



City of South Miami
 Parks and Recreation Department
 5800 SW 66th Street
 South Miami, FL 33143
 (305)668-7232



Per Month

	Resident	Non-Resident
First Child:	\$10.00	\$20.00
Second Child:	\$10.00	\$20.00
Third Child +:	\$5.00	\$10.00

After School Program Registration Form

Child's*: Last Name _____, First Name _____ Middle Initial _____

Mother's: Last Name _____, First Name _____ Middle Initial _____

Father's: Last Name _____, First Name _____ Middle Initial _____

Does child live with a legal guardian other than mother or father? Yes No

If yes, Guardian's: Last Name _____, First Name _____ Middle Initial _____

Street Address* _____ **City*** _____ **ZIP Code*** _____

Parent/Guardian Phone _____ **Work Phone** _____ **Email** _____

Child's Gender* Male Female **Child's Date of Birth (mo/day/yr)*** _____

Child's Race*: American Indian or Alaskan Asian Black or African American
 Pacific Islander White Other, please specify _____

Child's Ethnicity*: Hispanic Haitian Other, please specify _____

Child's Country of Origin: _____

Is Child Proficient in English?* Yes No

Additional/Other language(s) spoken in the home*: Spanish Haitian-Creole Other _____

Child's Social Security number*: _____ No SSN; prefer not to give SSN

MDCPS ID Number*: _____ No MDCPS ID; prefer not to give MDCPS ID

Child's Current Grade*: _____ **Child's Current School*:** _____

Does child have health insurance (ex., private insurance, KidCare, Medicaid)?* Yes No
 (If not, The Children's Trust may be able to help you find affordable coverage—call 211)

Does child have a documented disability?* Yes No

- If yes, do you have (check all that apply):*
- an Individualized Family Service Plan (IFSP; if under 3 years old)
 - an Individualized Education Plan (IEP) from the school system
 - a Section 504 Plan
 - a medical diagnosis from a doctor
 - other documentation _____

*Required fields.



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STUDENT RELEASE FORM

This form will be valid throughout the entire 2010-2011 After School Program. If you wish to submit any changes, you must do so in person at the front desk in writing. All changes must be submitted to the Front Desk of the Community Center before your child is picked up.

Students Last name: _____

Students First Name: _____

Father's Name: _____
 Home Phone: _____
 Cell Phone: _____
 Work Phone: _____

Mother's Name: _____
 Home Phone: _____
 Cell Phone: _____
 Work Phone: _____

Individuals authorized to pick up my child are:

1. Name: _____
 Relationship to child: _____

Contact: _____

2. Name: _____
 Relationship to child: _____

Contact: _____

3. Name _____
 Relationship to child: _____

Contact: _____

Please note the following:

1. It is important you notify the City of South Miami's Parks and Recreation Department at the Community Center in writing when you have updated information such as an address change, individuals you authorize to pick up your child, foods your child may be allergic to, etc.
2. On any given day you are having someone NOT listed on this After School Program's Student Release Form pickup your child, the Community Center's office must receive notification in writing no later than 1:00pm from the parent or guardian.
3. **Your child will not be released to anyone under the age of 18 years old.**
4. Please be aware that we will **NOT** release your child to anyone unless we have it in writing. We cannot make any exceptions. Therefore it is vital to plan ahead.
5. Please inform individuals picking up the child that they will be asked for photo ID to verify identification.

I hereby authorize individuals listed on this form the right to sign my child out the After School program at the time of dismissal and/or for early release situations. I also agree to the terms and conditions of the student release form.

Signature: _____

Print: _____

Date: _____

Relationship to student: _____



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Emergency Contact & Medical Consent Form

Instructions To Parents:

1. Complete all of the items on this side of the form. Please make sure to sign and date where indicated.
 Note: THIS ENTIRE FORM MUST BE UPDATED ANNUALLY.

When Parents cannot be reached, list at least one person who may be contacted to pick up the child in an emergency:

1. Name: _____	Relationship: _____
Home Phone: _____	Mobile: _____
Employer: _____	Work Phone: _____
2. Name: _____	Relationship: _____
Home Phone: _____	Mobile: _____
Employer: _____	Work Phone: _____
3. Name: _____	Relationship: _____
Home Phone: _____	Mobile: _____
Employer: _____	Work Phone: _____

Child's Physician or Source of Health Care: _____
 Address: _____ Telephone: _____

In EMERGENCIES requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the responsible person at the child care facility to have your child transported to that hospital.

Signature of Parent/Guardian: _____ Date: _____

Childs Name:

Last Name: _____ First Name: _____ MI: _____
 Birth Date: _____ Enrollment Date: _____
 Hours & Days Expected Attendance: _____

Mothers Name: _____ Contact: _____
 Mother's Employer/School: _____
 Mothers Home Address (if different from above): _____
 Work Phone: _____ Home Phone: _____

Fathers Name: _____ Contact: _____
 Father's Employer/School: _____
 Father's Home Address (if different from above): _____
 Work Phone: _____ Home Phone: _____

INSTRUCTIONS TO PARENT:

1. Complete the following items, as appropriate, if your child has a condition(s) which might require emergency medical care.
2. If necessary, have your child's health practitioner review information you provide below and sign and date where indicated

Child's Name: _____ D.O.B: _____

Medical Condition(s): _____

Medications currently being taken by your child: _____

Allergies/Reactions: _____

EMERGENCY MEDICAL INSTRUCTIONS:

1. Signs/symptoms to look for: _____

2. If signs/symptoms appear, do this: _____

3. To prevent incidents: _____



**City of South Miami
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 5800 SW 66TH STREET
 SOUTH MIAMI, FL. 33143
 Phone: (305) 668-7232
 Fax: (305) 668-7388**



Walk Home Authorization Form

I hereby grant permission for my child and/or the child in my care to leave the program upon signing themselves out and walk home or to another program without the guidance of an authorized adult, contrary to program policy.

I understand and agree that the City of South Miami will not assume responsibility for my child and/or the child in my care once he/she has left the facility. I forever discharge the City of South Miami, its officers, agents, and employees, from any lawsuits, damages, claims, or judgments resulting from any personal injuries or property damages that my child and/or the child in my care may sustain once he/she has left the program and/or facility thereby indicating to program staff that he/she is no longer participating in an activity sponsored by the City of South Miami.

Child's Name: _____ Age: _____

The duration which I give permission for my child to walk home from the center or to attend another program will be August 20, 2010- June 9, 2011.

Parent/Guardian Print Name

Parent/Guardian Signature

Date

(OFFICE USE ONLY)

Date Received: _____

Approved, exp. Date June 9, 2011

Program Supervisor Signature

Date



AUTHORIZATION FOR PHOTOGRAPHY/VIDEO

I, _____, the parent or guardian of _____, hereby authorize and give consent to service providers and the staff of The Children's trust of Miami Dade County as follows:

I hereby:

Consent and Authorize or **Do Not Consent and Authorize**

The staff of The Children's Trust of Miami-Dade County to take/use still photographs, digital photographs, motion pictures, television transmission, and/or videotaped recordings (hereinafter "Recordings") of me, my children, or my wards for educational, research documentary, and public relations purposes.

Signature of Parent or Guardian

Signature of Witness

Date

Date

Any such recording may reveal your identity through the image itself without any compensation to you, your children or wards.

Any and all Recording taken of you, your children or wads shall be sole property of The Children's Trust.

With regard to the use of any Recordings taken of you, your children or wards, you hereby waive any and all present and future claims you may have against The Children's Trust of Miami-Dade County, their staff, service providers, employees, agents, and Affiliates and Board members.

3150 SW 3rd Avenue, 8th Floor Miami, Fl 33129
Phone: (305) 571 5700 Fax: (305) 860-2328
www.thechildrenstrust.org



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BUS TRANSPORTATION REGISTRATION FORM

I, _____, the parent or guardian of _____
hereby authorize he/she to ride the bus from school to the Gibson-Bethel Community Center to
participate in the After School Program.

Please check the school for which you are requesting transportation for your child from.

- David Fairchild Elementary
- Ludlam Elementary School
- South Miami K-8 Center
- South Miami Middle School
- South Miami Senior High
- Sunset Elementary School

Signature of Parent or Guardian

Date