

City of Wilton Manors  
 Leisure Services Department  
 2020 Wilton Drive, Wilton Manors, FL 33305  
 954-390-2130



*Life's Just Better Here*

## CHILD CARE APPLICATION ENROLLMENT 2018-2019

Before Care: \_\_\_\_\_ After Care: \_\_\_\_\_ Both: \_\_\_\_\_

<b>Student Information:</b>				
Full Name: _____				
Last	First	Middle	Student # _____	
Child's Address: _____				
Date of Birth: _____	Gender: _____	Password: _____	Age: _____	
Teachers Name: _____	School Attending: _____	Grade: _____		
What type of lunch does your child receive?	Free: _____	Reduced: _____	Regular: _____	
Languages spoken at home: _____		Your Email: _____		

<b>Family Information:</b>		Child lives with: _____		
Parents Name: _____		Parents Name: _____		
Address: _____		Address: _____		
Home Phone: _____		Home Phone: _____		
Cell Phone: _____	Provider: _____	Cell Phone: _____	Provider: _____	
Employer: _____		Employer: _____		
Work Phone: _____		Work Phone: _____		
Person who has custody: _____		Person responsible for fees: _____		

<b>Medical Information:</b>		Reviewed by: _____		
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: _____		
Insurance: _____	Policy#: _____			
Please list all allergies, special medical or dietary needs, or other areas of concern: _____				
Does your child have either of the following: IEP: _____ 504 Plan: _____ If so, please explain and provide a copy: _____				
<b>If you completed the above question, please contact the Program Director to assure this is appropriately evaluated and addressed.</b>				

<b>Contacts:</b> 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 facility in case of illness, accident or emergency, if for some reason the custodial parent or legal guardian cannot be reached:				
Name	Address	Cell #	Work #	Relationship
Name	Address	Cell #	Work #	Relationship
Name	Address	Cell #	Work #	Relationship

<b>Media Release:</b> I understand that my child may appear or be photographed in the newspaper, on television, on City website / social media, publications, or other communication tools to promote the City of Wilton Manors.	
Signature of Parent / Guardian: _____	Date: _____

<b>Behavior Policy:</b> I understand that if my child disrupts the daily operation of the program or becomes a disciplinary problem, he / she will be withdrawn from the program without a refund.	
Signature of Parent / Guardian: _____	Date: _____

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**Late Fee Policy:** I understand that late fees will be charged at \$10.00 per every 15 minutes, if my child is not picked up on time and all fees must be paid in full before my child returns to the program. Also, I understand that all fees are due the 1<sup>st</sup> Monday of the month and are in advanced of child receiving care. Failure to pay in advance will result in a \$5.00 per day late fee and dismissal from the program.

Signature of Parent / Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

**Food and Nutrition Policy:** I give my child permission to participate in food-related activities, such as special occasions and learning activities, which include food consumption. The information or menu will be provided on the monthly calendar. If my child has specific allergies, **I will inform the program in writing.**

Signature of Parent / Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

**Program Policy:** I understand that while the child is attending the Wilton Manors Aftercare, my child will be given literature and instruction the following areas such as: substance abuse awareness & prevention, social skills, character education, social skills development and homework assistance. I give Wilton Manors Staff permission to discuss homework progress with their teacher.

Signature of Parent / Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

By signing below, you verify that you have received the above items and that all information on this enrollment form is complete and accurate.

Signature of Parent / Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

**Total Fee Paid:** \_\_\_\_\_

### RELEASE OF LIABILITY AGREEMENT

In consideration of the privilege of being allowed to take part in the City of Wilton Manors' "City's" Program, use the equipment and the facilities of the City, ride in the motor vehicles provided by the City and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the undersigned, individually and on behalf of the minor child named below do hereby agree to indemnify and hold harmless the City of Wilton Manors, its trustees, elected and appointed officials, agents, servants, volunteers and employees from and against all claims, demands, causes of action or whatsoever kind, and for any resulting judgments, losses, costs, damages, liability, expenses, including, but not limited to, attorneys' fees arising out of, occurring during or relating to the use of equipment, facilities, motor vehicles of participation in City's Program. I understand the physical requirements of participation in these activities and affirm that my child meets these requirements. I give permission for instructors, staff and emergency personnel to make necessary first aid decisions in the event of accident, injury or illness. In the care of injury, accident, illness, or inability to complete these activities, I will bear the full cost of any expense incurred due to any injury to my child or damage to my property.

### MUST BE SIGNED - PARENT / GUARDIAN PERMISSION AND LIABILITY RELEASE FORM

I, \_\_\_\_\_ (Print name of parent/guardian) certify that I signed the City of Wilton Manors release of liability form on \_\_\_\_\_ (Date) for my child or ward, \_\_\_\_\_ (Name of child) to go on the following field trips and participate in the activities set by those specific locations. By signing the lines below I am giving permission for my child/ward to go to and participate in the Wilton Manors Afterschool Program and Off Campus Field Trips. You understand the activities involved and give permission for your child/ward to participate and will not hold the City of Wilton Manors responsible for any liability whether or not caused by the negligence of personnel or by the failure of the equipment, machine, used at any of the facilities that were mentioned above.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Print Name / Date

\_\_\_\_\_  
Parent Phone #

\_\_\_\_\_  
Emergency #