

# City of Largo School's Out Day Programs



## Enrollment Packet 2022-2023

**The City of Largo Schools Out Day Program**

**This program offers children a safe, fun and healthy opportunity when school is not in session. Children in the program will have the opportunity to be involved in sports, games, arts and crafts, field trips, 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**

**Ages:** Kindergarten through fifth grade

**Time:** 7:00 am to 6:00 pm

Children must arrive by 9:00 am daily. No drop off after 9:00 am permitted.

**Dates:** Nov 21-23, 2022    Dec 27-30, 2022    Jan 3-6, 2023    Mar 13-20, 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.

**Ratio:** 1 to 25 (School Age)

**Staff:** Our 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.

**Food and Nutrition:** Children are asked to bring a lunch, snack and water bottle with them to the program. The parent/guardian must provide a nutritious lunch and 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.

**Registration and Pricing:**

**Recreation, Parks & Arts Membership** is required in order to participate in the program. The cost of the membership is determined based on individual residency within Pinellas County. All membership cards must be valid while using our program.

**Cancellation of Service:** If, for any reason, you wish to cancel your child's participation in the program, you need to notify the program director in writing at least one week in advance. Until that time, you are financially responsible for the service for which you registered your child. We will not accept a verbal cancellation.

**Payment:**

<b>Dates</b>	<b>Resident</b>	<b>Non-Resident</b>	<b>Theme</b>
November 21 <sup>st</sup> – 23 <sup>rd</sup>	\$100	\$125	Thankful and Grateful
December 27 <sup>th</sup> – 30 <sup>th</sup>	\$125	\$156	A December to Remember
January 3 <sup>rd</sup> – 6 <sup>th</sup>	\$125	\$156	I Like to Move It!
March 13 <sup>th</sup> – 20 <sup>th</sup>	\$150	\$188	Swinging into Spring

## **Policy and Procedures**

**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. You can contact the facility using the information below:

**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 \$1000.00

### **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. The City of Largo uses electronic signatures through the Procure app. An email will be sent out for each family to complete the registration process. If you need assistance in obtaining the app for sign in and out, feel free to reach out to the facility. Each signature must be in full. 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 in the Procure app. 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 School's Out Day 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.

This is a form for staff to fill out upon registering for the school's out day 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 current for the dates in which the child is registering
- \_\_\_ Verified household email
- \_\_\_ Verified household address and phone numbers
- \_\_\_ Child enrollment record received, completed with no blank lines or white out
- \_\_\_ Notarized emergency medical release form completed with no blank lines or white out
- \_\_\_ Food experience permission form signed
- \_\_\_ Photo release form
- \_\_\_ Parent acknowledgement form

**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: \_\_\_\_\_

**Please circle days child is attending:**

Monday                      Tuesday                      Wednesday                      Thursday                      Friday

**Please circle the dates the child is registering for:**

<b>Dates</b>	<b>Resident</b>	<b>Non-Resident</b>	<b>Theme</b>
November 21 <sup>st</sup> – 23 <sup>rd</sup>	\$100	\$125	Thankful and Grateful
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# 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.**





# 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.

(Child's Full Name)

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)





## 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

## **GENERAL NAME AND LIKENESS RELEASE**

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I hereby give the City of Largo, a municipality of the state of Florida, and its licensees, designees and assignees (collectively the "City"), the absolute and irrevocable right and permission to photograph, film, audio/videotape, and draw the undersigned in all forms of media including digital, electronic, print, television, film, radio and other media now known or to be invented and to record the results and collect all proceeds thereof (collectively the "Material") as stated below. I acknowledge the I have posed for and/or permitted the City to take my photograph, video, film, etc. or to otherwise record and/or memorialize my image, voice, and/or likeness.

1. To register for copyright the Material in the City's own name or in any other name (the Material shall be considered a "work made for hire.") To the extent that the law deems the Material not a "workforhire," I hereby assign all right, title and interest that I may have in the Material to the City and agree to execute any further necessary documents to effect this assignment.
2. To use, incorporate, broadcast, distribute, reuse, publish, republish, display and/or edit the Material and/or my name, likeness, and/or image in whole or in part, severally or in conjunction with other material(s) (including in the main or end titles) for the purposes of advertising, promoting, marketing and packaging for the City of Largo and its various programs and publications. The City has no obligation to use the Material, my name, voice or likeness.
3. To use, publish and display or permit the use, publication and/or display of the Material, including in the form of negatives, slides, prints, photographs, videos, posters, stories, and other depictions of me throughout the world, in any medium whatsoever in which the Material may appear.
4. To use the Material in any manner, format and/or medium and to alter the Material without my consent. I understand I shall not have any right to approve or disapprove any use or modification of the Material by the City.

I understand that all rights in and to the Material and any derivative works created therefrom, including but not limited to, negatives, outtakes, sounds and the images contained therein, shall be the City's sole and absolute property. I agree that the City may use my name, likeness or biological information that I have provided for any purpose associated with the Material. I assign the City all of my right, title and interest in and to the Material throughout the universe, including, without limitation, all trademarks, personality rights, publicity rights and any other intellectual property rights. I also waive any and all privacy rights, moral rights and any other rights I may have in and to the Material to the world. I understand that I do not own the copyright in the Material and I hereby waive any right to copyright that I may have in the Material.

I represent and warrant that I have the right to grant the City the abovementioned rights without obtaining the permission of, or making any payments to, any third party or entity. This authorization and release shall inure to the benefit of the legal representatives, licensees and assigns of the City. I hereby release the City from, and covenant not to sue the City for, any claim or cause of action, whether known or

unknown, for libel, slander, invasion of right of privacy, publicity or personality, or any other claim or cause of action, based upon or relating to use of the Material or the exercise of any of the rights referred to herein. I agree to indemnify and hold harmless the City and any person claiming under, by or through the City, and the elected officials, officers, attorneys, employees, and agents thereof, from and against any liabilities, losses, claims, demands, costs (including without limitation attorneys' fees) and expenses arising in connection, whether direct or indirect, with any breach or alleged breach by me of any of the above representations, warranties or agreement hereunder.

I acknowledge that, in the event of any breach by the City or any third party, the damage, if any, caused me thereby will not be irreparable or otherwise sufficient to entitle me to injunctive or other equitable relief. My rights and remedies in such event will be strictly limited to the right, if any, to recover damages in an action at law, and I will have neither the right to rescind or terminate this agreement or any of the City's rights hereunder, nor the right to enjoin the production, exhibition, or other exploitation of the Material or any subsidiary or allied rights with respect thereto. This Release constitutes our entire understanding and agreement with respect to the subject matter hereof and cannot be amended except by a written instrument signed by the parties hereto. This Release will inure to the benefit of and will be binding upon our respective affiliates, successors, licensees, assigns, heirs and representatives. This Release will be governed by the internal laws of the State of Florida, and any suit shall be brought in the Sixth Judicial Circuit Court in and for Pinellas County, Florida for state actions and in the United States District Court for the Middle District of Florida, Tampa Division for federal actions where this contract was wholly negotiated, executed and performed therein.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

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

**CONSENT OF PARENT OR GUARDIAN (if under 18)**

I am the father/mother/guardian of \_\_\_\_\_ (print name) and I consent to the foregoing on his/her behalf and execute this Release on his/her behalf and I will not revoke my consent.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**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 staff if my child/ren will not be in the program for the day. Southwest Recreation 727 518-3125 Highland Recreation 727 518-3016

\_\_\_\_\_ I understand that if I choose to withdrawal my child/ren, I must notify the director in writing at least one week in advance.

\_\_\_\_\_ 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 field trip locations by the City of Largo Staff or a contracted busing service. 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. Clear beverages only.

**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**

**We use a text alert system for program updates, reminders and emergencies. The fastest way to alert our familes 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:** \_\_\_\_\_