs, tuition fees are still required to hold child's place in the Youth Programs. NO REFUND WILL BE GIVEN IF CHILD IS WITHDRAWN OR DISMISSED FROM THE PROGRAM DUE TO BEHAVIOR.

Student's Signature

Print Name

Parent/Guardian Signature

Date



**CITY OF GREENACRES
DEPARTMENT OF LEISURE SERVICES
CARES/Cool Zone/Camps
Acceptance Statement**

**I HAVE RECEIVED A COPY OF THE GREENACRES YOUTH
PROGRAMS PARENT HANDBOOK. I HAVE
READ THE INFORMATION AND UNDERSTAND IT AND AGREE
TO ABIDE BY THE POLICIES.**

Child's Name

Parent/Guardian Signature

Date: _____



SAMPLE FORM

City of Greenacres Leisure Services Department Accident/Incident Report

Date of Report _____ Date of Incident _____ Time of Incident _____ AM/PM

Name of Injured/Involved Person _____ Age _____

Address _____ Phone _____

City _____ State _____ Zip _____

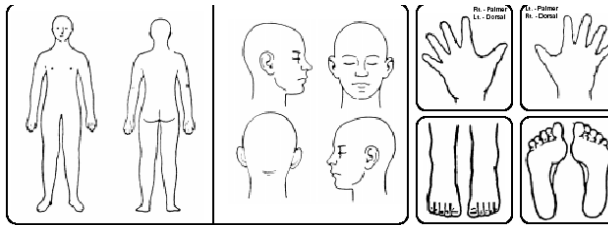
Were Parents Notified? YES ___ NO ___ By Whom _____
If not, why? Over 18 ___ Parents notified at pick-up ___ other _____

Exact Location of accident/incident _____ Weather conditions _____

How did the injury/incident happen _____

Description of injury/incident* _____

(Indicate where on body injury took place)



*Attach any conflicting reports or additional information _____

What action was taken? _____

Was first aid given? YES ___ NO ___ By Whom _____

What type of first aid was given _____

Were paramedics contacted? YES ___ NO ___ Paramedics Name _____

If yes, did they recommend transporting the individuals to hospital? YES ___ NO ___

For ambulance transportation, was parent/guardian approval granted? YES ___ NO ___

If yes, by whom? _____ Relationship to injured _____

Did Camp Director respond? YES ___ NO ___

Did person making this report witness the accident/ incident? YES ___ NO ___

Witness to injury (other than person making report) _____ Phone _____

Signature of person making report _____ Date _____

Signature of parent _____ Date _____

Supervisor's signature _____ Date _____

