



Life's Just Better Here

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

SCHOOL HOURS/AFTER SCHOOL ENROLLMENT REGISTRATION 2020-2021

CHECK PROGRAM REGISTERING FOR: Wilton Manors Resident? Yes No
Full Day Program (7:00am - 6:00pm) Wilton Manors Elementary Student? Yes No
School Hours Program (7:00am - 3:00pm) Somerset Academy Village Student? Yes No
After Care Program (3:00pm - 6:00pm)

STUDENT INFORMATION:
Full Name: LAST FIRST MIDDLE
Child's Address: ADDRESS CITY STATE ZIP
Date of Birth: Password: Age: Grade:
Languages spoken at home: Parent Email:

FAMILY INFORMATION: Child lives with
Parents Name: Parents Name:
Address: Address:
Cell Phone: Cell Phone:
Employer: Employer:
Work Phone: Work Phone:
Person who has custody Person responsible for fees

MEDICAL INFORMATION: 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:

If you completed the above question, please contact the Program Director to assure this is appropriately evaluated and addressed.



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**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 facility in case of illness, accident or emergency, if for some reason the custodial parent or legal guardian cannot be reached:

NAME	CELL #	WORK #	RELATIONSHIP
NAME	CELL #	WORK #	RELATIONSHIP

**BEHAVIOR POLICY:** 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that if my child disrupts the daily operation of the program or becomes a disciplinary problem, he / she will be withdrawn from the program without a refund.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:

**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 weekly calendar. If my child has specific allergies, **I will inform the program in writing.**

Signature of Parent / Guardian:

Date:

**LATE FEE, ATTENDANCE POLICY & REFUND POLICY:** I understand that late fees will be charged at a rate of \$20 per 15 minutes. Multiple late pick ups will result in removal from the program without a refund.

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:

**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.

PARENT/GUARDIAN SIGNATURE

PRINT NAME / DATE

PARENT PHONE #

EMERGENCY #

