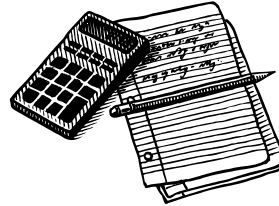


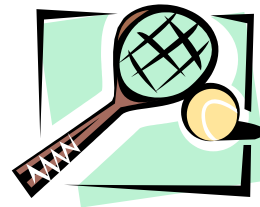
MADEIRA BEACH REC.
AFTER-SCHOOL PROGRAM
200 REX PLACE ~~ 392-0665
2010- 2011 SCHOOL YEAR FOR STUDENTS ATTENDING
MADEIRA BEACH FUNDAMENTAL (KINDERGARTEN ~ 8TH GRADE)

Nutritional Snacks



Homework Room lead by Teacher

INSTRUCTIVE ACTIVITIES: BASKETBALL, DODGEBALL, KICKBALL... ETC



CURRENT FEES:

MADEIRA BEACH RESIDENTS: \$ 40/ CHILD/ WEEK (\$30 SIBLINGS)

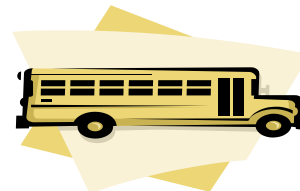
NON-RESIDENT: \$55/ CHILD/ WEEK (\$45 SIBLINGS)

WE ACCEPT CCC FAMILIES
CARE AVAILABLE TILL 6 PM

ONE OR TWO DAYS A WEEK, OPTIONAL
IF A CHILD ATTENDS 3 OR MORE DAYS, WEEKLY RATE APPLIES

NO ADDITIONAL FEE FOR NO SCHOOL DAYS

OWN TRANSPORTATION



The school is neither endorsing nor sponsoring this event nor approving or endorsing the views of this organization sponsoring this activity.



DIRECTOR'S USE ONLY

Date enrolled _____

After school / Holiday 2010-2011
Registration Form

Child's legal Name: _____ Nickname: _____
Gender: _____ Date of Birth: _____ Age: _____ Grade: _____

Child's Address: _____
City: _____ Zip: _____

Primary days & hours child will be in the center's care: (please circle) M T W T F _____

Who has legal custody (if other than parents): _____

Relationship to child: _____
Address: _____ City _____ Zip _____
Home Phone: (____) _____ Cell: (____) _____

Mother's Name: _____
Home Address: _____
City: _____ Zip: _____
Home Phone: (____) _____ Cell: (____) _____

Mother's Place of Employment: _____
Address: _____ City _____ Zip _____
Telephone: (____) _____ Ext. _____

Father's Name: _____
Home Address: _____
City: _____ Zip: _____
Home Phone: (____) _____ Cell: (____) _____

Father's Place of Employment: _____
Address: _____ City _____ Zip _____
Telephone: (____) _____ Ext. _____

People Authorized (*relatives or neighbors*) who have your permission to remove your child from the program because of illness or Emergency:

Name _____ Relationship to child _____
Address: _____ City _____ Zip _____
Home Phone: _____ Cell: (____) _____

Name _____ Relationship to child _____
Address: _____ City _____ Zip _____
Home Phone: _____ Cell: (____) _____

Additional adults who have your permission to pick up your child.

Name _____ Relationship to child _____
Cell: (____) _____ Other phone (____) _____

Name _____ Relationship to child _____
Cell: (____) _____ Other phone (____) _____

Child's Medical Release Information

Child's Name: _____ Date of Birth: _____

Child's physician/health resource: _____

Address: _____

City: _____ State _____ Phone Number: _____

Child's Dentist: _____

Address: _____

City: _____ State _____ Phone Number: _____

Hospital Preference: _____

Must specify particular hospital

Name

City

What medical, physical or emotional special needs does your child have of which we need to be aware? _____

List all known Allergies: Insect Bites/Stings: _____

Food Allergies/Special dietary needs: _____

Miscellaneous Information: _____

- An afternoon snack will be provided on full school days.
- On early release days, Holiday breaks, or school closings, the Rec. will offer a morning and afternoon snack.

My signature below verifies that:

- I give permission to consult the child's physician/health/dental resource listed above in case of emergency if the parent /guardian can not be reached.
- I have received a copy of the "Know Your Child's Children Center" brochure and a copy of the children's center discipline policy.
- I verify that the information on this enrollment form is complete and accurate.

Signature of Parent/Guardian

Date

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 can not be reached. I give consent to transport by ambulance if situation warrants it.

(child's name)

(Signature of Parent/Legal Guardian)

STATE OF FLORIDA, COUNTY OF _____

The foregoing instrument was acknowledged before me on _____ 20_____
(Month) (Day) (year)

by _____, who is personally known to me or has produced
(Name of Affiant)

_____ as identification.

Signed: _____
(Signature of Notary)

SEAL OF NOTARY

Madiera Beach Recreation Department Code of Conduct

Our program is designed with the following objectives in mind:

- To offer participants a positive recreation experience...
- To create environments that will cultivate friendships...
- To foster the learning of good citizenship skills...
- To provide a FUN and SAFE atmosphere...
- To contribute to the positive growth and development of our participants.

Please review the following with your child:

- Children must check in and out with their leader daily
- Children must stay with their assigned leader and in their designated area
- Children should show good manners and courtesy to other children and Rec. Staff
- Children must be respectful of City property and fellow children's belongings
- Children must use appropriate language at Rec. and on field trips
- **No fighting! No hitting! Children must keep hands, feet, and other objects to themselves.**

FAILURE TO MAKE GOOD CHOICE:

First consequence: Verbal warning

Second consequence: Time out for one minute for each year of the child's age

Third consequence: Verbal conference with Recreation Director or Program Director.

Fourth consequence: Suspension from camp for a specific length of time (one day, three days, or five days)

- Inappropriate Language and severe disruptions will immediately result to the third or fourth consequence.
- A behavior note will go home if your child reaches the third or fourth consequence. Parents will need to sign the note at Rec. and will be provided a copy for home/records.

Program Policies

The City of Madiera Beach Recreation Department does not carry health/accident insurance for individuals participating in our program(s). It is understood that if an injury does occur, the parent will be responsible for any and all expenses incurred.

Parent Initials _____

I understand the City of Madiera Beach Recreation Department is not responsible for the loss, damage, or theft of any personal belongs brought to the center.

Parent Initials _____

The City of Madiera Beach Recreation Department has my permission to take pictures of my child to be used for arts and crafts or to be posted in the Recreation Center.

Parent Initials _____

Please feel welcome to contact the Recreation office at 392-0665 to discuss any concerns or questions.

Please sign the bottom of this form stating that you understand and comply with the above policies and procedures.

Date _____

Signature of Parent/Guardian

Permission for Photographs which include Children

The City of Madeira Beach Recreation Department *does have my permission* to take pictures of my child/children to be used for arts and crafts or to be posted in the Recreation Center.

Child/Children's Name:

Parent Signature _____

I would prefer The City of Madeira Beach Recreation Department not take pictures of my child/children to be used for arts and crafts or to be posted in the Recreation Center.

Child/Children's Name:

Parent Signature _____