

City of Hialeah Education & Community Services Department
Creative Learning & Play Program



**Kids' Day Off / Winter & Spring Break Camps
 2018-2019**

ATTACH
 CURRENT
 PHOTO
 of
 CHILD

SITE INFORMATION

Goodlet Adult 900 W. 44th Place

Possible Additional Sites (TBA):

- Babcock Park 651 E. 4th Ave
 Slade Park 2501 W. 74th Street

CHILD'S INFORMATION

ECS STAFF: Registration date _____

TCT # _____

First Name: _____ Last Name: _____ Middle Initial: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Date of Birth: _____ Age: _____ Gender: M / F

Primary Care Hours: From: 7:30am To: 6:30pm Days of the Weeks in Care: M T W R F
 Meals typically Served While in Care: None – Bring Lunch and Snack on days school is not in session

Child's Ethnicity: Hispanic Haitian Other, please specify _____
Child's Race: American Indian/Alaskan Asian Black/African-American
 Pacific Islander White Other, please specify _____
Is Child Proficient in English? Yes No
Additional/Other Language(s) spoken at home: Spanish Haitian-Creole Other _____ None
Last 4 Digits ONLY of Child's Social Security # _____ **(Required)**
MDCPS Student ID # _____ No MDCPS ID (State Reason) _____
Child's Current School: _____ **Child's Grade** (as of 2018-19): _____
ECS STAFF: Verified Proof of Grade (Report card, Letter, other)

FAMILY INFORMATION

Custody: Mother Father Both Other _____

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

Mother / Legal Guardian email: _____
 Name: _____ Home Phone: _____
 Address: _____ Cell / Work Phone: _____

Father / Legal Guardian email: _____
 Name: _____ Home Phone: _____
 Address: _____ Cell / Work Phone: _____

Emergency Contact Person (If Parents / Guardian cannot be reached, please list emergency contacts
 Name: _____ Relationship: _____ Phone: _____
 Name: _____ Relationship: _____ Phone: _____

PERSON (S) AUTHORIZED TO PICK-UP CHILD FROM THE PROGRAM (Other than Parent / Guardian)
 1. _____ 2. _____ 3. _____
 Phone: _____ Phone: _____ Phone: _____

YOUR CHILD WILL NOT BE RELEASED TO ANY PERSON NOT LISTED HEREIN.

Note: In case of an emergency, at least one parent, guardian or designated emergency contact person needs to be available to respond to the site within 15 minutes. Responding party should be authorized to make an emergency medical decision on behalf of the child.

MEDICAL INFORMATION

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: _____ Address _____ Phone _____

Doctor: _____ Address _____ Phone _____

Hospital Preference: _____

Please list allergies, special medical or dietary needs, or other areas of concern: _____

Does your child have health insurance (ex., private insurance, KidCare, Medicaid)? Yes No

If you are interested in other services funded by The Children's Trust or need to find affordable coverage, please call 211 or visit www.thechildrenstrust.org

Does your child have any **allergies** (ex., food, medicine)? Yes No

If yes, please explain _____

Does your child have a **documented medical condition** or a **disability**? Yes No

If yes, please explain and check the appropriated boxes _____

If yes, how would you best classify the type(s)? (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Autism Spectrum Disorders | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Chronic Medical Condition
(diabetes, severe asthma, seizures, epilepsy) | <input type="checkbox"/> Physical Disability |
| <input type="checkbox"/> Developmental Delay | <input type="checkbox"/> Speech/Language Impairment |
| <input type="checkbox"/> Emotional and/or Behavioral Disorder
(ADD / ADHD / OCD / PTSD) | <input type="checkbox"/> Visual Impairment (or blind) |
| <input type="checkbox"/> Hearing Impairment (or deaf) | <input type="checkbox"/> Other Disability _____ |
| <input type="checkbox"/> Intellectual Disability (or MR) | |

Note: If "asthma" is circled under Chronic Medical Condition, please check: Acute or Seasonal Allergies

If yes, do you have (check all that apply):

- Individualized Education Plan (IEP) from MDCPS
- Section 504 Plan
- a medical diagnosis (from a doctor)
- a diagnosis from a state certified / licensed professional (ex. psychologist)
- disclosure by parent/guardian describing the child's specific condition and/or need for accommodation(s)

Helpful Information About Child:

TRANSPORTATION

- I authorize** the City of Hialeah to transport the participant to and from program/events/field trips sponsored and/or approved by the Kids' Day Off/Winter & Spring Break Camps Program.
- I do not authorize** the City of Hialeah to transport the participant to and from program/events/field trips sponsored and/or approved by the Kids' Day Off/Winter & Spring Break Camps Program.

DCF LICENSE NUMBERS

Babcock # C11MD2033

Goodlet # C11MD2737

Slade # C11MD2032

DCF REQUIREMENTS

- Section 65C-22.006(2), F.A.C., requires a current immunization record (Form 680 or 681) within 30 days of enrollment.
- Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure
- Section 65C-20.010(6)(c)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility

REQUEST FOR A MINOR TO PARTICIPATE IN PROGRAMS/EVENTS SPONSORED/APPROVED BY THE CITY OF HIALEAH AND HOLD HARMLESS AGREEMENT

PARTICIPATION: I hereby give permission for the participant named on this form to participate in the **Kids' Day Off/Winter & Spring Break Camps, "Creative Learning & Play" provided by the City of Hialeah**, from _____ to _____. The Kids' Day Off/Winter & Spring Break Camps Programs include, but not limited to, literacy programs, fitness, cultural arts, social development, indoor/outdoor games, crafts, fieldtrips and special events. My permission shall be effective upon signing this Request/Hold Harmless Agreement. I have instructed the participant to obey, at all times, all instructions, orders and commands given by the authorized representatives of the City of Hialeah or its designees. I further give permission for the participant to be filmed and/or photographed in such program/event for use in publicizing the program/event.

RELEASE OF ALL CLAIMS: The undersigned, individually and on behalf of the participant, releases, covenants not to sue and forever discharges the City of Hialeah, its Officers, Agents, Employees, Counselors, Volunteers and their successors and assigns (all of whom constitute the released parties) of all liabilities, claims, actions, damages, costs or expenses, that the participant may have against the released parties arising out of, or in any way connected with participation in the program/event sponsored/approved by the City of Hialeah, including travel to and from such program/event, and including injury or damage to person or property, or resulting in death of the participant, whether caused by the **NEGLIGENCE** of the released parties or otherwise.

CONSENT TO TREATMENT: I authorize such physician or medical staff as the City of Hialeah may designate, to carry out any minor medical treatment deemed necessary, or to take my child to the emergency room of the nearest hospital for treatment, if necessary. I understand that, in order to provide necessary medical treatment to my child, there may be an exchange or disclosure of confidential/protected health information between the City of Hialeah and medical providers. I authorize the City of Hialeah to exchange or disclose my child's confidential/protected health information with such medical providers, as well as with The Children's Trust. I further understand that the City of Hialeah shall protect my child's confidential/protected health information and comply with all applicable federal and state laws by not disclosing such information to any third party who does not have a need to know such information.

I, the undersigned, am the parent/guardian of the above-specified minor child. I have read and fully understand the provisions of the above Request/Hold Harmless Agreement and have explained them to said minor. I hereby agree that the said minor and I will be bound thereby.

Under penalties of perjury, I declare that I have read the foregoing Request/Hold Harmless Agreement and that the facts stated in it are true.

I have fully completed the registration form and I have been provided the Program Handbook and a written program disciplinary policy by the ECS Department.

Parent/Legal Guardian Signature

Date

TO BE COMPLETED BY ECS STAFF:

Verified By: _____ **Date:** _____ **Proof of Address:** _____
Documentation Provided

Original to Site: _____ **Enrollment Date:** _____



The City of Hialeah's *Creative Learning & Play* out of school programs are funded in part by The Children's Trust. The Trust is a dedicated source of revenue established by voter referendum to improve the lives of children and families in Miami-Dade County.

