



CITY OF SOUTH MIAMI
 PARKS AND RECREATION DEPARTMENT
 5800 SW 66th Street
 South Miami, FL 33143
 Tel: 305-668-3876 • Fax: 305-668-7388



2018-2019 After-School Program Registration

Resident Registration Opens: Aug 1
 Non-Resident Registration Opens: Aug 8

Participant's Name: _____ Grade: _____

School: _____ Release Time: _____

Enrollment maximum of 30 children per group (K/1, 2/3, 4/5)



Registration Checklist

- _____ Program Registration Form
- _____ Proof of Residency (Driver's License, Utility Bill, Lease)
- _____ Birth Certificate (new applicants only)
- _____ Receipt of Parent Handbook

Name of Participant: _____ Date of Birth: _____

Age: _____ Male Female

Parent/Guardian: _____ Date of Birth: _____

Street Address: _____
City Zip



Email Address: _____

Phone: _____

Schools must have a minimum of three (3) and maximum of twenty eight (28) kids per pick up time. No exceptions!

If minimums are not met by 8/17/18, refunds will be processed for participants or transportation will not be provided from those schools.

EMERGENCY CONTACTS & AUTHORIZED FOR RELEASE NAMES

NAME

PHONE #

RELATIONSHIP

REQUIRED

1. _____
2. _____

Does the participant require assistance or special accommodations to participate in the chosen activity? Specify any special needs:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical Conditions or Allergies? Specify any special needs:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please initial each section below.

Murray Park Aquatic Center Permission

_____ My Child may participate in swim instruction and open swim at the Murray Park Aquatic Center, 6701 SW 58th Place, South Miami, FL 33143.

Medical Transportation Consent

_____ Children will be taken to the nearest hospital's emergency room for emergencies requiring immediate medical attention. Your signature below authorizes the responsible person at the child care facility to have your child transported to that hospital.

Photography and Video Release

_____ I hereby give consent for the City of South Miami to use photos/video coverage of myself and/or minor child in program guides, flyers, videos, websites, etc. I understand that the City of South Miami staff may take photos/video coverage of its programs and events, and their participants from time to time and that these photos/video shall remain the property of the City of South Miami.

Transportation Consent

_____ I hereby give my child consent to be transported by city-operated bus/van or contracted bus services during the program/activity listed on this registration form.

Release and Waiver of Liability

- 1) Accept, assumes and voluntarily incur all risks of any injuries, damages, or harm which might arise from the use of the requested facility due to the negligence or other fault of the APPLICANT or anyone acting through or on behalf of the APPLICANT.
- 2) Agree to compensate the City of South Miami ("City") for any repair and/or replacement costs for damages to the requested facility or equipment while in use during the above date and time.
- 3) Agree to indemnify, defend, save and hold CITY, its officers, affiliates, employees, successors and assigns, harmless from any and all damages, claims, liability, losses, claims, demands, suits, fines, judgments or cost and expenses, including reasonable attorney's fees, paralegal fees and investigative costs incidental

there to and incurred prior to, during or following any litigation, mediation, arbitration and at all appellate levels, which may be suffered by, or accrued against, charged to or recoverable from the City of South Miami, its officers, affiliates, employees, successors and assigns, by reason of any causes of actions or claim of any kind or nature, including claims for injury to, or death of any person or persons and for the loss or damage to any property arising out of a negligent error, omission, misconduct, or any gross negligence, intentional act or harmful conduct of the APPLICANT, its contractor/subcontractor or any of their officers, directors, agents, representatives, employees, or assigns, or anyone acting through or on behalf of any of them, which arises out of or is concerning the use of the requested facility by me or anyone acting for or through me. I agree to pay all losses and expenses of any kind or nature whatsoever, in connection therewith, including the expense or loss of the CITY and/or its affected officers, affiliates, employees, successors and assigns, including their attorney's fees, in the defense of any action in law or equity brought against them.

- 4) Agree and recognize that neither the CITY nor its officers, affiliates, employees, successors and assigns shall be held liable or responsible for any claims, including the costs and expenses of defending such claims which may result from or arise out of actions or omissions of the APPLICANT, its contractor/subcontractor, if any, or any of their agents, representatives, employees, or assigns, or anyone acting through or on behalf of the them, and arising out of or occurring on the CITY's property. In reviewing, approving or rejecting any submissions or acts of the APPLICANT, CITY in no way assumes or shares responsibility or liability for the acts or omissions of the APPLICANT, its contractor/subcontractor, if any, or any of their agents, representatives, employees, or assigns, or anyone acting through or on behalf of them. The APPLICANT has the duty to provide CITY with a defense with an attorney or law firm approved by the City of South Miami, which approval will not be unreasonably withheld.
- 5) Understand and agree to abide by all applicable rules and regulations as set forth herein and attached to this form. I further understand that I may be asked to vacate the premises and may forfeit my security deposit if I fail to abide by these rules and regulations or any other reasonable request from City of South Miami staff.
- 6) Understand and agree that rentals, including pavilion rentals operate between sunrise and sunset (excluding rentals at South Miami Park, Palmer Park and the Gibson-Bethel Community Center).
- 7) I certify that the above information is correct and that I have read and understand the rules and regulations governing this permit.

Parent/Guardian's Signature

Date



CHILD INFORMATION FORM



Child's Last Name _____, First _____ Middle _____

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

Last 4 Digits ONLY of Child's Social Security# No SSN

Miami-Dade County Public School ID# No MDCPS ID

Child's Current School _____

Is your Child Proficient in English? Yes No

Other Language(s) Spoken in the Home Spanish Haitian-Creole Other _____ None

Street Address _____ City _____ ZIP Code _____

Child's Ethnicity Hispanic Haitian Other

Child Race (select only one) American Indian or Alaskan Asian Black or African American Pacific Islander White Other Multiracial

Child's Current Grade

Does Child Have Health Insurance (ex., private insurance, KidCare, Medicaid)? Yes No
(If not, we may be able to help find affordable coverage-call 211 or visit www.thechildrenstrust.org)

Child's Primary Caregiver (full name) _____

Primary Caregiver Email _____

Primary Phone

(You may be contacted by The Children's Trust to ask about your satisfaction with these services)

We want to get to know your child better so we can provide the best possible experience in our programs. Please tell us more about your child...

What are the main ways your child communicates? (Mark all that apply)

- Speaks and is easily understood
- Speaks but is difficult to understand
- Uses sign language
- Uses communication devices like pictures or a board
- Uses gestures like pointing, pulling or blinking
- Uses sounds that are not words like crying or grunting

What, if any, help does your child receive at this time? (Mark all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Speech/language therapy | <input type="checkbox"/> Special education services in school |
| <input type="checkbox"/> Occupational therapy (OT) | <input type="checkbox"/> Behavioral therapy or services |
| <input type="checkbox"/> Physical therapy (PT) | <input type="checkbox"/> Counseling for emotional concerns |
| <input type="checkbox"/> Daily medication (not including vitamins) | <input type="checkbox"/> None |

What conditions does your child have that are expected to last for a year or more? (Mark all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Physical disability or impairment | <input type="checkbox"/> Developmental delay (only if under age 5) |
| <input type="checkbox"/> Medical condition or illness | <input type="checkbox"/> Learning disability (school-age) |
| <input type="checkbox"/> Hearing impairment or deaf | <input type="checkbox"/> Problems with attention or hyperactivity (ADHD/ADD) |
| <input type="checkbox"/> Visual impairment or blind | <input type="checkbox"/> Problems with depression or anxiety |
| <input type="checkbox"/> Speech or language condition | <input type="checkbox"/> Problems with aggression or temper |
| <input type="checkbox"/> Autism spectrum disorder | <input type="checkbox"/> Intellectual/developmental disability (over age 5) |
| | <input type="checkbox"/> None of the above |

If you marked "None of the above" on the question above, please skip the next two questions and sign below. If you marked any other answer above, please answer the remaining questions and sign below.

Do any of the conditions marked above make it harder for your child to do things that other children of the same age can do?

- Yes No

To support your child's successful participation in this program, in what areas might s/he need extra assistance? No specific help needed

- Holding a crayon/pencil, writing, using scissors or other fine motor tasks
- Sports or physical activities like running or other gross motor tasks
- Managing feelings and behavior
- Academic, learning or reading activities
- Adapting activities to take into account a visual or hearing impairment
- Using assistive device(s) like a wheelchair, crutches, brace or walker
- Personal services like help with feeding, toileting or changing clothes
- Other _____

Please tell us anything else you think it is important for us to know about your child

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

I give my permission for this information to be submitted to The Children's Trust for program quality and evaluation purposes. The Children's Trust provides funding for the program.

PARENT/GUARDIAN SIGNATURE _____
DATE _____

FOR STAFF USE ONLY (MUST BE COMPLETED)

ORGANIZATION: ArtSouth, A Not-For-Profit Corporation SITE: Gibson Bethel Community Center

POPULATION MEMBERSHIP (check all that apply): Dep Syst Delin Syst