

Summer Camp Registration 2021 (Broward)

Family Password: _____

Campus: _____

(Registration Fee and the first week of camp participating fee are due along with the application form)

CHILD INFORMATION: (Please Print)

Child's Last Name _____	First Name _____	Gender _____	Date of Birth _____	Grade _____
Child's Last Name _____	First Name _____	Gender _____	Date of Birth _____	Grade _____
Child's Last Name _____	First Name _____	Gender _____	Date of Birth _____	Grade _____

Allergy/Medical Concerns: Yes No (If YES, please list all applicable concerns on the attached page)

Doctor's Name _____ Phone # _____

Note: In the event of emergency, I can arrive at the facility within: 0-30 min 30-60 min Other _____

Is your Child currently in an *ESE program* or receiving any special services during the regular school day?
 Yes No (If YES, you MUST complete a Special Needs Pre-Enrollment application).

PARENT/GUARDIAN INFORMATION:

Child lives with: Both Parents Mother Father Other _____

MOTHER'S INFORMATION

FATHER'S INFORMATION

Name: _____	Name: _____
Cell Phone#: _____	Cell Phone #: _____
Home Phone #: _____	Home Phone #: _____
Work Phone #: _____	Work Phone #: _____
Work Address: _____	Work Address: _____
Driver's License #: _____	Driver's License#: _____
Mother's Address: _____	Father's Address: _____

Email address: _____

Mother permitted to pick up a child? Yes No

Father permitted to pick up child? Yes No

Is there anyone legally NOT allowed to pick up your child? If so, who? _____

We must have a copy of the legal paperwork on these individuals in order not to release your child.

EMERGENCY CONTACTS: (Must be 18 years of age and show picture I.D. to remove child from the center)

Other persons authorized by the parent to pick up my child. If the parent cannot be reached, the following persons may be contacted in case of illness, injury, or emergency. It is the registering parents' responsibility to keep this list current.

Name _____	Phone # _____	Address _____	Relationship _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Parent/Guardian's Name & Signature _____ Date: _____

- I understand that my child will be expected to behave in accordance with the After School Connections code of conduct available online at www.afterschool-connections.org. Disruptive behavior or actions posing a threat or any danger to them or anyone else will result in dismissal.
- I understand that there will be NO refunds, credits, or reductions in fees.
- I acknowledge receipt of the payment schedule to be paid by me and read the payment policy and procedures. I understand that in the event I fail to pay these fees in a timely manner, I will be held responsible for ALL fees and collection costs on all unpaid charges.

Allergy / Medical Conditions

Please Fill Out for Each Child

For the safety of the child (ren) it is mandatory that all parents provide the program with a diagnosed EPIPEN to be administered by counselors in the event the child (ren) needs it.

Child's Name: _____

Allergies? No Yes If Yes, please list: _____

Medical Conditions? No Yes If Yes, please list: _____

Please list any other important information, or special services your child receives, that we should be aware of:

Child's Name: _____

Allergies? No Yes If Yes, please list: _____

Medical Conditions? No Yes If Yes, please list: _____

Please list any other important information, or special services your child receives, that we should be aware of:

Child's Name: _____

Allergies? No Yes If Yes, please list: _____

Medical Conditions? No Yes If Yes, please list: _____

Please list any other important information, or special services your child receives, that we should be aware of:



SUMMER CAMP 2021 (Broward)

Camp Program: After School Connections will offer your child a camp filled with safety, enriched learning opportunities indoors and outdoors. Each week we will offer a different theme which includes sports, arts and crafts, movies, cooking, Zumba, karaoke, STEAM, science, chess, academics and two or more indoor field trips on the school campus. Please check the calendar schedule available online.

Camp Supervision: Campers are supervised by our counselors who meet all educational and professional requirements of Palm Beach Child Care Licensing. All staff members have been fingerprinted, background and drug screened, and are CPR, First Aid, and AED certified.

Weeks Attending: Due to the fact that we limit our enrollment, you will be responsible for paying for all the weeks you indicate your child will be attending camp. Please indicate below the weeks your camper will be attending.

Table with 5 columns: Week, Campus, Dates, Check, Child Name. Rows 1-8 with dates from June 14 to August 2-6. Row 4 is highlighted in yellow.

*Activity Calendar available online. Tuition for the week of 4th of July will be \$130.00 per week.

Late Pick-Up fee: The late pick up fee is \$1.00 per minute after 6:00 pm. This fee is due by check or credit card upon picking up your child. After 3 late pick-ups in the same week we reserve the right to drop your child from the camp.

Registration Fee: The registration fee per family is \$75.00 until May 1st. After May 1st there will be a late registration fee of \$90.00 per family, based on availability. Registration fees are non-refundable. School staff fee: \$55 per family.

Fee Policies: The cost is \$160.00 per week. Activity fees are included in the Tuition. Summer camp tuition is charge on a weekly basis. School staff fee: \$110 per week. Walk-in Fee: \$180.00. Fees are due weekly and must be made each FRIDAY prior to the next week to start. Payments not made by Monday will be assessed a late fee of \$25.00 Registration fee is due along with the application form. Payments must be by check, money order or credit card at www.afterschool-connections.org. There is stringent no refund, credit or adjustments policy. Including but not limited to, unexpected school campus closures, child sickness, and absence, withdrawn/dismissed from camp, holidays, or camp closings due to inclement weather/hurricanes, pandemic.

Return Check charge: In the event of a returned check, a \$25.00 fee will be charged to your account. We will require a Money Order for the total of the check plus the \$25.00 fee by the following business day. All subsequent payments must be made by money order only. I acknowledge the payment schedule of fees is available on the Rules & Regulations packet and website under the Summer Camp/Make a Payment tab and it will be paid by me for my child's attendance at After School Connections Summer Camp program. I understand that in the event I fail to pay these charges in a timely fashion and collection procedures are started or suit is initiated to collect unpaid charges, I will be responsible for all collection costs, 18% interest on the unpaid charges and reasonable attorney's fee for counsel to After School Connections.

Parent Name & Signature: _____ Date: _____



SUMMER CAMP 2021 (Broward)

Consent Form: I hereby give my consent to have my child participate in all activities in the After School Connections Summer Camp. I also realize that After School Connections Summer Camp will not be responsible for any injuries that might occur during the normal camp day. I have read the above and hereby give my consent.

Parent/Guardian Signature: _____ Printed Name: _____

Field Trips: I do release and agree to After School Connections summer camp program, agents, or operation facilities, from all claims for loss, injury or damage, to persons and property while participating in any chosen activity, which I or person claiming through me or on my behalf may at any time have arising out of or connected with the operation of this activity. I give permission for my child to participate indoor field trips on campus during selected activity times.

Parent/Guardian Signature: _____ Printed Name: _____

Video/ Photo Release: I give permission to After School Connections summer camp or approved agent to photograph/video my child for the purpose of promoting the summer camp program or demonstrating the program's accomplishments and activities. Photos may be published on brochures, the aftercare school website, flyers, advertisements, etc.

Yes, I give permission. _____ No, I do not give permission. _____

Parent or Guardian's Signature: _____ Printed Name: _____

Authorization for Emergency Medical Treatment: In case of any emergency, After School Connections will attempt to reach either parent or the emergency number given by the parent. If for any reason none of these parties are available, I authorize After School Connections summer camp to use and transport to the closest medical facility and grant permission to perform any emergency procedure at the discretion of that medical facility.

Emergency Name: _____ Telephone #: _____

First number to call when a parent cannot be reached!

Medical Insurance Carrier: _____ Policy #: _____

Rules and Regulations: I have read and agreed to all of After School Connections Rules and Regulations for the summer camp available online at www.afterschool-connections.org.

Parent/Guardian Signature: _____ Date: _____

PASSWORD is used for the protection of your child.

Circumstances may occur when you will need someone that is not listed on the registration form to take your child from the camp. When these circumstances arise, you will need to call and inform us of your instruction. You will be asked your password. Informing us of your password will enable us to carry out your instructions. If you do not provide or remember your password, we may not be able to carry out your instructions from over the telephone. The password for your child should not be given to any other individual. The password provides a code between staff and parents only, to enable us to follow your instructions from over the phone.

PASSWORD: _____

Parent or Guardian name: _____ Date: _____

Discipline Policy

The children are our first priority!

In After School Connections we feel strongly that a positive, supportive and structured environment promotes good behavior. A full day of varied activities is planned to direct your child's energy into positive channels. We believe that children learn from us and that we are their positive role models.

Our counselors and Site Directors/Managers have a goal to help children feel good about themselves by building their self-esteem and self-confidence. Whenever discipline is necessary, corrective discipline is used to change the inappropriate behavior of the child, never to hurt the child.

The following are the steps taken to correct inappropriate behavior in our program and to insure the safety and well-being of all our children:

1. Counselors will first take your child aside and quietly speak to him/her about their behavioral concern. If the inappropriate behavior warrants, the counselor will either put the child in thinking time (appropriate to their age) or if necessary, have the on-site manager speak to the child. The child will receive a verbal warning.
2. A child's second serious behavior incident will result in a phone call to the parents as well as a written behavior report copied to the school administration.
3. A child's third behavior incident will result in a phone call to the parent from the Site-Manager and possible suspension or expulsion from the program.

Student Behavior Contract

1. I will not hit, kick or hurts others.
2. I will listen to my counselor.
3. I will follow directions.
4. I will not say mean things to anyone.
5. I will stay with my group.

Parent/Guardian's Name & Signature

Date

Student Name & Signature

Student Name & Signature

Student Name & Signature

Special Needs Pre-Enrollment Form

(Fill out ONLY if applicable)

Please complete this form if your child has any special needs or has a medical condition that may require special accommodations in our program in order to have a successful and safe experience.

Students Name: _____ Age: _____ Grade: _____

Parent/Guardian's Name: _____

Home Phone #: _____ Cell Phone #: _____

Is your child in an ESE program during the regular school year? Yes No

Does your child have any serious medical concerns? Yes No

If yes, please explain in detail: _____

Are there any other special accommodations your child receives during the regular school day outside of their regular classroom routine? _____

Can your child be included in a regular 1:20 staff to child ratio? Yes No

Does your child need assistance to participate in any activities? Yes No

If yes, please explain: _____

Will your child run away from the group? Yes No

Is your child aggressive towards others? Yes No

Does your child respond to one step directions? Yes No

Toileting Needs: Independent Yes No

Needs Assistance Yes No

Diapered Yes No

Is your child able to verbally communicate their needs? Yes No

If no, please explain: _____

Does your child have any serious behavioral concerns? Yes No

If yes, please explain: _____

Is there anything else you would like us to know about your child? _____

Parent/Guardian Signature: _____ Printed Name: _____

Date: _____

COVID-19 Liability Waiver

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing. I further acknowledge that After School Connections LLC has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19. I acknowledge that After School Connections LLC has a stringent no refund/credit policy. In the event there is a Covid-19 case I acknowledge that After School Connections will be required to close as a safety measure.

I further acknowledge that After School Connections LLC cannot guarantee that my child/ren will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, aftercare staff, and other aftercare participants and their families.

I voluntarily seek services provided by After School Connections LLC and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19. I acknowledge that I and my child/ren must comply with all set procedures to reduce the spread while attending After School Connections aftercare program.

I attest that:

- * I nor my child/ren are not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.
- * I nor my child/ren have not traveled internationally within the last 14 days.
- * I nor my child/ren have not traveled to a highly impacted area within the United States of America in the last 14 days.
- * I nor my child/ren do not believe have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.
- * I nor my child/ren have not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non-contagious by state or local public health authorities.
- * I and my child/ren am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

I hereby release and agree to hold After School Connections LLC harmless from, and waive on behalf of myself, my child/ren, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself, my child/ren and/or property that may be caused by any act, or failure to act of the aftercare program, or that may otherwise arise in any way in connection with any services received from After School Connections LLC. I understand that this release discharges After School Connections LLC from any liability or claim that I, my child/ren, my heirs, or any personal representatives may have against the aftercare program with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from After School Connections LLC. This liability waiver and release extends to the aftercare program together with all owners, partners, and employees.

Dated this _____ day of _____, 2020.

Child/ren Name/s _____

Parent/s Name (print) _____

Parent/s Signature _____