



Madeira Beach Recreation After School Program
2020-2021 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

*** Sibling & Resident Discounts Available***

Daily outdoor activity, homework help, crafts and more!

More Information on www.madbeachfun.com

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



After School Program Fees 2020-2021 School Year

Weekly Rates

\$60.00 per child, per week

10% Discount for each additional sibling

Resident Rate: \$45.00 per child per week

Daily Rates

\$12.00 per child, per day

10% Discount for each additional sibling

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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Madeira Beach Recreation 2020-2021

Food Policy Agreement

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)

_____ 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

Parent Signature

Date

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Madeira Beach Recreation 2020-2021

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:

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:

Parent Signature

Date

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Madeira Beach Recreation 2020-2021

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.

Parent Signature

Date

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Madeira Beach Recreation 2020-2021

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.

Parent Signature

Date

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

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Child's School: _____ Grade: _____

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****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

Emergency Medical Release 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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CHILD'S ENROLLMENT RECORD

DIRECTOR'S USE ONLY

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.

CONTINUED ON BACK

CHILD'S ENROLLMENT RECORD

(Back Page)

Medical Information:

Child's Physician/Health Resource _____

Telephone Number _____

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

Hospital Preference _____

Name of Dentist _____ Telephone _____

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

Emergency Care Plan instructions (if applicable) _____

MISCELLANEOUS INFORMATION

List all known allergies _____

List all identifying scars, birthmarks, skin discolorations _____

Special medical or dietary needs of child _____

List any areas of concern _____

My signature below verifies that:

I give permission to consult the child's physician/health resource listed above in case of emergency if parent/legal guardian cannot be reached.

I have received a copy of the "Know Your Child's Children's Center" brochure, a copy of the children's center discipline and expulsion policies.

I was notified that the snacks/meals served daily are: ☐ Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Dinner

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child's records.

Signature of Custodial Parent or Legal Guardian _____

Date _____



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
(Child's Full Name)
I cannot be reached. I give consent to transport by ambulance if situation warrants it.

Signature of Custodial Parent/Legal Guardian (Affiant)

STATE OF FLORIDA COUNTY OF _____

The foregoing instrument was acknowledged before me on _____ 20_____
(Month) (Day) (Year)

by _____, who is personally known to me or who has
(Name of Affiant)

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): _____

Rilya Wilson Act

Pursuant to s. 39.604, Florida Statutes, a child from birth to the age of school entry, who is under court-ordered protective supervision or in out-of-home care and is enrolled in an early education or child care program must attend the program 5 days a week unless the court grants an exemption. A child enrolled in an early education or child care program who meets the requirements of this act may not be withdrawn from the program without prior written approval of the Department or community-based care lead agency. If a child covered by this act is absent, the program shall report any unexcused absence or seven excused absences to the Department or the community-based care lead agency by the end of the business day following the unexcused absence or seventh consecutive excused absence.

Educational stability and transition are key components of this act to minimize disruptions, secure attachments and maintain stable relationships with supportive caregivers of children from birth to school age. Successful partnerships are imperative to ensure that these attachments are not disrupted due to placement in out-of-home care or subsequent changes in out-of-home placement. A child must be allowed to remain in the child care or early education setting that he/she attended before entry into out-of-home care, unless the program is not in the best interest of the child. If a child from birth to school-age leaves a child care or early education program, a transition plan needs to be developed that involves cooperation and sharing of information among all persons involved, respects the child's developmental stage and associated psychological needs, and allows for a gradual transition from one setting to another.

This law provides priority for child care services for specified children who are at risk of abuse, neglect, or abandonment. *These children are also known as Protective Services children.*

Rilya Wilson Act Requirements:

- ✓ Protective services children **MUST** be enrolled to participate 5 days per week.
- ✓ Protective services children **MAY NOT** be withdrawn without prior written approval from the Department of Children and Families (DCF) or Community Based Care (CBC).
- ✓ If a Protective Services child has 7 consecutive excused or any unexcused absence, the child care provider **MUST** notify the appropriate community based care staff.
- ✓ The Department and child care providers **MUST** follow local protocols set up by the CBC to ensure continuity.
- ✓ If it is not in the best interest of the child to remain at the child care or early education program, the caregiver **MUST** work with the Case Manager, Guardian Ad Litem, child care and educational staff, and educational surrogate, if one has been appointed, to determine the best setting for the child.

Community-Based Care Lead Agencies Contact Information:

<http://www.dcf.state.fl.us/programs/cbc/docs/leadagencycontacts.pdf>

**** If you have concerns regarding any child that you may care for, please contact the Florida Abuse Hotline at 1-800-96-ABUSE****

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 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.



INFLUENZA VIRUS

**"The Flu"
A Guide
for Parents**

Getting In; Getting Out...



Out: Check the Back Seat



- In just **10 MINUTES**, a car's temperature can increase by **19°**
- Before getting out of your car, check the back seat ... **DON'T FORGET YOUR CHILD!**
- **NEVER** leave your child alone in a car and **CALL 911 IF YOU SEE ANY CHILD LOCKED IN A CAR!**
- Place something in the back seat that you will need at work, school, or home (your laptop; your lunch).

Developed by:
PREVENTION UNIT
Office of Family and
Community Services

Getting In; Getting Out...



In: Check Behind The Car



- **BEFORE GETTING IN THE CAR AND STARTING THE ENGINE,** walk around the car and **CHECK FOR KIDS, TOYS, AND PETS!**
- Make sure there is **NOTHING UNDER OR BEHIND YOUR CAR** that could attract a young child.
- **PICK UP TOYS, BIKES, CHALK, OR ANY TYPE OF EQUIPMENT** around the driveway so that these items don't entice kids to play.

Developed by:
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Office of Family and
Community Services