

# City of Largo Before and After Care Programs



Enrollment Packet 2022-2023

## The City of Largo Before and After School Program

This program offers children a safe, fun and healthy opportunity before and after school. Children in the program will have the opportunity to be involved in sports, games, arts and crafts, homework time, reading, and much more. The City of Largo looks forward to serving you and your family.

**Southwest Recreation Childcare License Number: C094372**

**Highland Recreation Complex License Number: 52511536737**

**Dates:** August 10<sup>th</sup> 2022 to May 25<sup>th</sup> 2023      **Ages:** Kindergarten through fifth grade

**Days:** Monday – Friday      **Ratio:** 1 to 25 (School Age)

**Time:** The before care program opens at 6:30 am. Children must arrive by 8:00 am to ride the bus. Children will be dropped off to and picked up from their designated school according to their bell schedule. All parents must pick up their children from the Recreation Center by 6pm.

**Single Schools Out Days:** Special camp programs will be offered on the following schools out days:      Oct 17, 2022      Nov 11, 2022      March 20, 2023      April 7, 2023

**Schools Out Weeks:** Parents may choose to send their children on these weeks. Students that choose to attend, the tuition increases to \$100 per week on auto debit and \$105 per week if paying in person. If the family chooses not to attend these weeks, please notify the director at least one week in advance. This will allow time to put the vacation request in the system.

Nov 21-23, 2022      Dec 27-30, 2022      Jan 3-6, 2023      Mar 13-17, 2023

These camp days will be held at the designated Recreation Complex. Parents are required to drop their children off and pick them up from the specific facility using the assigned entrance. Please see your site director for more details. Hours of operation during school's out days is 7 am – 6 pm.

**City Holidays:** The Recreation Complexes will be closed on the following city holidays:

Sept 5, 2022      Nov 24-25, 2022      Dec 23, 2022      Dec 26, 2022

Jan 2, 2023      Jan 16, 2023      Feb 20, 2023

**Staff:** Our before and after school program is licensed through the Pinellas County Licensing Board. Our staff is certified by taking 40 hours of childcare training offered by the PCLB. All staff hired by the City of Largo have completed a Level 2 Background Screening. This includes local, state, and federal background checks. All staff working within our program are at least 18 years old.

**Snacks and Nutrition:** Children are asked to bring a snack and water bottle with them to the program. Snacks are not provided through the program. The parent/guardian must provide a nutritious snack. Junk food such as candy, soda and chips are not permitted. Only clear liquids are permitted. Please speak with the site director if you need healthy food choice suggestions. Children are not permitted to use the vending machines during before/after care.

### Daily Activities

- **Rotations** are approximately 1 hour long. The scheduled rotations and activities will be posted weekly.
- **Extracurricular Activities:** Children will have the opportunity to choose between a select variety of extracurricular activities Mon-Thur after school such as, cheerleading, tennis, sports and crafts. Children and parents will be able to choose their activities the last week of each month. Participants may change activities monthly. The classes being offered will change periodically. **These classes are scheduled Mon-Thur. We ask that you please plan accordingly and try not to pick up your child during class time.** Class sizes are limited depending on the enrichment offered.
- **Homework Time:** A homework time will be offered during the program. Children will be encouraged to complete their assigned homework during this time, but staff are not able to monitor what is completed.

### Registration/Payments

**Family Registration Fee** of \$25 per family is due when registering your child for the program. Please note that if your child withdraws and re-registers in the program, this fee will be charged again. If you re-register within 60 days of your withdrawal date, a surcharge of \$75 will be applied.

**Recreation, Parks & Arts Membership** is required to participate in the before and after school program. The cost of the membership is determined based on individual residency within Pinellas County. All membership cards must be valid through the last day of the school year.

**Vacation Policy:** Tuition is due in full for every week that school is in session. Tuition can be waived on the following dates by notifying the director that your child will be absent during a school's out week.

Nov 21-23, 2022      Dec 27-30, 2022      Jan 3-6, 2023      Mar 13-17, 2023

**Cancellation of Service:** If, for any reason, you wish to cancel your child's participation in the City of Largo's Before and After Care Program, you need to notify the program director in writing. Until that time, you are financially responsible for the service for which you registered your child. We will not accept a verbal cancellation.

**Payment Schedule:** All payments are due on Fridays for the upcoming week. A \$5.00 late fee will be assessed to all accounts not paid by the due date. The child will not be able to continue in the program until your account balance is up to date. If you use the auto debit system, your payment will be withdrawn on Friday each week for the upcoming week.

Before School Program	After School Program	School's Out Weeks (Vacation can be used on these weeks)
\$20 per week on auto debit	\$75 per week on auto debit	\$100 per week on auto debit
\$25 per week if paying in person	\$80 per week if paying in person	\$105 per week if paying in person

**Easy Payment Methods:**

1. Through autopay your weekly tuition will automatically be charged to your credit or debit card on the Friday before each week begins. If an auto debit payment is declined an additional \$5 fee will be added to the amount due.
2. At Highland or Southwest Recreation Complexes using cash, check, money order or credit card. Both facilities are open seven days a week. Using this method will include an additional fee.

**Policy and Procedures**

**Drop In Policy:** Parents/guardians choosing to use the drop in option for before and after care may only do so one week in advance. Specific days of attendance must be given when registering for the drop-in program and paid in full. Drop ins will only be accepted when a vehicle has an open spot available. If a full-time student chooses to register for that open seat on the vehicle, drop-in care will no longer be an option for that school. Preference is given to children registering for the full week of care. Enrollment packets must be complete to attend.

Before Care Drop In	After Care Drop In
\$5 per morning	\$15 per afternoon

**Additional Drop Off Policy:**

In the event a child wants to attend the City of Largo after school program, and the child attends a school we do not service, the parent/guardian may register for the program and drop the child off to the facility of their choice. Drop off may not occur before 2:30 pm or after 4 pm. The parent/guardian must sign the child in and out daily. A completed enrollment packet must be on file. The parent/guardian must notify the facility staff if the child will not be in attendance on his/her scheduled day.

**Photo Policy:** Photographs taken by the Recreation, Parks and Arts Department at city programs and events are often used in presentations, display boards, flyers, website, brochures, and city publications. If you do not wish to have your child's picture taken, please let the staff know in advance.

**Attendance and Participation:**

Your child does not have to attend every day. Children are encouraged to participate when present, unless sick or injured, in which case, parents will be notified, and the child will be sent home. **It is required to call the facility to notify the program director when your child will not be in the program.** This is a new licensing policy. Your cooperation is appreciated.

**Southwest Recreation Complex 727-518-3125 or email [swaftercare@largo.com](mailto:swaftercare@largo.com)**

**Highland Recreation Complex 727-518-3016 or email [hcaftercare@largo.com](mailto:hcaftercare@largo.com)**

**Ambulance Service:**

In the event of an emergency in which emergency medical staff warrants that the child be taken to the nearest hospital, transport fees will be the responsibility of the parent or legal guardian. This fee currently costs approximately \$1,200.00

**No Smoking:**

This building is a smoke free facility. This includes all forms of tobacco including but not limited to cigarettes, e-cigarettes or vaping in the building or within 500 ft of the building entrance.

**Sign Out Policy:**

Parents must physically sign in and/or out their child each day. Each signature must be accompanied by the time at which you are signing. Each day must be documented with a **FULL SIGNATURE AND TIME**. Initials are not accepted as a full signature. Identification will be required and should be brought with you daily to sign out. Identification may be requested at any time by City of Largo staff. Only authorized persons will be allowed to pick up the child/ren. Those authorized are indicated on the child's enrollment paperwork. We will not release your child to any one not on this form.

**Medications:**

Staff will only administer emergency lifesaving medication (epi-pens, inhalers). All other medication given during after school hours must be administered by a parent, guardian or adult listed on the child's enrollment paperwork. If your child has a medication that must be administered immediately, prior to the arrival of emergency personnel, you must complete a medication form. Parents will be required to train staff on how to administer the medication. The medication must have your child's name on it and a photo attached. Medication must be in its original container. Please see the site director to receive a medication form.

**Head Lice:**

Any child that is found with head lice or nits will be sent home immediately and will not be allowed to return to the program until their head is free of lice and/or nits.

**Late Pick-Up Fee Policy:**

In the case that a parent or authorized person is late picking up a child, that individual will be responsible to pay the appropriate late fee. If a parent or authorized person is late more than three times the child will be suspended from the program. To avoid the late fee and possible suspension, please pick up your child by 6pm. **THE LATE FEE IS \$1.00 PER MINUTE PER CHILD**. This will be based on the clock at the sign out table. Fees must be paid in full before the child can return to the program.

**Disciplinary Policy:**

The City of Largo’s Before and After School Program rules are enforced to ensure a safe, professional, and organized program. The following disciplinary procedures are put in place for the program participants. These disciplinary procedures are designed to help each participant learn and grow as a responsible person in a fair and consistent manner. Minor infractions of the Code of Conduct will have the following consequences that vary with the developmental level and ages of children in care:

First Offense: Verbal reprimand

Second Offense: Conference with Program Director

Third Offense: Individual circumstances will be considered and the appropriate consequences will occur:

1. written reprimand
2. suspension (1-5 days)
3. permanent suspension from program.

Each offense will be written on a disciplinary action form for the parents to sign and review with the Director. Such disciplinary policies shall include standards that prohibit children from being subjected to discipline which is severe, humiliating, frightening, or associated with food, rest, or toileting. Spanking or any other form of physical punishment is prohibited by all childcare personnel. In consideration of the nature of the offense, we reserve the right to implement whichever of the above steps are necessary.

**Schools Serviced:**

<b>Southwest Before School</b>	<b>Highland Before School</b>
Anona Elementary Mildred Helms Elementary Ridgecrest Elementary Oakhurst Elementary	Largo Middle School Belcher Elementary Pinellas Academy of Math and Science Pinellas Preparatory School Plato Academy
<b>Southwest After School</b>	<b>Highland After School</b>
Anona Elementary Mildred Helms Elementary Oakhurst Elementary Ridgecrest Elementary Madeira Beach Fundamental	Belcher Elementary Pinellas Preparatory Academy Pinellas Academy of Math and Science Plato Academy Largo

The City of Largo services schools based on need and availability. A minimum of 5 registrations are required for us to commit to transporting to/from a school. Facility managers/supervisors will determine if a school can be added because of need or dropped due to low enrollment.

This is a form for staff to fill out upon registering for the aftercare program, please bring it with you when registering.

**Registration Checklist:**

In order for your registration to be complete you must complete and turn in the following:

- \_\_\_ The child's rec card must be good until May 25, 2023
- \_\_\_ Verified household email
- \_\_\_ Child enrollment record received, completed with no blank lines or white out
- \_\_\_ Acknowledgement form completed and signed
- \_\_\_ Authorized pick-up form completed and signed
- \_\_\_ Notarized emergency medical release form completed with no blank lines or white out
- \_\_\_ Food experience permission form signed
- \_\_\_ Auto debit registration form completed and received

**NO BLANK LINES, SCRATCH OUTS OR WHITE OUT PERMITTED**

\*\*Staff your signature below verifies that you have personally checked all paperwork and are **ONLY** accepting those that are **FULLY** completed. This is very important for the license board so please adhere to all needed above.

Staff Printed Name: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Start Date of Child: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of School Child Attends: \_\_\_\_\_

Please circle days child is attending:

Monday                      Tuesday                      Wednesday                      Thursday                      Friday

Please circle the parent/guardians pricing package choice:

Before School Program	After School Program
\$20 per week on auto debit	\$75 per week on auto debit
\$25 per week if paying in person	\$80 per week if paying in person
Before Care Drop In \$5 per morning	After Care Drop In \$15 per afternoon



# CHILD'S ENROLLMENT RECORD

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

PARENT ACKNOWLEDGEMENT FORM

PLEASE INITIAL AFTER READING AND UNDERSTANDING EACH POLICY AND PROCEDURE REVIEWED IN THE PARENT PACKET:

\_\_\_\_\_ I acknowledge that picking my child/ren up after 6pm will result in a late fee of \$1/per minute and that more than 3 occurrences is grounds for suspension from the program. All late fees must be paid in full to continue care the next day.

\_\_\_\_\_ I understand that I must notify aftercare staff if my child/ren will not be in the aftercare program for the day. This is a required licensing policy, and all families must comply.  
Southwest Recreation 727 518-3125 Highland Recreation 727 518-3016

\_\_\_\_\_ I understand that all payments are due on Fridays for the upcoming week. A \$5.00 late fee will be assessed to all accounts not paid by the due date. My child will be suspended from the program until tuition fees are up to date.

\_\_\_\_\_ I understand staff will ask for identification from individuals picking up my child/ren.

\_\_\_\_\_ I understand that my child may not bring toys, games, or electronics to the program.

\_\_\_\_\_ I give permission for my child to be transported to/from school by the City of Largo Staff. I also give permission for my child to attend field trips that are announced in advance.

\_\_\_\_\_ I give permission for my child to attend walking field trips to the playground on the recreation center property.

\_\_\_\_\_ I have read and understood the discipline policy.

\_\_\_\_\_ I give permission for the City of Largo to transport my child to safety in case of an emergency such as: hurricane, tornado, flood, toxic spill, etc.

\_\_\_\_\_ I have read and understood the City of Largo's snack and nutrition policy. Junk food, candy and sugary drinks are not permitted. All snack items must be healthy.

I HAVE READ AND UNDERSTAND THE CONTENTS PROVIDED IN THE PARENT PACKET FOR THE CITY OF LARGO'S BEFORE AND AFTER CARE PROGRAM.

NOTICE TO PARTICIPANTS/PARENTS/GUARDIANS:

I/We the participant or parents/legal guardians of the named children, hereby give my approval to my/his/her participation in programs and activities of the City of Largo Recreation and Parks Department. I/We do assume all risks or hazards incidental to such participation and use of equipment and facilities by myself or my minor dependents and do hereby agree to waive, release, absolve, and hold harmless the City of Largo, its employees, agents, and elected officials from any claim, loss, or injury of any kind, including losses or injury arising from the negligence of the City of Largo, its employees, agents, and elected officials.

X \_\_\_\_\_

\_\_\_\_\_

Signature of Parent or Legal Guardian

Date

**Authorized Pick Up List**

**Child's Name:** \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

I authorize the people listed below to pick up/drop off my child.

Name	Phone Number	Date Added	Staff Initials
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

We use a text alert system for program updates, reminders, and emergencies. The fastest way to alert our families in the event of an emergency is through text alerts. Please list the cell phone number you wish to use for such alerts:

Parent / Guardian cell: \_\_\_\_\_

Additional number for text alerts: \_\_\_\_\_



### 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 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)  
FC-0003 Sample (2/19/20)



## 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



### Auto Debit Authorization and Registration Form

Program	Weekly Charge	Selected Care
Before Care	\$20.00 (\$25 per week without auto debit)	
After Care	\$75.00 (\$80 per week without auto debit)	
Before and After Care	\$95 (\$105 per week without auto debit)	
ELC Recipient	Varies according to the listed parent fee	

Parent/Guardian's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's School: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Household Email Address: \_\_\_\_\_

Afterschool Program Location: Highland \_\_\_\_\_ Southwest \_\_\_\_\_

Auto debit will be pulled every Friday for the upcoming week. I agree for the fees for my child's childcare listed above to be paid weekly. Should any credit card (EFT) not be honored by my financial institution for any reason, I realize that I am still responsible for the total payment due. In addition, I will incur a processing fee of \$5 assessed by the City of Largo for any payments that are not able to be electronically processed. After two non-successful payment attempts, I will be withdrawn from the auto pay program. I also understand it is my responsibility to notify the City of Largo in writing should my credit card expire, my financial institution changes, or I make any changes to my account information at any time. The City of Largo requires a 10-day notice to change/cancel an EFT processing. All weekly fees are required to be paid if your child attends or not.

**Initial Payment:**

Membership \_\_\_\_\_ + Registration \_\_\_\_\_ + First Week of Tuition \_\_\_\_\_ = Total Due Today \_\_\_\_\_

My weekly EFT withdraw total: \_\_\_\_\_ Expiration Date: \_\_ / \_\_ / \_\_

Name as it appears on the credit/debit card: \_\_\_\_\_

Credit Card Number:           -          -          -

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_