

MADEIRA BEACH RECREATION AFTER SCHOOL PROGRAM



**PICK UP FROM MADEIRA BEACH FUNDAMENTAL
& ORANGE GROVE ELEMENTARY**
LICENSED UNDER PCLB - PROGRAM #52511552882
AVAILABLE FOR GRADES K-8

HOMEWORK ROOM AVAILABLE!
****PLEASE BRING DAILY AFTERNOON SNACK****

**PROVIDED FUN INCLUDES: DODGEBALL, FOOTBALL, SOCCER, BASEBALL, BASKETBALL, AS
WELL AS VARIOUS ARTS AND CRAFTS!**

WEEKLY RATES:
RESIDENTS \$40/WEEK ~ (\$30 WITH SIBLING DISCOUNT)
NON-RESIDENTS \$55/WEEK ~ (\$45 WITH SIBLING DISCOUNT)

DAILY RATES:
DAILY RATES PROVIDED FOR ONE AND TWO DAY ATTENDENCE ONLY!
RESIDENTS \$8/DAY ~ NON-RESIDENTS \$11/DAY

HOLIDAY AND FULL DAY OUT CAMPS ARE PROVIDED AS WELL!

PLEASE CONTACT MADEIRA BEACH RECREATION AT (727) 392-0665
AFTER SCHOOL PROGRAM WILL BE HELD AT:
MADEIRA BEACH CITY HALL ~ 300 MUNICIPAL DRIVE, MADEIRA BEACH, FL
Enrollment Forms Available at City Hall or On-line at www.madeirabeachfl.gov
(ONLY Checks or Money Order Accepted)

**(2)(d) The school is neither endorsing nor sponsoring this event nor approving or endorsing
the views of the organization sponsoring the activity.**

Follow The FUN!



City of Madeira Beach



@MadeiraBeachFUN



@MadeiraBeachFUN

Subject: Fees of Madeira Beach Recreation After School Programs 2014-2015 School Year

Please be reminded that all payments for each week of care are due no later than Monday of the same week. Payment will be accepted in advance, NO CASH payments! Check or Money Orders ONLY. There will be no Before School Program for the 2014-2015 school year. **NO FOOD will be provided by the Recreation Department—All children must bring their own Daily Afternoon Snack with them.** The approved fees are as follows:

After School Programs: 1:55 pm- 6:00 pm. Late Fees begin at 6:01- \$1.00 per minute

Resident	\$40 per child, per week	(\$30 each additional sibling)
Non-Resident	\$55 per child, per week	(\$45 each additional sibling)
Daily Rates (1-2 days)	\$8.00 per resident child	\$11.00 per non-resident child

- **If a child attends three or more days in a week, the weekly rate will apply.**
- Madeira Beach Rec. will be closed for the following Holidays: Monday, Sept. 1; Thursday & Friday, Nov. 27 & 28; Wednesday & Thursday, December 24 & 25; Wednesday, Dec. 31, Thursday, Jan. 1; Monday, May 25; Wednesday- Friday, June 3-5.
- Thanksgiving Holiday Camp - 3 days (Nov. 24, 25, 26); Winter Holiday Camp- December 22, 23, 26, 29, 30, & January 2; Spring Holiday Camp March 30-April 3. Camps will be priced according to the Holiday Daily Rate Fees. Camps include fun activities and select field trips. **Campers must each bring a lunch and two snacks. Food will NOT be provided by Camp.**

FULL DAY RATES ARE AS FOLLOWS:

Residents: \$15/day (\$75/week) Non-Residents: \$20/day (\$100/week)

- **Full Day Out Programs 7:30am- 5:30pm. Late fees begin at 5:31- \$1.00 per minute.**
- We will also be open on the following days when schools will be closed: Monday, Oct. 20; Monday, Jan. 5; Monday, Jan. 19; Monday, Feb. 16; Monday, Mar. 16.

Parent Signature _____ Date _____

I acknowledge that I have received a copy of this memo and I agree to comply with the conditions listed above.

***PLEASE NOTE:** If any changes occur with this calendar you will be informed by newsletter and posted inside your child's sign out folder and office bulletin board. Check for updates and changes!



CHILD'S ENROLLMENT RECORD

DIRECTOR'S USE ONLY
Date enrolled _____

Child's full legal name _____
First Middle Last

Sex _____ Birth Date _____

Child's preferred name/nickname _____

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

Primary hours child will be in the children's center _____

Days of week child will be in the children's center _____

Who has legal custody _____ Relationship _____

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

Home Phone _____ Cell Phone _____

Parent's name _____

Home Phone _____ Cell Phone _____

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

Place of Employment _____

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

Telephone _____

Parent's Name _____

Home Phone _____ Cell Phone _____

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

Place of Employment _____

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

Telephone _____

The child will be released only to the person(s) authorized, or in the manner authorized, in writing, by the custodial parent(s) or legal guardian(s). The following person must be someone other than the custodial parent(s) or legal guardian(s) and is authorized to remove the child from the facility in case of illness, accident, or emergency, if for some reason the custodial parent(s) or legal guardian(s) cannot be reached:

Name _____

Home Phone _____ Cell Phone _____

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

Name _____

Home Phone _____ Cell Phone _____

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

CONTINUED ON BACK



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 on _____ 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)

MADEIRA BEACH RECREATION 2014-2015 FOOD POLICY

Child's Name _____

As a parent, I, _____, acknowledge that Madeira Beach Recreation will NOT provide any food for my child. Each child's parent or legal guardian will provide food and beverages for consumption by their child only. Madeira Beach Recreation will ensure that the parent or legal guardian has included the child's name on the outermost container. Madeira Beach Recreation will not provide any types of food, snacks, or beverages for the children in care. Madeira Beach Recreation will not engage in any practice that alters the food supplied by the parent or legal guardian. Examples include heating, cutting, mixing, etc.

Please check all that apply:

___ My child HAS food allergies _____

___ My child DOES NOT HAVE food allergies

I give permission for my child to:

___ Sit with other children at regular lunch/snack tables

___ Choose and purchase food at a field trip

___ Make his or her own decisions regarding food choices

Parent Signature

Date

City of Madeira Beach Recreation Department
Movie Permission Form 2014-15 After-School Program

I _____, Hereby grant permission for
_____ to participate in "Movie Time" during inclement weather
or days without trips. Movies will be rated G or PG appropriate for all ages attending the
program. Thank you.

Child's Date of Birth _____ Age _____

Phone (Work) _____ or (Cell) _____

Signature of Parent/Guardian Date _____

Additional Information

City of Madeira Beach Recreation Department

Field Trip Permission Form 2014-15 After School Care Program

I _____, Hereby grant permission for my child,
_____ to attend the field trips that the After-School Care
program will attend. Thank you.

Child's Date of Birth _____ Age _____

Phone (Work) _____ or (Cell) _____

Signature of Parent/Guardian Date _____

Additional Information

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.

Signature of Parent/Guardian

Date

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/kidscare or contact your local licensing office below.

CFPI 175-70, June 2009

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



INFLUENZA VIRUS

"The Flu"
A Guide
for Parents

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.



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



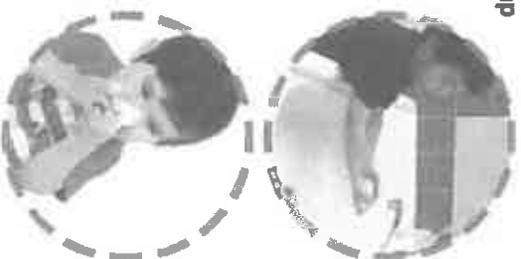
How can I protect my child from the flu?

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/>