



**Madeira Beach Recreation After School Program**  
**2024-2025 School Year**  
**Grades K-8**  
**Pick-up available from**  
**Madeira Beach Fundamental & Orange Grove Elementary**  
Licensed under PCLB – Program #52511552882

**\$60.00 / Week**

**\$12.00 / Day**

**\*Resident Discounts Available\***

**Daily outdoor activity, homework help, crafts and more!**

**More Information on [www.madeirabeachfl.gov](http://www.madeirabeachfl.gov)**

Madeira Beach Recreation Center  
200 Rex Place Madeira Beach, FL 33708  
(727) 392-0665  
[www.madeirabeachfl.gov](http://www.madeirabeachfl.gov)



## After School Program Fees 2024-2025 School Year

### Weekly Rates

\$60.00 per child, per week

Resident Rate: \$45.00 per child per week

### Daily Rates

\$12.00 per child, per day

Resident Rate: \$9.00 per child, per day

Payments are due no later than Monday for the week of attendance. Payments will be accepted in advance, check or money order only.

### Daily Pickup

Daily pickup will take place at Madeira Beach Recreation Center. Parents will be notified in advance via e-mail and given notice on pickup days prior to any location change.

### Food/Beverage Policies

Food will not be provided by Madeira Beach Recreation. All children are to bring their own daily snack. Caffeine free beverages will be allowed and water will be accessible to all children. Please ensure that the child's name is on the outermost container of their food/beverage.

### Dress Code

All children are to remain within the Pinellas County Schools dress code attire from the school day. Please be sure your child is dressed comfortably for daily outdoor activities.

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# CHILD'S ENROLLMENT RECORD

<b>DIRECTOR'S USE ONLY</b>
Date enrolled _____

Child's full legal name \_\_\_\_\_  
First Middle Last Nickname

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Primary Hours of Care From \_\_\_\_\_ To \_\_\_\_\_ Days of Week in Care \_\_\_\_\_

Child's Physical Address \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

Family Information: Child Lives with \_\_\_\_\_

Parent's Name \_\_\_\_\_ Parent's Name \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Custody: Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_ Name \_\_\_\_\_

**Emergency 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 children's center in case of illness, accident or emergency, **if for some reason the custodial parent(s) or legal guardian(s) cannot be reached:**

Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

**Please use additional sheet of paper to list name, address and phone number of any other people authorized to pick the child up.**





### EMERGENCY MEDICAL RELEASE

This form must contain only one child's name, and be the original notarized form.

A new notarized form is required when there is a change in legal guardianship.

#### Please Print Information

Child's Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medicines Routinely Taken: \_\_\_\_\_

Name of Custodial Parent(s)/Legal Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

Home Telephone \_\_\_\_\_ Cell Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Family Physician's Name/Health Care Resource: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

Telephone ( ) \_\_\_\_\_

Hospital Preference: \_\_\_\_\_  
Name City

Medical Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Emergency Contact (if custodial parent/guardian cannot be reached): \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address (number, apartment #, street) City, State, Zip Code

Home Telephone \_\_\_\_\_ Cell Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_



#### Sign in the presence of the Notary.

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child \_\_\_\_\_, in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if situation warrants it.

(Child's Full Name)

\_\_\_\_\_  
**Signature of Custodial Parent/Legal Guardian (Affiant)**

STATE OF FLORIDA COUNTY OF \_\_\_\_\_

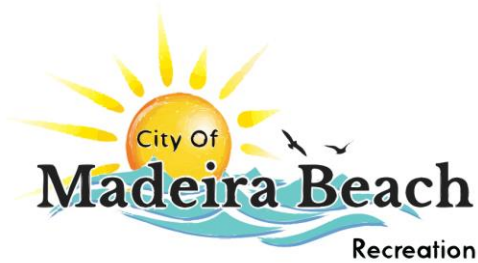
The foregoing instrument was acknowledged before me this \_\_\_\_\_ 20\_\_\_\_\_  
(Month) (Day) (Year)

by means of  physical presence or  online notarization by \_\_\_\_\_ who is personally known  
(Name of Affiant)

to me or has produced \_\_\_\_\_ as identification.  
(Type of identification)

SEAL OF NOTARY

Signed: \_\_\_\_\_ (Signature of Notary)



**Acknowledgement of Risks and Waiver of Liability Relating to Coronavirus/COVID-19**

I acknowledge that on or about March 11, 2020, Coronavirus Disease 2019 (“COVID-19”) was declared a pandemic by the World Health Organization. The Centers for Disease Control and Prevention (“CDC”) has stated that “the best way to prevent illness is to avoid being exposed to this virus.” <https://www.cdc.gov/coronavirus/2019-ncov/prepare/prevention.html>.

I am aware of the contagious nature of COVID-19 and have voluntarily chosen to allow my child(ren) to participate in programs operated by the City of Madeira Beach Recreation Department.

I acknowledge that City of Madeira Beach employees come into contact with multiple individuals and might become exposed to COVID-19. I also acknowledge that although the City of Madeira Beach takes precautions to reduce the likelihood of transmission of COVID-19 by its employees, the City of Madeira Beach cannot guarantee that my child(ren) will not become infected with COVID-19.

I knowingly acknowledge that by allowing my child(ren) to participate in the City of Madeira Beach’s programs, I am exposing my child(ren) and myself to the risk of becoming infected with COVID-19, which may result in serious personal injury, illness, permanent disability, and death. I understand the risk of becoming exposed to or infected by COVID-19 may result from actions, negligence, and failures to act of myself and others, including, but not limited to, the City of Madeira Beach employees, and other program participants and parents.

I agree to assume all of the foregoing risks, and accept personal responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability or expense, of any kind or nature, that I may suffer arising out of or in connection with my child(ren) or myself becoming exposed to or infected by COVID-19 while my child(ren) is/are participating in any City of Madeira Beach program. On my own behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, and forever discharge the City of Madeira Beach, its employees, agents, and representatives, of and from all liabilities, claims, actions, damages, costs or expenses of any nature (“Claims”) arising out of or in any way connected with my child(ren) or myself becoming exposed to or infected by COVID-19. I understand that this release includes any Claims based on the negligence, action, or inaction of any of the City of Madeira Beach, its employees, agents, and representatives, and covers bodily injury (including death) due to COVID-19, whether a COVID-19 infection occurs before, during or after participation in any City of Madeira Beach program.

Parent or Guardian’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian’s Name Printed: \_\_\_\_\_

Child(ren)’s Name (first & last): \_\_\_\_\_



## Madeira Beach Recreation 2024-2025

### Food Experience Permission

As the parent/legal guardian, I acknowledge that Madeira Beach Recreation will not provide food for my child. Each child's parent or legal guardian will provide food for my child's consumption only. Madeira Beach will not engage in any practice that alters the food supplied by the parent or legal guardian. Examples of this include heating, cutting, mixing, etc.

Please check one of the following:

\_\_\_\_\_ My child DOES NOT have a food allergy or dietary restriction

\_\_\_\_\_ My child DOES have a food allergy or dietary restriction. He or she may participate, but may not eat or handle the following items (please list below)

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\_\_\_\_\_ My child DOES have a food allergy or dietary restriction. He or she may not participate in activities.

I give permission for my child to:

\_\_\_\_\_ Sit with other children at snack/lunch tables

\_\_\_\_\_ Receive a packaged snack from the Rec in the event they do not have one

\_\_\_\_\_ Make his or her own decisions regarding food choices

\_\_\_\_\_ Be transported by the Recreation Bus

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Parent Signature

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Date

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**Madeira Beach Recreation 2024-2025**

Field Trip Permission Form

As the parent/legal guardian, I hereby grant permission of my child to participate in field trips that the after-school care may attend. Parents will be notified in advance via e-mail and given notice prior to any location change and/or trip.

Child's Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Please state any concerns:

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\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Movie Permission Form

As the parent/legal guardian, I hereby grant permission of my child to participate in "movie time" during inclement weather or on days when outdoor play is limited. Movies will be rated G or PG, appropriate for all ages attending the program.

Child's Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Please state any concerns:

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\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date





## Madeira Beach Recreation 2024-2025

### Cell Phone/ Electronics Policy

Please initial ALL below:

\_\_\_\_\_ Children will not be allowed to use their cell phones or any electronics during program hours.

\_\_\_\_\_ If a child is caught on a cell phone or electronic, it will be put in the office and remain there until they go home. It will be given to their parents a with a verbal notice.

\_\_\_\_\_ If parents need to reach their children, they can call the Recreation office at 727-392-0665 or the Recreation cell at 727-409-1658. **This is for emergencies or change in regular schedule only.**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



## Madeira Beach Recreation 2024-2025

### Code of Conduct

Our program is designed with the following objectives in mind:

- To offer participants a positive recreation experience
- To create environments that will cultivate positive social skills
- To foster the learning of good citizenship skills
- To provide a fun and safe atmosphere
- To contribute to the positive growth and development of our participants

Please review the following with your child:

- Children are to check in and out with their leaders daily
- Children are to stay with their assigned leader in designated areas
- Children should show good manners and courtesy to other children and leaders
- Children must be respectful of fellow attendees belongings and City property
- Children must use appropriate language in the center and on any trips
- Aggressive behavior and/or bullying will not be tolerated, children must keep hands, feet, and all other objects to themselves

Failure to adhere to the above will result in the following:

1. Verbal warning
2. Sit out of activity (one minute for each age of the child)
3. Verbal conference with program director, documented (requires parent signature)
4. Suspension from camp for an assigned length of time (in days)

Severe disruptions will immediately result in third and/or fourth consequence.

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Parent Signature

Date

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**Madeira Beach Recreation 2024-2025**

Program Policies

Please initial ALL below:

\_\_\_\_\_ The City of Madeira Beach Recreation Department does not carry health/accident insurance for individuals participating in our programs. It is understood that if any injury does occur the parent/legal guardian will be responsible for any and all expenses incurred.

\_\_\_\_\_ I understand that the City of Madeira Beach Recreation Department is not responsible for the loss, damage, or theft of any personal belongings brought to the center.

\_\_\_\_\_ The City of Madeira Beach has permission to transport my child from school via the City bus and on full day field trips.

\_\_\_\_\_ The City of Madeira Beach has permission to take pictures of my child to be used for arts and crafts, to be posted in the center, or to be used in online and in other marketing efforts for City programming and related activities.

\_\_\_\_\_ After-care licensing hours end at 6:00 p.m. daily. Late pickups will be charged \$1.00 per minute. Continuous late pickup may result in the removal of child from program.

\_\_\_\_\_ The recreation program communicates to all parents via E-mail for upcoming events, schedule changes, emergency weather, etc. Please provide your e-mail address below to opt into our center’s preferred communication. Failure to do so may result in challenges that may impact the experience of your child and family involvement with the after-care program.

**Parent E-mail:** \_\_\_\_\_ **Parent Date of Birth:** \_\_\_\_\_

Please feel welcome to contact the recreation office at (727) 392-0665 to discuss any questions or concerns. Please sign the bottom of this form stating that you understand and comply with the above policies and procedures.

\_\_\_\_\_ Date

Please check the boxes below for the days of the week that you intend on your child attending:

Monday	Tuesday	Wednesday	Thursday	Friday

Child’s School: \_\_\_\_\_ Grade: \_\_\_\_\_



\*\*The following documents from PCLB need to be completed by every parent:

Child's Enrollment Record [http://pinellas.floridahealth.gov/programs-and-services/environmental-health/pclb/childrens-center-forms/childrens-records/\\_documents/c-0030-child-enrollment-record.pdf](http://pinellas.floridahealth.gov/programs-and-services/environmental-health/pclb/childrens-center-forms/childrens-records/_documents/c-0030-child-enrollment-record.pdf)

Emergency Medical Release [http://pinellas.floridahealth.gov/programs-and-services/environmental-health/pclb/\\_documents/fc-0003-emergency-med-release.pdf](http://pinellas.floridahealth.gov/programs-and-services/environmental-health/pclb/_documents/fc-0003-emergency-med-release.pdf)

Flu Form <http://ccrain.fl-dcf.org/documents/7/352.pdf#page=1>

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**During the 2009 legislative session, a new law was 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 transmission 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*:**

**Name:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

**Date Received:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Please complete and return this portion of the brochure to your child care provider, in order for them to maintain it in their records.**



## What should I do if my child gets sick?

Consult your doctor and make sure your child gets plenty of rest and drinks a lot of fluids. Never give aspirin or medicine that has aspirin in it to children or teenagers who may have the flu.

### CALL OR TAKE YOUR CHILD TO A DOCTOR RIGHT AWAY IF YOUR CHILD:

- Has a high fever or fever that lasts a long time
- Has trouble breathing or breathes fast
- Has skin that looks blue
- Is not drinking enough
- Seems confused, will not wake up, does not want to be held, or has seizures (uncontrolled shaking)
- Gets better but then worse again
- Has other conditions (like heart or lung disease, diabetes) that get worse



## How can I protect my child from the flu?

A flu vaccine is the best way to protect against the flu. Because the flu virus changes year to year, annual vaccination against the flu is recommended. The CDC recommends that all children from the ages of 6 months up to their 19th birthday receive a flu vaccine every fall or winter (children receiving a vaccine for the first time require two doses). You also can protect your child by receiving a flu vaccine yourself.

## What can I do to prevent the spread of germs?

The main way that the flu spreads is in respiratory droplets from coughing and sneezing. This can happen when droplets from a cough or sneeze of an infected person are propelled through the air and infect someone nearby. Though much less frequent, the flu may also spread through indirect contact with contaminated hands and articles soiled with nose and throat secretions. To prevent the spread of germs:

- Wash hands often with soap and water.
- Cover mouth/nose during coughs and sneezes. If you don't have a tissue, cough or sneeze into your upper sleeve, not your hands.
- Limit contact with people who show signs of illness.
- Keep hands away from the face. Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.



## When should my child stay home from child care?

A person may be contagious and able to spread the virus from 1 day before showing symptoms to up to 5 days after getting sick. The time frame could be longer in children and in people who don't fight disease well (people with weakened immune systems). When sick, your child should stay at home to rest and to avoid giving the flu to other children and should not return to child care or other group setting until his or her temperature has been normal and has been sign and symptom free for a period of 24 hours.

**For additional helpful information about the dangers of the flu and how to protect your child, visit: <http://www.cdc.gov/flu/> or <http://www.immunizeflorida.org/>**

## What is the influenza (flu) virus?

Influenza (“the flu”) is caused by a virus which infects the nose, throat, and lungs. According to the US Center for Disease Control and Prevention (CDC), the flu is more dangerous than the common cold for children. Unlike the common cold, the flu can cause severe illness and life threatening complications in many people. Children under 5 who have the flu commonly need medical care. Severe flu complications are most common in children younger than 2 years old. Flu season can begin as early as October and last as late as May.



## How can I tell if my child has a cold, or the flu?

Most people with the flu feel tired and have fever, headache, dry cough, sore throat, runny or stuffy nose, and sore muscles. Some people, especially children, may also have stomach problems and diarrhea. Because the flu and colds have similar symptoms, it can be difficult to tell the difference between them based on symptoms alone. In general, the flu is worse than the common cold, and symptoms such as fever, body aches, extreme tiredness, and dry cough are more common and intense. People with colds are more likely to have a runny or stuffy nose. Colds generally do not result in serious health problems, such as pneumonia, bacterial infections, or hospitalizations.



For additional information, please visit [www.myflorida.com/childcare](http://www.myflorida.com/childcare) or contact your local licensing office below:

CF/PI 175-70, June 2009

*This brochure was created by the Department of Children and Families in consultation with the Department of Health.*



**“The Flu”  
A Guide  
for Parents**

**INFLUENZA VIRUS**