



**FOR YOUTH DEVELOPMENT®**  
**FOR HEALTHY LIVING**  
**FOR SOCIAL RESPONSIBILITY**

# SCHOOL-AGE REGISTRATION PACKET

**Please be sure to complete the following checklist.**

**I have read, completed and signed the following pages:**

- Registration Form
- Demographic Information Form
- Draft Authorization Form (Does not apply to free programs)
- Pick Up Authorization Form
  - On this page, I have included TWO emergency contacts OUTSIDE the household
- Parent Agreement Form
- Release and Waiver of Liability and Indemnity Agreement
- PCLB Emergency Medical Release
  - This page has been notarized
- PCLB Child's Enrollment Record (front and back)
  - On this page I have included full doctor and dentist information
- PCLB Food Experience Permission Form
- Influenza Brochure (front and back)
- Distracted Adult Brochure (front and back)

**The Middle School Academies and Promise Time ONLY:**

- JWB Authorization and Consent for Disclosure, Receipt and Use of Confidential Information

**The Middle School Academies ONLY:**

- The Middle School Academies Agreement Form

**Additional Items:**

- I have included all relevant court-ordered paperwork as outlined in the Parent Manual
- I have included a copy of my Driver's License or other state-issued identification

## CONTACTS

### REGION 1

**MEGHAN HOLMES**  
**727.565.4372**  
**mholmes@stpeteymca.org**  
Madeira Beach Elementary  
Madeira Beach Middle  
Azalea Elementary  
Gulf Beaches Elementary  
North Shore Elementary  
Cathedral School of St. Jude

### REGION 2

**ANJANETTE EVANS**  
**727.565.4379**  
**aevans@stpeteymca.org**  
Campbell Park Elementary  
Bay Point Elementary  
Maximo Elementary  
Melrose Elementary  
Northwest Elementary

### REGION 3

**BARBARA SIMMONS**  
**727.565.4383**  
**bsimmons@stpeteymca.org**  
Lynch Elementary  
Sawgrass Lake Elementary  
Pinellas Central Elementary  
Sexton Elementary  
Woodlawn Elementary

### REGION 4

**ANDRECIA SIMMONS**  
**727.565.4382**  
**asimmons@stpeteymca.org**  
Bear Creek Elementary  
Jamerson Elementary  
Mount Vernon Elementary  
Perkins Elementary  
Westgate Elementary

### JULIE GOUDY

**727.565.4366**  
**kgoudy@stpeteymca.org**  
Pinellas Park Middle  
Bay Point Middle  
Meadowlawn Middle

### BARBARA WITT

**727.565.4351**  
**bwhite@stpeteymca.org**  
Executive Director  
of Youth Development



# 2022-23 YOUTH DEVELOPMENT REGISTRATION PACKET

## SCHOOL-AGE REGISTRATION FORM

### REQUIRED INFORMATION

Please PRINT CLEARLY and complete all the information below so we can accurately register your child without delay.

CHILD'S Full Legal Name: \_\_\_\_\_ Gender:  Male  Female  
 CHILD'S Preferred First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Grade Completed May of this year: \_\_\_\_ School Attending August of this year: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Student ID: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

PARENT / GUARDIAN Name: \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Contact Email: \_\_\_\_\_

PARENT / GUARDIAN Name: \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Contact Email: \_\_\_\_\_

We will not disclose email addresses for any non-related YMCA use.

Have you applied for or been approved for YMCA financial aid / assistance?  Yes  No  
 Does your child have a School Readiness Scholarship from Early Learning Coalition?  Yes  No  
 Are you or your spouse employed by Pinellas County School Board?  Yes  No  
 Are you or your spouse employed by the YMCA?  Yes  No

**Weekly Fee (draft only) - Please check one:**  
 \$73.00 Before-and-Afterschool Care for Ages 5 - 12  
 \$85.00 Before-and-Afterschool Care for Age 4  
 \$95.00 Before-and-Afterschool Care for Age 3  
 \$55.00 Beporeschool Care **Only**: Applies to Transformation schools only; no camp weeks included.

**Registration Fee:** \$35 per family  
 The rates above are based on the full fee amount. Financial assistance or subsidy will be prorated accordingly.  
 ELC Families: An additional fee may be required. Please reach out to your director to confirm the rate for the program in which your child is enrolling.

**By signing below, I verify the following:**

- I understand and accept the payment process.
- I understand that there will be a \$25.00 non-sufficient funds fee for returned payments.
- All information provided to the YMCA of Greater St. Petersburg is complete and accurate.

INITIAL \_\_\_\_\_ I have received a copy of the 2022-23 YMCA Parent Manual.

PARENT / GUARDIAN Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**STAFF USE ONLY** Packet received by: \_\_\_\_\_ Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 School Attending: \_\_\_\_\_ Child's Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Weekly fee: \$ \_\_\_\_\_ Subsidy amount: \$ \_\_\_\_\_ or \_\_\_\_\_ %



# 2022-23 YOUTH DEVELOPMENT REGISTRATION PACKET

## SCHOOL-AGE DATES

### Dates to Remember

#### 2022

August 10	First day of school
September 5	Closed - Labor Day
October 17	Camp provided (Possible hurricane makeup)
November 21 - 22	Camp provided (Possible hurricane makeup)
November 23 - 25	Closed - Thanksgiving
December 23	Camp provided (Possible hurricane makeup)
December 26 - 30	Camp provided

#### 2023

January 2 - 6	Camp provided
January 9	School resumes
January 16	Closed - Martin Luther King Jr. Day
February 20	Camp provided
March 13 - 17	Camp provided - Spring Break
March 20	Camp provided (Possible hurricane makeup)
April 7	Closed - Good Friday
May 25	Last day of school

### Payment Draft Dates

Draft Date	Dates Covered
8/5/22	8/8/22 - 8/12/22
8/12/22	8/15/22 - 8/19/22
8/19/22	8/22/22 - 8/26/22
8/26/22	8/29/22 - 9/2/22
9/2/22	9/5/22 - 9/9/22
9/9/22	9/12/22 - 9/16/22
9/16/22	9/19/22 - 9/23/22
9/23/22	9/26/22 - 9/30/22
9/30/22	10/3/22 - 10/7/22
10/7/22	10/10/22 - 10/14/22
10/14/22	10/17/22 - 10/21/22
10/21/22	10/24/22 - 10/28/22
10/28/22	10/31/22 - 11/4/22
11/4/22	11/7/22 - 11/11/22
11/11/22	11/14/22 - 11/18/22
11/18/22	11/21/22 - 11/25/22
11/25/22	11/28/22 - 12/2/22
12/2/22	12/5/22 - 12/9/22
12/9/22	12/12/22 - 12/16/22
12/16/22	12/19/22 - 12/23/22
12/23/22	12/26/22 - 12/30/22
12/30/22	1/2/23 - 1/6/23
1/6/23	1/9/23 - 1/13/23
1/13/23	1/16/23 - 1/20/23
1/20/23	1/23/23 - 1/27/23
1/27/23	1/30/23 - 2/3/23
2/3/23	2/6/23 - 2/10/23
2/10/23	2/13/23 - 2/17/23
2/17/23	2/20/23 - 2/24/23
2/24/23	2/27/23 - 3/3/23
3/3/23	3/6/23 - 3/10/23
3/10/23	3/13/23 - 3/17/23
3/17/23	3/20/23 - 3/24/23
3/24/23	3/27/23 - 3/31/23
3/31/23	4/3/23 - 4/7/23
4/7/23	4/10/23 - 4/14/23
4/14/23	4/17/23 - 4/21/23
4/21/23	4/24/23 - 4/28/23
4/28/23	5/1/23 - 5/5/23
5/5/23	5/8/23 - 5/12/23
5/12/23	5/15/23 - 5/19/23
5/19/23	5/22/23 - 5/26/23

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# 2022-23 YOUTH DEVELOPMENT REGISTRATION PACKET

## DRAFT AUTHORIZATION FORM

**CONFIDENTIAL INFORMATION**

Please PRINT CLEARLY and complete all the information below so we can accurately register your child without delay.

PARENT / GUARDIAN Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Contact Email: \_\_\_\_\_

Child's Name	Childcare Location	Draft Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

### PAYMENT INFORMATION

Credit / Debit Card Number: \_\_\_\_\_ Security Code: \_\_\_\_\_  
Expiration Date: \_\_\_\_ / \_\_\_\_  Visa  Mastercard  Discover  American Express  
Name as it appears on the card: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**By signing below, I understand the following:**

- Automatic credit or debit card drafts will occur every week and will constitute prepayment for the upcoming week of childcare.
- YMCA of Greater St. Petersburg reserves the right to suspend service if an account cannot be debited.
- It is my responsibility to notify the YMCA in writing if my credit or debit card expires or my account information changes in any way - including billing address changes.
- **If any charge is not honored by my financial institution, for any reason, I am still responsible for the total payment due, as well as a returned payment service charge of \$25 assessed by the YMCA of Greater St. Petersburg.**
- I hereby authorize my bank or credit card to honor monthly automatic drafts by the YMCA of Greater St. Petersburg on my account for program payment. When the bank honors the draft by charging my account, notation on my statement shall constitute my receipt for payment. This authority is to remain in effect until revoked by me in writing.
- We do not accept call-in payments.

CARDHOLDER Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**STAFF USE ONLY** Verified by: \_\_\_\_\_ Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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# 2022-23 YOUTH DEVELOPMENT REGISTRATION PACKET

## PICK UP AUTHORIZATION FORM

CHILD'S Full Legal Name: \_\_\_\_\_ Grade / Group: \_\_\_\_\_

PARENT / GUARDIAN Name: \_\_\_\_\_ Phone: \_\_\_\_\_

PARENT / GUARDIAN Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Are copies of custody / restraining papers on file for your child?  Yes  No

Who has authorization to change, add and delete persons authorized for pick up? \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Please include TWO emergency contacts of people OUTSIDE the household with addresses.

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:

EMERGENCY CONTACT: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### AUTHORIZED FOR PICK UP

The following people ages 18 and older are authorized to pick up this child:

\_\_\_\_\_ Phone: \_\_\_\_\_ Staff Initials: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_ Staff Initials: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_ Staff Initials: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_ Staff Initials: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_ Staff Initials: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_ Staff Initials: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_ Staff Initials: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_ Staff Initials: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_ Staff Initials: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_ Staff Initials: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**PRIOR PAGE REQUIRES BLANK BACK**





# 2022-23 YOUTH DEVELOPMENT REGISTRATION PACKET

## JUVENILE WELFARE BOARD DEMOGRAPHIC INFORMATION FORM FOR YOUTH PROGRAMS

### REQUIRED INFORMATION

The information collected here allows us to report general information about program participants and provide quality programs.

**IMPORTANT:** Your responses on this page DO NOT influence scholarships, subsidies, or your child's ability to participate in YMCA programs.

HOUSEHOLD

Name of Head of Household: \_\_\_\_\_

Number of Minor Children: \_\_\_\_\_

Number of Adults: \_\_\_\_\_

Please estimate the gross yearly income your HOUSEHOLD receives from all sources BEFORE taxes - including income from jobs, Temporary Assistance for Needy Families (TANF), child support, alimony, etc. \$ \_\_\_\_\_

**Household Composition:**

- Dual Parent- Married
- Dual Parent- Non-Married Female Head of Household
- Dual Parent- Non-Married Male Head of Household
- Other- Non Relative
- Other- Relative/ Kinship Care- Female Head of Household
- Other- Relative/ Kinship Care- Male Head of Household
- Other- Relative/ Kinship Care- Married
- Single Parent- Female Head of Household
- Single Parent- Male Head of Household

CHILD

**Sex:**  Male  Female

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

**Race:**  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.)  Other

**Ethnicity:**  Not of Hispanic, Latino, or Spanish Origin  Mexican, Mexican American, Chicano  Puerto Rican  Cuban  Another Hispanic, Latino, or Spanish Origin

**Does this person speak a language other than English at home?**  Yes  No

**Primary Language Spoken:** \_\_\_\_\_

**Current Living Situation:**  Have Physical Address  Legally Restricted  Unsheltered  Sheltered  Safe Haven  Institutional Setting  Temporary Housing Situation  Potentially Permanent Housing Situation

**Foster Child:**  Yes  No

**Lunch Status:**  Full  Free  Reduced

PARENT / GUARDIAN Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_



# 2022-23 YOUTH DEVELOPMENT REGISTRATION PACKET PARENT AGREEMENT FORM

## PAYMENT AGREEMENT (Does NOT apply to FREE programs including YReads!)

- **Due Date and Auto-Draft Schedule:** Your weekly fee is due to the YMCA on the Friday prior to the week your child will be attending the program. Weeks are not prorated. Auto-drafted payments occur weekly and your credit or debit card will be drafted at set intervals as outlined in this packet. Note that drafts will be drawn on the due date prior to service as prepayment for childcare. Please notify us of card number or expiration date changes.
- **School-Age Childcare Late Payment Fee:** If your payment is not received by the designated due date, you will be charged a late fee of \$2.00 per day. Your child may not attend the program until payment has been received and your child may lose their spot.
- **Preschool Academies Late Payment Fee:** If your payment is not received by the designated due date, you will be charged a \$20.00 late payment fee.
- **Late Pick Up Fee:** If you are late picking up your child, you will be charged a late pick up fee of \$1.00 per minute, per child.
- **Insufficient Fund Fee:** You will be notified if a payment is denied due to insufficient funds or for any other reason. There is a \$25.00 insufficient fund fee and payment is expected immediately.
- **ELC Families:** An additional fee may be required. Please reach out to your director to confirm the rate for the program in which your child is enrolling.
- **Outstanding Balances:** If you have any outstanding balances due to the YMCA of Greater St. Petersburg, they must be paid in full prior to registration.

I understand that I am responsible for paying for all YMCA fees.

INITIAL \_\_\_\_\_

## CANCELLATION POLICY

If at any time your child needs to be withdrawn from the program, you must present a written notice two weeks in advance.

INITIAL \_\_\_\_\_

## VACATION POLICY

**School-Age Childcare:** If a child attends one (1) day in a program the full weekly fee will be assessed. Please note that there is a per-absence requirement that applies to subsidized care families (ELC). Proper documentation for ELC must be provided for any absences or vacations of more than 3 days per month.

**Preschool Academies:** Each family will receive two vacation weeks per registration year (Aug- Jul); all five days must be taken consecutively. Please note that there is a per-absence requirement that applies to families receiving subsidized care (ELC). Proper documentation must be provided to the ELC for all absences that exceed 3 days per month.

INITIAL \_\_\_\_\_

## DISCIPLINE AND EXPULSION POLICY

In keeping with the YMCA mission and character values of caring, honesty, respect and responsibility, appropriate behavior is expected of all program participants AND parent / guardians. Respectful interactions with other participants and staff are at the core of the Y mission and essential to having a successful experience for all. Behavior that conflicts with these values will be addressed in a nature appropriate to the disruptive and / or unsafe behavior and is at the discretion of Y staff and leadership. If behavior is significant, you and your child might be asked to meet with the program director or executive director.

Based on the behavior exhibited, the following sequence is referenced:

1. Verbal warning and documentation
2. Written warning and documentation
3. Temporary suspension or removal from the program
4. Termination from the program

**NOTE:** In extreme cases your child may be suspended or terminated from the program (e.g. a violent act against another child or staff member would be considered extreme). Dismissal from the program for disciplinary reasons could result in permanent removal from all YMCA programs.

INITIAL \_\_\_\_\_

## PHOTO/VIDEO/AUDIO RELEASE

For my participation in activities to be conducted by YMCA of Greater St. Petersburg and/or YMCA of the USA (collectively "the Y"), and collaborating third parties, I consent, now and for all time, to the making, reproduction, editing, broadcasting, or rebroadcasting of video film or footage of me, soundtrack recordings of me, photo reproductions of me, and any narrative account of my experience. My consent includes a perpetual license to the Y and collaborating third parties for the use of the materials for publication, display, sale or exhibition in promotions, advertising, education, and commercial uses. Use includes reproductions in any form and media currently existing or later conceived, adaptations and/or revisions, throughout the world in perpetuity. I agree that my consent is irrevocable. I hereby release and discharge the Y and collaborating third parties, from all claims, actions, lawsuits or demands of any kind arising out of my consent, license grants, uses, or the shared uses of any works or materials referenced herein.

INITIAL \_\_\_\_\_

## DISCLAIMER

The YMCA of Greater St. Petersburg does not discriminate on the basis of race, religion, gender, creed or socioeconomic status. Financial assistance is available to those who qualify. Please ask for a scholarship assistance application if you would like to apply for a scholarship for your child (does not apply to free programs). Failure to fill this form out accurately may result in a charge of incorrect fees. A scholarship application must be completed and approved prior to receiving financial assistance. Please complete each section in its entirety to ensure appropriate charges. If you receive government subsidy (ELC), your signature indicates that you understand that the correct paperwork must be turned in and you will adhere to the attendance policy set by the funding agency.

INITIAL \_\_\_\_\_

- I give permission for my child to attend all YMCA activities and field trips.
- I understand that the YMCA of Greater St. Petersburg does not carry accident insurance.
- I give permission for the center to consult my child's physician or dentist in case of an emergency if I cannot be reached.
- I realize that the responsibility for payment on an injury that requires medical care is mine.

INITIAL \_\_\_\_\_

PARENT / GUARDIAN Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



# 2022-23 YOUTH DEVELOPMENT REGISTRATION PACKET

## RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN POTENTIALLY DANGEROUS ACTIVITIES. YOU ARE AGREEING THAT, EVEN IF THE YMCA OF GREATER ST. PETERSBURG USES REASONABLE CARE IN PROVIDING THESE ACTIVITIES, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THESE ACTIVITIES BECAUSE THERE ARE CERTAIN INHERENT DANGERS WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM THE YMCA OF GREATER ST. PETERSBURG IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THESE ACTIVITIES. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND YMCA OF GREATER ST. PETERSBURG HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

In consideration for being permitted to utilize the facilities, services and programs of the YMCA for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, the undersigned, for himself or herself and any personal representatives, heirs and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgment that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs and next of kin for any loss or damage and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to negligence of releasees or otherwise while in, about, or upon the premises of the YMCA and / or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

PARENT / GUARDIAN Signature: \_\_\_\_\_ 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  
(Child's Full Name)

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 \_\_\_\_\_ 20\_\_\_\_\_  
(Month) (Day) (Year)

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

to me or has produced \_\_\_\_\_ as identification.  
(Type of identification)

SEAL OF NOTARY

Signed: \_\_\_\_\_ (Signature of Notary)



# CHILD'S ENROLLMENT RECORD

<b>DIRECTOR'S USE ONLY</b>
Date enrolled _____

Child's full legal name \_\_\_\_\_  
First Middle Last Nickname

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

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 \_\_\_\_\_ Parent's Name \_\_\_\_\_

Address: \_\_\_\_\_ Address \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

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 \_\_\_\_\_

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

**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/legal 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**

## QUALITY CHILD CARE

Quality child care offers health, social, and educational experiences under qualified supervision in a safe, nurturing and stimulating environment. Children in these settings participate in daily, age-appropriate activities that help develop essential skills, build independence and instill self-respect. When evaluating the quality of a child care setting, the following indicators should be considered:

- ❖ Are friendly and eager to care for children.
  - ❖ Accept family cultural and ethnic differences.
  - ❖ Are warm, understanding, encouraging and responsive to each child's individual needs.
  - ❖ Use a pleasant tone of voice and frequently hold, cuddle and talk to the children.
  - ❖ Help children manage their behavior in a positive, constructive and non-threatening manner.
  - ❖ Allow children to play alone or in small groups.
  - ❖ Are attentive to and interact with the children.
  - ❖ Provide stimulating, interesting and educational activities.
  - ❖ Demonstrate knowledge of social and emotional needs and developmental tasks for all children.
  - ❖ Communicate with parents.
- ### QUALITY ENVIRONMENTS
- ❖ Are clean, safe, inviting, comfortable, child-friendly..
  - ❖ Provide easy access to age-appropriate toys.
  - ❖ Displays children's activities and creations.

- ❖ Provide a safe and secure environment that fosters the growing independence of all children.

### QUALITY ACTIVITIES

- ❖ Are children initiated and teacher facilitated.
- ❖ Include social interchanges with all children.
- ❖ Are expressive including play, painting, Drawing, storytelling, music, dancing and Other varied activities.
- ❖ Include exercise and coordination development.
- ❖ Include free play and organized activities.
- ❖ Include opportunities for all children to read, explore, and problem-solve.

### PARENT'S ROLE

A parent's role in quality child care is vital:

- ❖ Inquire about the qualifications and experience of child care staff, as well as staff turnover.
- ❖ Know the children's center policies and procedures.
- ❖ Communicate directly with caregivers.
- ❖ Visit and observe the children's center.
- ❖ Participate in special activities, meetings, and conferences.
- ❖ Talk to your child about their daily experiences in the children's center.
- ❖ Arrange alternate care for a sick child.
- ❖ Familiarize yourself with the child care standards used to license the children's center.

## PINELLAS COUNTY CHILDREN'S CENTERS GENERAL INFORMATION

For a listing of children's centers, contact 211 Tampa Bay Cares at 2-1-1.

For an appointment to review a children's center file or to file a complaint contact the Child Care Licensing Program at (727) 507-4857.

For further information about child care in Florida or to view children's center inspection reports, visit the website:

[MyFLFamilies.com/ChildCare](http://MyFLFamilies.com/ChildCare)



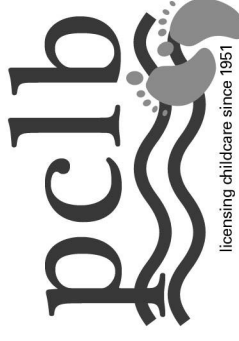
Our mission is to protect, promote & improve the health of all people in Florida through integrated state, county and community efforts.

The statewide toll-free telephone number for reporting child abuse is 1-800-96 ABUSE (1-800-962-2873). Reports of suspected and actual cases of child physical abuse, sexual abuse, and neglect received through the Abuse Registry number are referred to the Pinellas County Sheriff's Department for investigation.

## KNOW YOUR CHILD'S CHILDREN'S CENTER

Nursery School \* Kindergarten

Day Nursery \* School Age Center



PINELLAS COUNTY LICENSE BOARD  
for Children's Centers and  
Family Child Care Homes  
8751 Ulmerton Road, Suite 2000  
Largo, FL 33771  
Telephone 727-507-4857  
[www.pclb.org](http://www.pclb.org)

The Child Care Licensing Program and its services are funded by the Juvenile Welfare Board, the Florida Department of Children and Family Services and the Florida Department of Health, Pinellas County.

### **PINELLAS COUNTY CHILDREN'S CENTERS LICENSING STANDARDS**

This children's center has met regulations found in Licensing Regulations Governing Pinellas County Children's Centers.

A valid temporary permit or license, which bears the distinctive seals of Pinellas County and the Florida Department of Children and Family Services, is posted in a conspicuous place within the center. A valid temporary permit or license will also include: effective and expiration dates, a license number, capacity and ages of children in care.

#### **A LICENSED CHILDREN'S CENTER MUST:**

- ❖ Adhere to its licensed capacity at all times.
- ❖ Post a schedule of daily activities.
- ❖ Have first aid and emergency procedures, and post evacuation diagrams in each room.
- ❖ Keep accurate, current daily attendance records and document a visual sweep of the entire premises at the end of each day.
- ❖ Provide parent(s) or legal guardian(s) access to the children's center during normal hours of operation.
- ❖ Report suspected child abuse to the statewide toll-free telephone number.
- ❖ Provide a permission form for parent(s) or legal guardian(s) to allow the center to administer medication as necessary.
- ❖ Document required information when administering medication.
- ❖ Document accidents and incidents and obtain parent's, legal guardian's or authorized pick-up person's signature(s).
- ❖ Maintain vehicles in safe condition if transportation is provided.
- ❖ Obtain parent's or legal guardian's permission before transporting children.
- ❖ Maintain contact information for children in care plans for children with chronic medical conditions.

### **CHILDREN'S RECORDS REQUIREMENTS**

The following documentation is required to be maintained in the children's center for each child in care:

- ❖ A signed statement that parent or legal guardian received a copy of this brochure.
- ❖ A statement signed by parent or legal guardian that enrollment information is complete and accurate.
- ❖ A signed statement that the children's center has provided parent(s) or legal guardian(s) a copy of the written disciplinary practices.
- ❖ A current health examination record (not required for school age children).
- ❖ A current Florida Certificate of Immunization (not required for school age children).
- ❖ A notarized Emergency Medical Release.
- ❖ Medical records that include special medical or dietary needs and a list of allergies, if applicable.
- ❖ Primary hours of care and days of week in care.
- ❖ Telephone numbers or instructions as to how to reach parent(s) or legal guardian(s) when children are in care.
- ❖ Hospital preference.
- ❖ Child's full, legal name, birth date, date of enrollment, current address and preferred name/nick name.
- ❖ Name, address, and telephone number of parent or legal guardian.
- ❖ Name, address and telephone number of emergency person(s), other than parent or legal guardian.
- ❖ Name, address and telephone number of physician and dentist.
- ❖ Proof of receipt by parent(s) or legal guardian(s) every August and September of information regarding causes, symptoms, and transmission of the influenza virus.

### **PERSONNEL REQUIREMENTS**

- ❖ Director has a Director Credential with the certificate posted.
- ❖ Documentation that staff meets the staff credentialing requirement (not required for school age centers).
- ❖ Completion of background screening.
- ❖ Completion of 40-Hour Introductory Child Care training.
- ❖ Completion of 10 hours training annually.
- ❖ Completion of early literacy training (not required for school age centers).
- ❖ Documentation of educational requirements.
- ❖ Meet minimum age requirements.

- ❖ Signed statements that employees understand the statutory requirement of reporting child abuse/neglect.
- ❖ Staff trained in first aid and CPR on the premises at all times and on field trips
- ❖ Staff maintain direct supervision including minimum adult-child ratios:
  - 2 months-1 year 1 adult for 3 children
  - 1 year-2 years 1 adult for 5 children
  - 2 year olds 1 adult for 10 children
  - 3 year olds 1 adult for 15 children
  - 4 year olds 1 adult for 20 children
  - 5 years and up 1 adult for 25 children

### **NUTRITIONAL REQUIREMENTS**

- ❖ Parent(s) or legal guardian(s) notified of meals provided that are of quality and quantity to assure child's nutritional needs are met or arrangements made for parent(s) or legal guardian(s) to provide nutritional food.
  - o Posted meal and snack menus.
  - o Safe drinking water is available.
- ❖ Has sufficient indoor space for playing and napping that is kept clean, adequately lighted, vented and in good repair.

- ❖ Has indoor and outdoor space that is clean and free of litter and other hazards.
- ❖ Has toys, equipment and furnishings that are age and developmentally appropriate, and are maintained in an operable, safe, and sanitary condition.
- ❖ Has appropriate bathroom facilities that are operable, clean and sanitized (daily).
- ❖ Has isolation area for ill children.
- ❖ Has equipment for proper sanitary hand washing, toileting, and diapering activities.
- ❖ Has at least one corded, operable telephone available to staff.

### **HEALTH RELATED ENVIRONMENTAL REQUIREMENTS**

- ❖ Annual approved fire inspections conducted.
- ❖ Monthly checks to ensure all areas of the children's center are free from fire hazards.
- ❖ Smoking is prohibited on premises.
- ❖ Storage of toxic and hazardous materials in areas inaccessible to children.
- ❖ Fire and emergency drills conducted as required.
- ❖ A labeled, fully stocked first aid kit.
- ❖ Parent(s) or legal guardian(s) notified of all animals on site.
- ❖ Records of immunizations for animals/fowl.
- ❖ Prohibit fire arms or weapons on premises (excluding federal, state and local law enforcement officers).
- ❖ Prohibit narcotics, alcohol or other impairing drugs on the premises.
- ❖ Bimonthly outdoor equipment maintenance checks.

### **PHYSICAL ENVIRONMENT**



**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:** August 1, 2022

**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

## 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.

## 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.



**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](http://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.*

# INFLUENZA VIRUS



**"The Flu"  
A Guide  
for Parents**



## 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



**Authorization and Consent for Disclosure,  
Receipt, and Use of Confidential Information  
by the Juvenile Welfare Board of Pinellas County**

---

I, \_\_\_\_\_  
\_\_\_\_\_ (print participant name(s))  
acknowledge that I am a participant of \_\_\_\_\_ (name of  
program or service). I acknowledge that the Juvenile Welfare Board of Pinellas County (“JWB”) provides funds to make the program or service in which I am participating available. I also acknowledge that in order to make sure that all services delivered to participants are of the highest possible quality, JWB may need to review information about me and these services.

By signing this Authorization, I am indicating that I understand and agree that my confidential information may be contained in a JWB data collection system, and that this data collection system is exempt from disclosure under the Florida Public Records Act. This means that by law, JWB cannot release individually identifiable information about me or the services I receive (Fla. Stat. §119.071). I acknowledge that as necessary to carry out the purposes listed herein, JWB may review all information about me, including my participant file and all other information pertaining to me held by the agency providing the program or service, regardless of whether that information is entered into a JWB data collection system. I further acknowledge that JWB is simply storing and reviewing records and information as the payor for these services, and that JWB generally provides no direct services to me, except in certain circumstances may facilitate service delivery I further acknowledge that JWB does not provide medical diagnoses to me and JWB is not a covered entity as that term is defined under HIPAA (the Health Insurance Portability and Accountability Act).

I authorize JWB to utilize my confidential information to verify eligibility for funded services or programs, to facilitate service delivery, make payment for services rendered to me by funded programs or services, quality control of funded services or programs, evidence-based research of JWB funded services or programs, including, but not limited to, tracking outcomes of funded programs and services, and determination of future services/programs funded by JWB. I understand that the confidential information disclosed, received or used by JWB related to my Authorization will not be further disclosed to any other party without my express written consent or as otherwise permitted or required by applicable law unless it is presented in a report that presents information on a group of individuals in de-identified format, which means that no information that identifies me as an individual is revealed.

I acknowledge that this Authorization covers all information about me including, but not limited to, personally identifiable information, Protected Health Information, general medical, general counseling, as well as psychiatric/ psychological/ substance abuse information from my medical health record, any information concerning the performance of any tests, results of those tests, and counseling and treatment records, as allowed by all state, federal and local laws, including, but not



limited to the following: Florida Statutes 394.459, 381.004, and 395.3025; Florida Evidence Code 90.503, 90.5035, and 90.5036; HIPAA, and the Code of Federal Regulations (CFR) Title 42. I consent to my minor participating in online or paper surveys that will be used for program improvements and enhancements. I understand that my records have a privileged and confidential status. I am waiving that status for the purposes contained by this Authorization.

I understand that the confidential information disclosed, received or used by JWB based on 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. However, the individually identifiable confidential information received by JWB based on this Authorization may be used by JWB and its agents for research purposes, so long as the research results are reported as a whole in de-identified format, which means that no information that identifies me as an individual is revealed. Except, JWB will not provide any records covered by CFR Title 42 to any JWB agents.

I understand that I have the right to withdraw my approval in writing at any time. However, it is possible that JWB may have already relied on this Authorization before it receives notice of my withdrawal and that JWB may have already taken action based on the Authorization. If I do not withdraw my approval, it will automatically end one (1) year from the last day I received services from this program, or with respect to information used in research, or for compliance and quality review activities performed by JWB or its agents, upon completion of the last research project or compliance/ quality review, whatever occurs latest. 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.

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
(print participant name)

\_\_\_\_\_  
Effective Date

\_\_\_\_\_  
Signature of Participant or Participant's Authorized Representative (check one):

- Participant  Parent  Guardian
- Personal Representative (Legal Documents Required)



\_\_\_\_\_  
(print participant name)

\_\_\_\_\_  
Effective Date

\_\_\_\_\_  
Signature of Participant or Participant's  
Authorized Representative (check one):  
 Participant  Parent  Guardian  
 Personal Representative (Legal Documents  
Required)

\_\_\_\_\_  
(print participant name)

\_\_\_\_\_  
Effective Date

\_\_\_\_\_  
Signature of Participant or Participant's  
Authorized Representative (check one):  
 Participant  Parent  Guardian  
 Personal Representative (Legal Documents  
Required)

\_\_\_\_\_  
(print participant name)

\_\_\_\_\_  
Effective Date

\_\_\_\_\_  
Signature of Participant or Participant's  
Authorized Representative (check one):  
 Participant  Parent  Guardian  
 Personal Representative (Legal Documents  
Required)

\_\_\_\_\_  
(print participant name)

\_\_\_\_\_  
Effective Date

\_\_\_\_\_  
Signature of Participant or Participant's  
Authorized Representative (check one):  
 Participant  Parent  Guardian  
 Personal Representative (Legal Documents  
Required)

\_\_\_\_\_  
(print participant name)

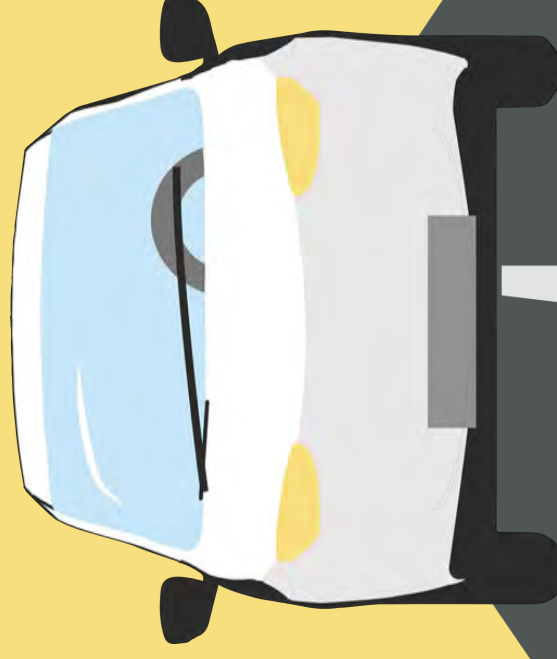
\_\_\_\_\_  
Effective Date

\_\_\_\_\_  
Signature of Participant or Participant's  
Authorized Representative (check one):  
 Participant  Parent  Guardian  
 Personal Representative (Legal Documents  
Required)

**A change in daily routine,** lack of sleep, stress, fatigue, cell phone use, and simple distractions are some things parents experience and can be contributing factors as to why children have been left unknowingly in vehicles...



When life happens....Don't be a  
**DISTRACTED  
ADULT**



Developed by:

The Office of Child Care Regulation

[www.myflfamilies.com/childcare](http://www.myflfamilies.com/childcare)  
CF/PI 175-12, May 2018



## FACTS ABOUT HEATSTROKE:

It only takes a car **10 minutes to heat up 20** degrees and become deadly.

Even with a **window cracked**, the temperature inside a vehicle can cause heatstroke.

The body temperature of a child increases **3 to 5 times faster** than an adult's body.



## ⚠️ PREVENTION TIPS:

- Never leave your child alone in a car and call 911 if you see any child locked in a car!
- Make a habit of checking the front and back seat of the car before you walk away.
- Be especially mindful during hectic or busy times, schedule or route changes, and periods of emotional stress or chaos.
- Create reminders by putting something in the back seat that you will need at work, school or home such as a briefcase, purse, cell phone or your left shoe.
- Keep a stuffed animal in the baby's car seat and place it on the front seat as a reminder when the baby is in the back seat.
- Set a calendar reminder on your electronic device to make sure you dropped your child off at child care.
- Make it a routine to always notify your child's child care provider in advance if your child is going to be late or absent; ask them to contact you if your child hasn't arrived as scheduled.

### During the 2018 legislative session,

a new law was passed that requires child care facilities, family day care homes and large family child care homes to provide parents, during the months of April and September each year, with information regarding the potential for distracted adults to fail to drop off a child at the facility/home and instead leave them in the adult's vehicle upon arrival at the adult's destination.



### My signature below verifies receipt of the Distracted Adult brochure

Parent/Guardian:

Child's Name:

Date:

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