



PASSWORD: _____

BSC / ASC CHILD APPLICATION FORM

PROGRAM TYPE: AFTER SCHOOL CARE BEFORE SCHOOL CARE

SITE LOCATION: _____ **START DATE:** _____ **GRADE:** _____

CHILD'S FIRST NAME: _____ **HOME PHONE NUMBER:** _____

CHILD'S LAST NAME: _____ **ADDRESS:** _____

CHILD'S MIDDLE INITIAL: _____ **CITY:** _____ **ZIP CODE:** _____

SEX: M or E **DOB:** _____ **AGE:** _____

HAIR COLOR: _____ **EYE COLOR:** _____ **RACE:** WHITE __ HISPANIC __ BLACK __ OTHER __

DOES YOUR CHILD REQUIRE SPECIAL NEEDS? (ESE, SPEECH DELAY, ETC.) CIRCLE YES or NO
IF YES, PLEASE FULLY COMPLETE PAGE **NUMBER 5A – 5B.**

DOES YOUR CHILD HAVE ANY MEDICAL CONCERNS / ALLERGIES? CIRCLE YES or NO
IF YES, PLEASE FULLY COMPLETE PAGE **NUMBER 6A.**

LIST MEDICAL CONCERNS / ALLERGIES: _____

CHILD LIVES WITH: MOTHER _____ FATHER _____ OTHER _____

MOTHER'S NAME: _____ **FATHER'S NAME:** _____

HOME NUMBER: _____ **HOME NUMBER:** _____

WORK NUMBER: _____ **WORK NUMBER:** _____

CELL NUMBER: _____ **CELL NUMBER:** _____

E-MAIL ADDRESS: _____

PEOPLE AUTHORIZED TO PICK UP MY CHILD: MOTHER: CIRCLE **YES or NO** FATHER: CIRCLE **YES or NO**

NAME: _____ **RELATIONSHIP** _____ **PHONE NUMBER** _____

NAME: _____ **RELATIONSHIP** _____ **PHONE NUMBER** _____

NAME: _____ **RELATIONSHIP** _____ **PHONE NUMBER** _____

PLEASE READ BELOW BEFORE SIGNING. PLEASE BE SURE ALL HIGHLIGHTED AREAS ARE COMPLETED BEFORE TURNING IN YOUR REGISTRATION FORM(S).

1. I UNDERSTAND THAT MY CHILD WILL BE EXPECTED TO BEHAVE IN ACCORDANCE WITH THE BROWARD COUNTY SCHOOL BOARD CODE OF CONDUCT AND SUNSHINE CHILD PROGRAMS.
2. I UNDERSTAND THAT THERE WILL BE NO REFUNDS, CREDITS OR REDUCTIONS IN FEES FOR ABSENCES DUE TO ILLNESS OR VACATION.
3. I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO KEEP MY OWN RECORDS AND RECEIPTS FOR PAYMENTS.
4. A REGISTRATION FEE IS DUE WHEN SIGNING THIS AGREEMENT AND IS NON REFUNDABLE.
5. I ACKNOWLEDGE RECEIPT OF THE SCHEDULE OF FEES TO BE PAID BY ME FOR MY CHILD'S ATTENDANCE IN SUNSHINE. I UNDERSTAND THAT PAYMENT FOR BEFORE AND AFTER SCHOOL CARE WILL BE MADE IN ADVANCE OF MY CHILD RECEIVING CARE. I UNDERSTAND THAT IN THE EVENT I FAIL TO PAY THESE FEES ON TIME, I WILL BE HELD RESPONSIBLE FOR ALL FEES AND COLLECTION COSTS ON ALL UNPAID CHARGES. I UNDERSTAND THAT IF MY CHECK IS RETURNED FOR ANY REASON, I WILL BE CHARGED ALL BANK FEES AND ACKNOWLEDGE PAYMENTS THEREAFTER WILL HAVE TO BE MADE IN CASH.

PARENT / GUARDIAN SIGNATURE: _____

PARENT PAYMENT GUIDELINES AND VERIFICATION FORM

PAYMENTS: PAYMENTS ARE DUE BY THE PAYMENT SCHEDULE ACCORDING TO THE BROWARD COUNTY SCHOOL BOARD. I UNDERSTAND THAT THERE WILL BE NO REFUNDS, CREDITS OR REDUCTIONS FOR ABSENCES. THIS INCLUDES ABSENCES FOR ILLNESS OR VACATION. FAILURE TO PAY IN ADVANCE WILL RESULT IN A CHILD'S NON PARTICIPATION IN THE PROGRAM AND IMMEDIATE DISMISSAL. THE PARENT / GUARDIAN WILL BE REQUIRED TO RE REGISTER THEIR CHILD AND PAY THE REGISTRATION FEE.

RETURNED CHECKS: I UNDERSTAND THAT IF MY CHECK IS RETURNED TO THE OFFICE FROM THE BANK FOR ANY REASON, I WILL BE CHARGED THE AMOUNT OF THE CHECK PLUS A \$25.00 SERVICE FEE. SUNSHINE IMPLEMENTS THIS FEE TO COVER THE FEE WE ARE CHARGED FROM THE BANK. ALL PAYMENTS MADE AFTER A RETURNED CHECK MUST BE MADE IN CASH OR MONEY ORDER.

LATE PICK UP FEES: I UNDERSTAND THAT IF I PICK UP MY CHILD AFTER 6:00 P.M., AN OVERTIME FEE OF \$5.00 EVERY 15 MINUTES WILL BE CHARGED. ON THE FOURTH LATE PICK UP, SUSPENSION OF CHILD CARE SERVICES MAY OCCUR WITH NO REFUNDS OR CREDITS.

REFUND POLICY:

SUNSHINE CHILD PROGRAMS PROVIDES PARTIAL PERIOD REFUNDS IN VERY LIMITED AND SPECIFIC CASES TO INDIVIDUALS WHO QUALIFY DUE TO THE CONDITIONS LISTED BELOW.

- A SUNSHINE STUDENT HAS BEEN WITHDRAWN FROM THE SCHOOL IN WHICH THEY ATTEND DUE TO DISTRICT MANDATED RESIDENCY, ZONING, OR BOUNDARY REQUIREMENTS AND HE/SHE NO LONGER ATTENDS A SCHOOL SERVICED BY SUNSHINE.
- A SUNSHINE STUDENT HAS UNEXPECTEDLY LOST HIS/HER PRIMARY DWELLING DUE TO NATURAL DISASTER OR OTHER DOCUMENTED STATE OF HOMELESSNESS.
- A SUNSHINE STUDENT IS UNEXPECTEDLY HOSPITALIZED OR HOME BOUND DUE TO A MEDICALLY DIAGNOSED PHYSICAL OR MENTAL CONDITION.
- A SUNSHINE STUDENT UNEXPECTEDLY LOSES A PARENT OR LEGAL GUARDIAN.
- SUNSHINE DISCONTINUES OR CANCELS A SERVICE OR PROGRAM FOR WHICH THE CHILD HAS BEEN REGISTERED FOR.

I HAVE READ, UNDERSTAND AND AGREE TO ABIDE BY THE ABOVE POLICIES AND CONDITIONS.

PARENT / GUARDIAN SIGNATURE: _____ Date: _____

STUDENT DISCIPLINE POLICY

AT SUNSHINE AFTER SCHOOL CARE, CHILDREN ARE OUR BUSINESS AND OUR NUMBER ONE PRIORITY! WE FEEL STRONGLY THAT A POSITIVE, SUPPORTIVE AND STRUCTURED ENVIRONMENT PROMOTES GOOD BEHAVIOR. A FULL DAY OF VARIED ACTIVITIES IS PLANNED TO DIRECT YOUR CHILD'S ENERGY INTO POSITIVE CHANNELS. WE BELIEVE THAT CHILDREN LEARN FROM US AND THAT WE ARE POSITIVE ROLE MODELS. ONE OF OUR MANY GOALS IS TO HELP CHILDREN FEEL GOOD ABOUT THEMSELVES BY BUILDING THEIR SELF ESTEEM AND SELF CONFIDENCE. OUR COUNSELORS, SITE LEADERS AND AREA MANAGERS HAVE BEEN TRAINED IN "COOPERATIVE DISCIPLINE" BY OUR DIRECTOR OF EDUCATIONAL PROGRAMS AND QUALITY ASSURANCE. WHENEVER DISCIPLINE IS NECESSARY, CORRECTIVE DISCIPLINE IS USED TO CHANGE THE INAPPROPRIATE BEHAVIOR OF THE CHILD, NEVER TO HURT THE CHILD. THE FOLLOWING STEPS ARE TAKEN TO CORRECT INAPPROPRIATE BEHAVIOR IN OUR PROGRAMS AND TO ENSURE THE SAFETY AND WELL BEING OF ALL OF OUR CHILDREN:

1. COUNSELORS WILL FIRST TAKE YOUR CHILD ASIDE AND QUIETLY SPEAK TO HIM/HER ABOUT THEIR BEHAVIORAL CONCERNS. IF THE INAPPROPRIATE BEHAVIOR WARRANTS, THE COUNSELOR WILL EITHER PUT THE CHILD IN TIME OUT (APPROPRIATE TO THEIR AGE) OR IF NECESSARY, HAVE THE ON SITE SUPERVISOR SPEAK TO THE CHILD. THE CHILD WILL RECEIVE A VERBAL WARNING AND A WRITTEN BEHAVIOR REPORT REQUIRING A PARENT / GUARDIAN SIGNATURE.
2. A CHILD'S SECOND BEHAVIOR INCIDENT WILL RESULT IN A PHONE CALL TO THE PARENT / GUARDIAN AS WELL AS A WRITTEN BEHAVIOR REPORT COPIED TO THE SCHOOL ADMINISTRATION.
3. A CHILD'S THIRD BEHAVIOR INCIDENT WILL RESULT IN A PHONE CALL TO THE PARENT / GUARDIAN, A WRITTEN BEHAVIOR REPORT COPIED TO THE SCHOOL ADMINISTRATION AS WELL AS SUSPENSION AND / OR DISMISSAL FROM THE SUNSHINE CHILD CARE PROGRAM.

I HAVE READ, UNDERSTAND AND AGREE TO ABIDE BY THE ABOVE POLICIES AND CONDITIONS.

PARENT / GUARDIAN SIGNATURE: _____ Date: _____

BSC / ASC CHILD APPLICATION FORM CONSENT FORM

FIELD TRIP CONSENT:

I HEREBY GIVE MY CONSENT TO HAVE MY CHILD PARTICIPATE IN ALL ACTIVITIES PROVIDED BY SUNSHINE CHILD PROGRAMS. I GIVE MY PERMISSION TO HAVE MY CHILD TRANSPORTED TO AND FROM VARIOUS FIELD TRIPS ON SUNSHINE NON SCHOOL DAY CAMP PROGRAMS. TRANSPORTATION IS PROVIDED BY SUNSHINE CHILD PROGRAMS TO AND FROM ALL FIELD TRIPS.

PARENT SIGNATURE: _____

DATE: _____

REGULAR SCHOOL HOURS:

I REALIZE THAT SUNSHINE CHILD PROGRAMS IS NOT RESPONSIBLE FOR ANY INJURIES THAT OCCUR DURING THE 8:00 A.M. – 2:00 P.M. TIME THE CHILDREN ARE IN SCHOOL.

PARENT SIGNATURE: _____

DATE: _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT:

IN CASE OF AN EMERGENCY, SUNSHINE CHILD PROGRAMS WILL ATTEMPT TO REACH EITHER THE PARENT / GUARDIAN OR EMERGENCY NUMBERS GIVEN BY THE PARENT ON THE APPLICATION FORM. IF FOR ANY REASON NONE OF THESE PARTIES ARE AVAILABLE, I AUTHORIZE SUNSHINE CHILD PROGRAMS TO TRANSPORT MY CHILD TO THE CLOSEST MEDICAL FACILITY AND GRANT PERMISSION TO PERFORM ANY EMERGENCY PROCEDURE AT THE DISCRETION OF THAT MEDICAL FACILITY.

MEDICAL INSURANCE CARRIER: _____

POLICY NUMBER: _____

PARENT SIGNATURE: _____

DATE: _____

AUTHORIZATION FOR MEDIA RELEASE:

I ACKNOWLEDGE THAT SUNSHINE CHILD PROGRAMS IS A PRIVATE PROVIDER AND UNDERSTAND THAT MY CHILD'S PICTURE MAY APPEAR IN NEWSPAPERS, FLYERS, PARENT BOARD AND / OR ON TELEVISION AS PART OF MEDIA PUBLICATION ON SUNSHINE CHILD PROGRAMS.

I DO AUTHORIZE: _____ (INITIAL)

I DO NOT AUTHORIZE: _____ (INITIAL)

PARENT SIGNATURE: _____

DATE: _____

INFLUENZA VIRUS PAMPHLET:

DURING THE 2009 LEGISLATIVE SESSION, A NEW LAW PASSED THAT REQUIRES CHILD CARE FACILITIES, FAMILY DAY CARE HOMES AND LARGE FAMILY CHILD CARE HOMES PROVIDE PARENTS WITH INFORMATION DETAILING THE CAUSES, SYMPTOMS, AND TRANSMISSIONS OF THE INFLUENZA VIRUS (THE FLU) EVERY YEAR DURING AUGUST AND SEPTEMBER. MY SIGNATURE BELOW VERIFIES RECEIPT OF THE BROCHURE ON INFLUENZA VIRUS, THE FLU, A GUIDE TO PARENTS:

CHILDS NAME: _____

PARENT SIGNATURE: _____

DATE: _____

PARENT INFORMATION:

PARENTS ARE EXPECTED TO FOLLOW RULES AND GUIDELINES OF BROWARD COUNTY PUBLIC SCHOOLS. IF A PARENT'S ACTIONS CAUSES A DISTURBANCE OR IS DEEMED THREATENING, THE PROGRAMS MAY NEED TO TAKE APPROPRIATE ACTIONS, I.E CALL 911, RESTRICT PARENT FROM CAMPUS, OR EXIT THE CHILD FROM OUR PROGRAM.

HIPPA PRIVACY STATEMENT:

THE BEFORE AND AFTER SCHOOL CARE PROGRAM WILL PROTECT THE CONFIDENTIALITY OF STUDENTS ACCORDING TO FEDERAL AND STATE OF FLORIDA PRIVACY LAWS AS WELL AS SCHOOL BOARD OF BROWARD COUNTY, FLORIDA, POLICIES 4019 AND 5100.1.

SWIM CENTRAL SAFETY EDUCATION QUESTIONNAIRE

CHILD CARE FACILITY: SUNSHINE AFTER SCHOOL CARE

CHILD'S NAME: _____ DATE: _____

PARENT'S NAME: _____ AGE: _____

ADDRESS: _____

1. HAS YOUR CHILD EVER TAKEN SWIM LESSONS? YES ___ NO ___
2. CAN YOUR CHILD ROLL OVER AND FLOAT ON HIS / HER BACK? YES ___ NO ___
3. CAN YOUR CHILD SWIM TO THE SIDE OF THE POOL? YES ___ NO ___
4. HAVE YOU EVER TAKEN A COMMUNITY WATER SAFETY COURSE? YES ___ NO ___
5. IS ANYONE IN YOUR HOUSEHOLD CERTIFIED IN CPR? YES ___ NO ___

ADDITIONAL COMMENTS:

PLEASE MAIL OR FAX BACK TO:

SWIM CENTRAL
950 NW 38TH STREET
OAKLAND PARK, FL. 33317
954-357-8102

___ YES, I have received Swim Central Information
The school my child was enrolled in at the time: _____

___ NO, I have NOT received Swim Central Information

PARENT SIGNATURE: _____ DATE: _____

Special Needs Pre-Enrollment Form

PAGE 1

PLEASE COMPLETE THIS FORM IF YOUR CHILD HAS ANY SPECIAL NEEDS OR HAS A MEDICAL CONDITION THAT MAY REQUIRE SPECIAL ACCOMODATIONS IN OUR AFTER CARE PROGRAM IN ORDER TO HAVE A SUCCESSFUL AND SAFE EXPERIENCE.

Student's Name: _____ Age: _____ Grade: _____

Site Location: _____ Date: _____

Parent/Guardian's Name: _____

Home Phone Number: _____ Cell: _____

Is your child in an ESE program during the regular school day? Y N

PLACE PROGRAM _____ COMPLEX PLACE _____ AUTISTIC CLUSTER _____ Other: _____

Are there any other special accommodations your child receives during the regular school day outside of their regular classroom routine?

Can your child be included in a regular 1:20 staff to child ratio? Y N

If not, can they be in a small group of 1:5? ____ or do they need 1:1? ____

Does your child need assistance to participate in any activities? Y N

If yes, please explain: _____

Will your child run away from the group? Y N

Is your child aggressive towards others? Y N

Does your child respond to one step directions? Y N

Toileting Needs: Independent Y N

Needs Assistance Y N

Diapered Y N

Is your child able to verbally communicate their needs? Y N

If no, please explain:

Does your child have any serious medical concerns? Y N

If yes, please explain:

Does your child have any serious behavioral concerns? Y N

If yes, please explain:

Is there anything else you would like us to know about your child?

"Sunshine Child Care does not discriminate based on race, religion, gender, national origin, marital status, sexual orientation, physical or mental disability, or political affiliation"

Special Needs Pre-Enrollment Form

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Participant's Name: _____ Date: _____

I agree to release the information from my child / dependant's IEP (Individualized Education Program) and Behavior Treatment Plan (if applicable) Yes _____ No _____

THE PARENT / GUARDIAN'S SIGNATURE BELOW INDICATES AGREEMENT WITH THE FOLLOWING LANGUAGE:

- I understand this in-take interview is not a guarantee of my child's placement in child care program.
- I understand that in the event my child is admitted to the program, a trial period will apply for up to two weeks.
- I understand that this program is not designed for therapeutic or one-on-one care.
- I understand this After School Care program operates within the provisions of the American's with Disabilities Act which provides protection to individuals with disabilities as well as to providers of care for these individuals.
- I understand and agree that if my child is determined to be a threat to the overall health and safety of the After School program, he/she may be expelled from the child care program.
- I understand that all children regardless of their diagnosis are subject to disciplinary procedures. Parent conferences, probationary periods and suspensions are some of the steps that may be taken to ensure children and families are aware their After School placement is in jeopardy. In some cases, children may be subject to emergency suspension or expulsion if their behaviors are beyond our staff's ability to control.
- I give permission for information from this intake interview to be shared with the Before and After School Child Care (BASCC) Special Needs Committee if special considerations need to be made for my child's after school placement.

PARENT NAME: _____ DATE: _____

PARENT SIGNATURE: _____

SUNSHINE ADMINISTRATOR (PRINT NAME): _____

(SIGNATURE): _____

STUDENT MEDICATION POLICY

STUDENT HEALTH

Parents are responsible for notifying Sunshine Child Programs of any unusual health concerns for their child when they register the child in our programs. If the child requires any type of medication, the parent MUST read this policy and fill out the necessary documentation BEFORE Sunshine administration makes a determination whether or not the child can participate safely in our program.

MEDICATION DISPENSING POLICY

SUNSHINE CHILD CARE PERSONNEL SHALL NOT ADMINISTER OR DISPENSE ANY KIND OF MEDICATION TO ANY STUDENT WITHOUT THE WRITTEN CONSENT OF THE PARENT AND A COMPLETED TREATMENT PLAN SIGNED BY THE PHYSICIAN. SUNSHINE CHILD CARE RESERVES THE RIGHT TO DECIDE **NOT** TO ADMINISTER MEDICATION IF IT IS DETERMINED THAT THE CIRCUMSTANCES WARRANT MEDICAL TRAINING AND/OR UNREASONABLE RESPONSIBILITY FOR OUR STAFF AND FOR THE SAFETY OF THE CHILD. IF MEDICATION TREATMENT IS APPROVED BY SUNSHINE ADMINISTRATION, THE PERSONNEL ADMINISTERING MEDICATION OR PROVIDING TREATMENTS IN ACCORDANCE WITH THIS POLICY SHALL NOT BE HELD LIABLE FOR CIVIL DAMAGES

RULES

1. An Authorization for Medication/Treatment Form must be completed. The information required on this form shall include a written treatment plan, signed by a physician and a signed parental consent for all medicine. Execution of the parental consent and physician section will grant the Site Director or his/her designee the permission to assist in the administration of all medications and shall explain the necessity for the medication to be provided during the after school hours, including when the student is away from school property on field trips. The written treatment plan signed by a licensed physician shall include possible side effects, purposes of medication, and special instructions regarding the medication. Medication may only be given when the physician and parental consent sections are complete. This form is required for students with chronic and acute illnesses. Copies of the completed forms must be placed in the student's folder.
2. All approved medications shall be administered by the school coordinator, site director or his/her designee. Sunshine staff will NOT administer any medication that requires a needle injection with the exception of an epipen.
3. Medications may be administered by the school coordinator, site director, or his/her designee when there exists an illness or disability that requires maintenance-type medicine, and when failure to take medication could jeopardize the student's health and when the medication administration schedule cannot be accommodated before or after the Sunshine Child Care Program.
4. In cases of long-term or chronic illnesses that require maintenance-type medicine, all medication authorizations shall not exceed 12 months.
5. All medication to be administered shall be received, counted and stored in its original container and shall be properly labeled: name of student; name of drug; directions concerning dosage; time of day to be taken; name of the prescribing physician; date of prescription; and shall not exceed the dosage required for one week of acute illnesses.
6. A medications log of all students receiving medications will be kept by the site director or his/her designee.
7. Sunshine Child Care shall store all medications in the original container in a secure fashion under lock and key, and shall be accessible only to the school coordinator/site director or designee.
8. No elementary student shall transport medications to or from school.
9. Sunshine Child Care personnel administering medications in accordance with this policy shall not be liable for civil damages.
10. When specific training is required to dispense student medication, it is the parent's responsibility to set up and arrange the needed training for our staff.

I have read and understand Sunshine's Student Medication Policy. I understand that the company has the right to determine whether or not they are able to safely administer the needed medication for my child in order to participate safely in their programs.

Parent/Guardian Signature

Date