

Parents/Guardians,

Thank you for your interest in the Before/After School and/or Summer Program(s). All forms must be completed in their entirety (no blanks). **Your child may not begin the program until paperwork has been verified as complete.**

Child's Name: _____

My child has a current **ADVANTAGE** Membership? Yes _____ No _____

My child needs: _____ Before School _____ After School _____ Summer

The following forms **must be** completed in their entirety:

- 1. *Grant Participant Information Form* COMPLETED – **10-Digit Student ID #** _____ (can be located on child's report card). Address must match PROOF OF RESIDENCY address.
- 2. *Parent Agreement Letter*
- 3. *Juvenile Welfare Board (JWB)* – Authorization and Consent for Disclosure, Receipt and use of Confidential Information for Participants funded through JWB.
- 4. *Child's Enrollment Record* COMPLETED - Address must match PROOF OF RESIDENCY address.
- 5. *Emergency Medical Release* - This form cannot have any cross outs or contain whiteout. Address must match PROOF OF RESIDENCY address. We have notaries on-site, ensure you bring your Driver's License or State Identification Card with you when registering if you would like us to notarize this form.
- 6. *Resident/Non-Resident Program Registration Application (Hold Harmless Agreement)*
- 7. PCLB Food Experience Permission Form
- 8. Influenza Virus Form

A **COPY** of the following items **must be** with your registration packet:

1. **ONE copy of Proof of Participant's Age – one of the following items is accepted:**

- Birth Certificate
- State/Government ID
- Military Dependent ID
- Passport
- Certificate of Arrival in U.S.
- Health Records (birth date listed & signature from licensed physician)
- Current School Year Demographic form

2. **ONE copy of Income Proof – one of the following items is accepted:**

- Current Pay Stub from both parents, if living in the same residence
- Previous Year Tax Return
- Previous Year W2's from both parents, if living in the same residence
- Current Unemployment/Disability Documentation/Check

3. **ONE copy of Proof of Residency (parent/guardian name and address must be the same on all registration forms). One of the following items is accepted:**

- Current Utility Bill
- Current Mortgage or Lease Agreement
- Current Pay Stub with Address

OFFICE USE ONLY:

***ATTENTION OFFICE STAFF: Do not accept any registration packets until ALL forms are completed and requested copies are attached. Incomplete packets will not be accepted for the grant. Forms must be turned in the same order as listed above to the TASCOCenter-based office.**

CENTER SUP. II INITIALS: _____ TASCOCENTER-BASED STAFF INITIALS: _____

Grant Participant Information Form



(Office use only) Participant ID #, Program Entry Date, Closing Date, Annual Review checkboxes

Our agency receives funding from Juvenile Welfare Board for the program that has or will serve your child. In return for this funding, we agree that our program will be evaluated by The Juvenile Welfare Board. All information will be kept confidential and will be used only for the purpose of evaluating the program and measurable outcomes.

Recreation Center: _____

Child's Name: _____ Birth date: _____ Age: _____

Sex: Male Female Gender: Male Female Trans Female Trans Male Gender Non-Conforming

Address _____ City: _____ Zip Code: _____

School Attending: _____ Current Grade: _____ 10-Digit Student ID #: _____

Who has Legal Custody: _____ Relationship to Child: _____

Current Living Situation: (select one) Have Physical Address Legally Restricted Unsheltered Sheltered Safe Haven Institutional Setting Temporary Housing Situation Potentially Permanent Housing Situation

Parent/Legal Guardian's Name: _____

Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Place of Employment: _____

Parent/Legal Guardian's Name: _____

Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Place of Employment: _____

Total Number of Children in Household: _____ Total Number of Adults in Household: _____

Household Arrangement: (select one) Single Parent - Female head of household Single Parent - Male head of household Dual Parent - Married Dual Parent - Non-married Female head of household Other - Non-relative Dual Parent - Non-married Male head of household Other - Relative/Kinship Care - Male head of household Other - Relative/Kinship Care - Female head of household Other Relative/Kinship Care - Married

Gross yearly combined Household Income: \$ _____

Participant's Lunch Status: Full Reduced Free Is participant a Foster Child: Yes No

Primary Language Spoken: (select one) English Spanish Chinese Vietnamese Korean Russian Arabic Tagalog Polish French Haitian Creole Portuguese Japanese Italian Haitian American Sign Language Other

Race: (select one) White Black, African American Asian American Indian or Alaska Native Haitian Native Hawaiian Other Asian (Hmong, Laotian, Thai, Pakistani, Cambodian, etc.) Other Pacific Islander (Fijian, Tongan, etc.) Some other Race Multiracial

Ethnicity: (select one) No, Not Hispanic, Latino or Spanish Yes, Mexican, Mexican American or Chicano Yes, Puerto Rican Yes, Cuban Yes, Another Hispanic/Latino or Spanish Origin

I certify that all information documented on this form regarding myself, and my child is true and complete to the best of my knowledge. I fully understand that any omissions, falsifications, or misrepresentations may disqualify my child from participating in the City of St. Petersburg and The Juvenile Welfare Board Matched Partnership Grant Program.

Signature of Custodial Parent/Legal Guardian (Affiant): _____



PARENT AGREEMENT LETTER

Thank you for applying for a scholarship to the City of St. Petersburg’s Out of School Time (OST) Program funded in whole or in part by the Juvenile Welfare Board of Pinellas County (“JWB”). To maintain a scholarship, each participant must comply with the following performance measures and minimum service levels.

In order to enroll in the scholarship program, the participant intake packet must be completely filled out. Proof of income, county residency, and age verification will also need to be provided and on file at the facility.

- All participants are required to complete any program measuring tool required by the grant funder.
• We reserve the right to remove a participant due to behavioral issues.
• Participants are required to participate in enrichment programs throughout the year such as teacher enrichment activities, teacher tutoring, guest speakers, educational programs, community service projects, etc.
• Participants absent for more than five (5) consecutive days with no contact from the parent/guardian will be removed from the scholarship program.

Before School and/or After School Program

- The After School Program is FREE to all qualifying and non-qualifying participants and includes School’s Out Days and Fall and Spring Camp programs.
• The Before School Program is FREE to qualified candidates.
• Participants enrolled in the scholarship program must attend a minimum of one hour per day and may not be absent for more than five (5) days per calendar month.
• Priority summer registration is contingent on participant attendance.
• Program hours are as follows:

Before School Program 7:00 a.m. – until school begins
After School Program school dismissal – 6:00 p.m. (middle school 7:00 p.m.)
Includes School’s Out Days and Fall, Winter, and Spring Camps for qualified participants

Summer Program

- The Summer Program is only available to financially qualified participants.
• Scholarship participants are required to attend the full 10-week program.
• Camp hours are 7:00 a.m. - 6:00 p.m.
• Field trip eligibility is determined by participant’s behavior and attendance.
• Each scholarship participant is eligible to receive \$15 per week which is applied towards field trips and activities selected by the teen supervisor.

I have read and acknowledge the grant guidelines put forth by the City of St. Petersburg. My child’s scholarship may be forfeited if the guidelines are not maintained.

Participant’s Name (printed): _____

Parent / Guardian Signature: _____ Date: _____



AUTHORIZATION AND CONSENT FOR DISCLOSURE, RECEIPT AND USE OF CONFIDENTIAL INFORMATION FOR PARTICIPANTS FUNDED THROUGH JWB

Participant Name: _____ (print participant name)

I acknowledge that I am a participant of City of St. Petersburg, TASCO Center Based Out of School Time Program which is an agency or program funded in whole or in part by Juvenile Welfare Board of Pinellas County (JWB). I also acknowledge that JWB's Data Collection System is exempt from disclosure under the Florida Public Records Act. I understand that the JWB Data Collection System contains confidential information pertaining to participants of JWB funded agencies and programs. I also acknowledge that JWB, as funding the agency or program or service in which I am participating, may review my participant file and all other information pertaining to me held by the providing agency/program/service regardless of whether that information is entered into the JWB Data Collection System. I further acknowledge that JWB is merely the repository and reviewer of records and information as the payor for these services to the funded agencies/programs and that JWB provides no direct services to me, including, but not limited to coordination of services, recommendation of services, or medical diagnoses and that JWB is not a covered entity as that term is defined under HIPAA. By virtue of this Release, I hereby understand and agree that my confidential information may be contained in the JWB Data Collecting system and that JWB may review my participant file and all information pertaining to me with respect to any JWB funded agency/program/service. I authorize JWB to utilize my confidential information to verify eligibility for funded services/programs, make payment for services rendered to me by funded agencies/services/programs, quality control of funded agencies/services/programs, evidence based research of JWB funded agencies/services/programs including but not limited to, tracking measurable outcomes of funded agencies/services/programs and determination of future services/programs funded by JWB.

I understand that the confidentiality of any information disclosed, received or used by JWB pursuant to this authorization will not be further disclosed to any other party without my express written consent or as otherwise permitted or required by applicable law. Notwithstanding the foregoing, the information received by JWB pursuant to this authorization may be used by JWB and its agents for research purposes so long as the research results are reported in the aggregate and in a de-identifying manner such that no personally identifying information is disclosed.

I further understand that I have right to revoke this authorization in writing at any time, except to the extent that JWB has already taken action in reliance on it. If not previously revoked by me, this authorization will terminate five (5) years from the last day of service at the JWB funded agency/program:

By my signature below, I acknowledge that I have given my consent as indicated above freely, voluntarily, and without coercion, and that I have been given a copy of this authorization, signed by me on the date shown below.

I consent to my minor participating in online or paper surveys that will be used for program improvements and enhancements.

Print Parent/Guardian Name

Parent/Guardian Signature

Date

FORM 4

CHILD'S ENROLLMENT RECORD



DIRECTOR'S USE ONLY

Date enrolled _____

Child's Full Legal Name _____
First Middle Last Nickname

Date of Birth _____ Sex _____ School _____ Grade _____

Primary Hours of Care From _____ To _____ Days of Week in Care _____

Child's Physical Address _____
Street Address (number, apartment #, street) City State Zip Code

Family Information:

Child Lives with _____

Parent's Name _____
First Middle Initial Last

Parent's Name _____
First Middle Initial Last

Address: _____

Address: _____

City State Zip Code

City State Zip Code

Home Phone: _____

Home Phone: _____

Employer: _____

Employer: _____

Address: _____

Address: _____

City State Zip Code

City State Zip Code

Parent's Date of Birth _____

Parent's Date of Birth _____

Work Phone _____ Other _____

Work Phone _____ Other _____

Parent's Email _____

Parent's Email _____

Custody: Mother _____ Father _____ Both _____ Other _____ Name _____

Emergency Contacts:

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the children's center in case of illness, accident or emergency, **if for some reason the custodial parent(s) or legal guardian(s) cannot be reached:**

Name _____ Date of Birth _____

Home Phone _____ Cell Phone _____

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

Name _____ Date of Birth _____

Home Phone _____ Cell Phone _____

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

Please use additional sheet of paper to list name, address and phone number of any other people authorized to pick the child up.

CONTINUED ON BACK

**CHILD'S ENROLLMENT RECORD
(Back Page)**

Medical Information:

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

Meals typically served while in care: Breakfast AM Snack Lunch PM Snack Supper

Emergency Care Plan Instructions (if applicable) _____

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.

I was notified in writing of the disciplinary and expulsion policies used by the children's center.

I was provided the food and nutrition policies used by the children's center.

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child's records.

Signature of Custodial Parent or Legal Guardian

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.

Signature of Custodial Parent/Legal Guardian (Affiant)

STATE OF FLORIDA COUNTY OF

The foregoing instrument was acknowledged before me this (Month) (Day) 20 (Year)

by means of physical presence or online notarization by (Name of Affiant) who is personally known

to me or has produced (Type of identification) as 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

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 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*:

Name: _____

Child's Name: _____

Date Received: _____

Signature: _____

Please complete and return this portion of the brochure to your child care provider, in order for them to maintain it in their records.

FORM 7



What should I do if my child gets sick?

Consult your doctor and make sure your child gets plenty of rest and drinks a lot of fluids. Never give aspirin or medicine that has aspirin in it to children or teenagers who may have the flu.

CALL OR TAKE YOUR CHILD TO A DOCTOR RIGHT AWAY IF YOUR CHILD:

- Has a high fever or fever that lasts a long time
- Has trouble breathing or breathes fast
- Has skin that looks blue
- Is not drinking enough
- Seems confused, will not wake up, does not want to be held, or has seizures (uncontrolled shaking)
- Gets better but then worse again
- Has other conditions (like heart or lung disease, diabetes) that get worse



How can I protect my child from the flu?

A flu vaccine is the best way to protect against the flu. Because the flu virus changes year to year, annual vaccination against the flu is recommended. The CDC recommends that all children from the ages of 6 months up to their 19th birthday receive a flu vaccine every fall or winter (children receiving a vaccine for the first time require two doses). You also can protect your child by receiving a flu vaccine yourself.

What can I do to prevent the spread of germs?

The main way that the flu spreads is in respiratory droplets from coughing and sneezing. This can happen when droplets from a cough or sneeze of an infected person are propelled through the air and infect someone nearby. Though much less frequent, the flu may also spread through indirect contact with contaminated hands and articles soiled with nose and throat secretions. To prevent the spread of germs:

- Wash hands often with soap and water.
- Cover mouth/nose during coughs and sneezes. If you don't have a tissue, cough or sneeze into your upper sleeve, not your hands.
- Limit contact with people who show signs of illness.
- Keep hands away from the face. Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.



When should my child stay home from child care?

A person may be contagious and able to spread the virus from 1 day before showing symptoms to up to 5 days after getting sick. The time frame could be longer in children and in people who don't fight disease well (people with weakened immune systems). When sick, your child should stay at home to rest and to avoid giving the flu to other children and should not return to child care or other group setting until his or her temperature has been normal and has been sign and symptom free for a period of 24 hours.

For additional helpful information about the dangers of the flu and how to protect your child, visit: <http://www.cdc.gov/flu/>

What is the influenza (flu) virus?

Influenza (“the flu”) is caused by a virus which infects the nose, throat, and lungs. According to the US Center for Disease Control and Prevention (CDC), the flu is more dangerous than the common cold for children. Unlike the common cold, the flu can cause severe illness and life threatening complications in many people. Children under 5 who have the flu commonly need medical care. Severe flu complications are most common in children younger than 2 years old. Flu season can begin as early as October and last as late as May.



How can I tell if my child has a cold, or the flu?

Most people with the flu feel tired and have fever, headache, dry cough, sore throat, runny or stuffy nose, and sore muscles. Some people, especially children, may also have stomach problems and diarrhea. Because the flu and colds have similar symptoms, it can be difficult to tell the difference between them based on symptoms alone. In general, the flu is worse than the common cold, and symptoms such as fever, body aches, extreme tiredness, and dry cough are more common and intense. People with colds are more likely to have a runny or stuffy nose. Colds generally do not result in serious health problems, such as pneumonia, bacterial infections, or hospitalizations.



For additional information, please visit www.myflorida.com/childcare or contact your local licensing office below:

CF/PI 175-70, June 2009

This brochure was created by the Department of Children and Families in consultation with the Department of Health.



**“The Flu”
A Guide
for Parents**

INFLUENZA VIRUS